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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2010</div> <div>Open to Public Inspection</div> </div>

**A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LOWELL GENERAL HOSPITAL		<b>D</b> Employer identification number 04-2103590
	Doing Business As		<b>E</b> Telephone number (978) 937-6000
	Number and street (or P O box if mail is not delivered to street address) 295 VARNUM AVENUE	Room/suite	<b>G</b> Gross receipts \$ 283,393,773
	City or town, state or country, and ZIP + 4 LOWELL, MA 018542193		
	<b>F</b> Name and address of principal officer NORMAND DESCHENE 295 VARNUM AVENUE LOWELL, MA 018542193		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number <input type="checkbox"/>	
<b>J</b> Website: <input checked="" type="checkbox"/> WWW.LOWELLEGENERAL.ORG			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1939	<b>M</b> State of legal domicile MA
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## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO MEET THE HEALTHCARE NEEDS OF COMMUNITIES SERVED THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT MEDICAL SERVICES TO PROVIDE SERVICES, PROGRAMS AND INITIATIVES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CITIZENS IN THE AREA, WITH A PARTICULAR FOCUS ON PEOPLE WHO ARE MEDICALLY UNDERSERVED, AT RISK, OR FINANCIALLY DISADVANTAGED		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	2,251
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	585
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	-905,634
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-7,133,361
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,867,861	3,250,672
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	230,693,884	250,471,790
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,554,155	4,219,014
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,937,868	4,142,424
		242,053,768	262,083,900
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	330,994	525,700
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	110,436,543	119,284,505
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>838,031</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	0	0
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	114,112,619	124,763,278
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	224,880,156	244,573,483
Net Assets or Fund Balances		17,173,612	17,510,417
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	282,901,357	296,102,522
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	185,377,078	189,109,691
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	97,524,279	106,992,831

## 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.

<b>Sign Here</b>	*****			2012-08-07				
	Signature of officer			Date				
	NORMAND DESCHENE PRESIDENT & CEO							
	Type or print name and title							
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	JOSEPH M GISO MST	Preparer's signature	JOSEPH M GISO MST	Date	2012-08-06	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name <input type="checkbox"/> CBIZ TOFIAS							Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/> 500 BOYLSTON STREET BOSTON, MA 02116							Phone no <input type="checkbox"/> (617) 761-0600

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO MEET THE HEALTHCARE NEEDS OF COMMUNITIES SERVED THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT MEDICAL SERVICES TO PROVIDE SERVICES, PROGRAMS AND INITIATIVES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CITIZENS IN THE AREA, WITH A PARTICULAR FOCUS ON PEOPLE WHO ARE MEDICALLY UNDERSERVED, AT RISK, OR FINANCIALLY DISADVANTAGED

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 \$ 13,975,911 including grants of \$ ) (Revenue \$ 12,099,736 )

LOWELL GENERAL'S 26 BED EMERGENCY ROOM TREATS APPROXIMATELY 52,000 PATIENTS ANNUALLY IT PROVIDES QUALIFIED TRAUMA SURGEONS AND PHYSICIANS, SPECIALLY TRAINED IN CRITICAL CARE, CLINICAL EMERGENCIES, CARDIAC METHODS AND ADVANCED CARDIAC SUPPORT AND ARE AVAILABLE TO PROVIDE THE MOST COMPREHENSIVE EMERGENCY CARE POSSIBLE LOWELL GENERAL HOSPITAL HAS BEEN VERIFIED AS A LEVEL III TRAUMA CENTER BY THE VERIFICATION REVIEW COMMITTEE OF THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS (ACS)

4b

(Code ) (Expenses \$ 15,161,665 including grants of \$ ) (Revenue \$ 16,293,119 )

LOWELL GENERAL'S CANCER CENTER IS RECOGNIZED AND ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (ACOS) AS A COMPREHENSIVE COMMUNITY HOSPITAL CANCER PROGRAM AND IS ALSO RECOGNIZED AND ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) THE RANGE OF SERVICES PROVIDED BY THE CANCER CENTER INCLUDE HEMATOLOGY, MEDICAL ONCOLOGY, RADIATION ONCOLOGY, AND GYNECOLOGIC ONCOLOGY IT ALSO OFFERS CLINICAL TRIALS THROUGH NATIONALLY RECOGNIZED STUDY GROUPS

4c

(Code ) (Expenses \$ 8,597,722 including grants of \$ ) (Revenue \$ 9,968,548 )

LOWELL GENERAL HOSPITAL'S HEART AND VASCULAR CENTER TAKES AN ACTIVE ROLE IN PROVIDING THE MOST COMPREHENSIVE RANGE OF SERVICES FOR DIAGNOSING AND TREATING CARDIOVASCULAR DISEASE SERVICES OFFERED INCLUDE CARDIAC CATHETERIZATION, ELECTROPHYSIOLOGY, ENHANCED EXTERNAL COUNTERPULSATION, AND ANGIOPLASTY SERVICES AS WELL AS PROVIDING CARDIAC REHABILITATION AND EARLY INTERVENTION PROGRAMS

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 151,338,322 including grants of \$ 525,700 ) (Revenue \$ 216,256,463 )






















4e

Total program service expenses

\$ 189,073,620

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
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? <i>If "Yes," complete Schedule C, Part III.</i>	5	
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	Yes
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	Yes

Part IV

Checklist of Required Schedules (continued)

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> . . . . .	21	Yes	
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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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> . . . . .	27		No
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> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
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> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
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> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	293
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	2,251
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . .	1a11		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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 . . . . .	9		No

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? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SUSAN GREEN CFO 295 VARNUM AVENUE LOWELL, MA 01854 (978) 781-7143

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

Check 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, and **current** key employees 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) MARGARET A PALM CHAIR	1 00	X		X				0	0	0
(2) GEORGE L DUNCAN BOARD MEMBER	1 00	X						0	0	0
(3) ERIC W HANSON BOARD MEMBER	1 00	X						0	0	0
(4) DANIEL J MANSUR BOARD MEMBER	1 00	X						0	0	0
(5) THOMAS F MCKAY BOARD MEMBER	1 00	X						0	0	0
(6) JACQUELINE MOLONEY BOARD MEMBER	1 00	X						0	0	0
(7) JOHN H PEARSON JR BOARD MEMBER	1 00	X						0	0	0
(8) BRUCE T ROBINSON BOARD MEMBER	1 00	X						0	0	0
(9) JAMES C SHANNON III BOARD MEMBER	1 00	X						0	0	0
(10) JOHN C THIBAUT BOARD MEMBER	1 00	X						0	0	0
(11) NORMAND DESCHENE PRESIDENT & CEO	40 00	X		X				1,587,123	0	103,212
(12) SUSAN GREEN CFO	40 00			X				403,831	0	26,837
(13) PETER ZARILLA SECRETARY, ASST CLERK	40 00			X				237,664	0	33,493
(14) WAYNE PASANEN VP MEDICAL AFFAIRS	20 00				X			230,691	0	37,205
(15) JOSEPH WHITE EXECUTIVE VP & COO	40 00				X			901,907	0	43,915
(16) AMY HOEY VP PATIENT CARE SERVICES	40 00				X			275,507	0	40,704

## Part VII

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	100
---	---	-----

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
CERNER CORP 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	INFORMATION SYSTEMS PROVIDER	3,646,401
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 841081221	LABORATORY SERVICES	2,664,961
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD & FACILITIES SERVICES	2,208,104
PROMUTUAL 101 ARCH STREET BOSTON, MA 02110	INSURANCE	1,468,070
MERRIMACK VALLEY CARDIOLOGY ASSOCIATES 27 VILLAGE SQUARE CHELMSFORD, MA 01824	PHYSICIAN PRACTICE	1,404,461
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶100		

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					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e	60,500				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,190,172				
	g	Noncash contributions included in lines 1a-1f \$		48,624				
	h	Total. Add lines 1a-1f . . . . .			3,250,672			
	Program Service Revenue	2a			Business Code			
		PATIENT SVC REVENUE		621500	250,471,790	250,471,790		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . .			250,471,790			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .			1,372,463		
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses	479,180					
	c	Rental income or (loss)	398,203					
	d	Net rental income or (loss) . . . . .	80,977		80,977			80,977
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	23,396,823	22,500				
	c	Gain or (loss)	20,479,596	93,176				
	d	Net gain or (loss) . . . . .	2,917,227	-70,676	2,846,551			2,846,551
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b	1,159,903				
	c	Net income or (loss) from fundraising events . .		338,898	821,005			821,005
	9a	Gross income from gaming activities See Part IV, line 19 . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . .	a					
	b	Less cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code						
11a	OTHER REVENUE	621500		4,146,076	4,146,076			
b	NON-PATIENTS LAB	621500		-905,634		-905,634		
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			3,240,442				
12	Total revenue. See Instructions . . . . .			262,083,900	254,617,866	-905,634	5,120,996	

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	505,117	505,117		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	500	500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	20,083	20,083		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,345,743		2,345,743	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	94,491,228	65,965,009	28,010,914	515,305
7	Other salaries and wages	4,474,826	3,048,236	1,402,778	23,812
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	11,123,902	7,577,564	3,487,144	59,194
9	Other employee benefits . . . . .	6,848,806	4,665,383	2,146,978	36,445
10	Payroll taxes . . . . .				
a	Fees for services (non-employees) Management . . . . .				
b	Legal . . . . .	403,464		403,464	
c	Accounting . . . . .	194,779		194,779	
d	Lobbying . . . . .	32,496		32,496	
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	367,741		367,741	
g	Other . . . . .	19,288,796	11,836,021	7,410,432	42,343
12	Advertising and promotion . . . . .	939,686		938,406	1,280
13	Office expenses . . . . .	49,748,278	46,538,859	3,181,585	27,834
14	Information technology . . . . .	4,839,279	4,126,855	692,434	19,990
15	Royalties . . . . .				
16	Occupancy . . . . .	4,352,386	3,556,341	792,880	3,165
17	Travel . . . . .	243,906	101,941	139,634	2,331
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	710,085	362,615	315,901	31,569
20	Interest . . . . .	1,089,672		1,089,672	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	10,633,181	9,143,256	1,479,155	10,770
23	Insurance . . . . .	908,471	892,171	16,178	122
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	PHYSICIAN FEES	19,978,851	19,978,851		
b	PROVISION FOR BAD DEBTS	7,795,206	7,795,206		
c	UNCOMP CARE POOL	2,690,601	2,690,601		
d	TEMP RESTRICTED MISC EX	282,952	217,681	1,400	63,871
e					
f	All other expenses	263,448	51,330	212,118	
25	Total functional expenses. Add lines 1 through 24f	244,573,483	189,073,620	54,661,832	838,031
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			19,494,653	<b>1</b>	17,649,050
	<b>2</b>	Savings and temporary cash investments . . . . .			86,193,648	<b>2</b>	23,627,841
	<b>3</b>	Pledges and grants receivable, net . . . . .			4,964,300	<b>3</b>	6,293,924
	<b>4</b>	Accounts receivable, net . . . . .			28,976,251	<b>4</b>	37,280,869
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	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) Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			4,709,407	<b>8</b>	4,947,773
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			4,774,018	<b>9</b>	2,589,255
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	229,641,446			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	118,374,783	67,421,898	<b>10c</b>	111,266,663
	<b>11</b>	Investments—publicly traded securities . . . . .			59,807,066	<b>11</b>	88,245,997
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			1,919,951	<b>12</b>	38,311
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			4,640,165	<b>15</b>	4,162,839
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			282,901,357	<b>16</b>	296,102,522
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			44,645,582	<b>17</b>	50,374,389
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			109,152,040	<b>20</b>	109,210,513
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			1,482,618	<b>24</b>	1,901,571
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			30,096,838	<b>25</b>	27,623,218
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			185,377,078	<b>26</b>	189,109,691
Net Assets or Fund Balances		<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .			87,022,350	<b>27</b>	95,114,255
	<b>28</b>	Temporarily restricted net assets . . . . .			7,269,379	<b>28</b>	8,593,172
	<b>29</b>	Permanently restricted net assets . . . . .			3,232,550	<b>29</b>	3,285,404
		<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			97,524,279	<b>33</b>	106,992,831
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			282,901,357	<b>34</b>	296,102,522

Part XI Reconciliation of Net Assets

Check 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	262,083,900
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,573,483
3	Revenue less expenses Subtract line 2 from line 1	3	17,510,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,524,279
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,041,865
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	106,992,831

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A  
(Form 990 or 990EZ)

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  
LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

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 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	
Total									

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 501(c)(3) organization, check this box and stop here ▶						

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 for 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 ▶						
b 33 1/3% support test—2009. If the organization did not check the 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 ▶						
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 ▶						
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 ▶						
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 ▶						




Part IIISupport 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 <b>stop here</b> 						

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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103590

**Name:** LOWELL GENERAL HOSPITAL

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

#### 4d. Other program services

(Code	) (Expenses \$	151,338,322	including grants of \$	525,700	) (Revenue \$	216,256,463
-------	----------------	-------------	------------------------	---------	---------------	-------------

ALL OTHER SERVICES PROVIDED BY HOSPITAL INCLUDING INPATIENT, OUTPATIENT AND ANCILLARY SERVICES  
CONSISTENT WITH THE HOSPITAL'S MISSION

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2010

Open to Public Inspection

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 the organization LOWELL GENERAL HOSPITAL	Employer identification number 04-2103590
---	--

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 funtion 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-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			32,496
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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.

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

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  
LOWELL GENERAL HOSPITAL

Employer identification number  
  
04-2103590

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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

	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 . . . . .	59,304,368	54,015,635	55,985,857		
b Contributions . . . . .	49,706	53,548	23,639		
c Investment earnings or losses . . . . .	-1,164,777	5,276,856	-1,187,603		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	45,007	41,671	806,258		
f Administrative expenses . . . . .					
g End of year balance . . . . .	58,144,290	59,304,368	54,015,635		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 95 920 %

b

Permanent endowment ▶ 4 080 %

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 . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Investments—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 . . . . .		58,216		58,216
b Buildings . . . . .		108,729,456	57,800,398	50,929,058
c Leasehold improvements . . . . .		1,836,012	820,134	1,015,878
d Equipment . . . . .		64,451,901	50,082,903	14,368,998
e Other . . . . .		54,565,861	9,671,348	44,894,513
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				111,266,663

Schedule D (Form 990) 2010



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	262,083,900
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	244,573,483
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,510,417
4	Net unrealized gains (losses) on investments	4	-5,455,081
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,586,784
9	Total adjustments (net) Add lines 4 - 8	9	-8,041,865
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,468,552

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	261,501,117
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-5,455,081
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	6,101,415
e	Add lines 2a through 2d . . . . .	2e	646,334
3	Subtract line 2e from line 1 . . . . .	3	260,854,783
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	367,741
b	Other (Describe in Part XIV) . . . . .	4b	861,376
c	Add lines 4a and 4b . . . . .	4c	1,229,117
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	262,083,900

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	252,032,565
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	8,458,329
e	Add lines 2a through 2d . . . . .	2e	8,458,329
3	Subtract line 2e from line 1 . . . . .	3	243,574,236
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	367,741
b	Other (Describe in Part XIV) . . . . .	4b	631,506
c	Add lines 4a and 4b . . . . .	4c	999,247
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	244,573,483

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE HOSPITAL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF THE GIFTS DONATED TO THE PERMANENT ENDOWMENT WHEN EXPLICIT DONOR STIPULATIONS REQUIRING PERMANENT MAINTENANCE OF THE HISTORICAL FAIR VALUE ARE PRESENT, AND (B) THE ORIGINAL VALUE OF THE SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT WHEN EXPLICIT DONOR STIPULATIONS REQUIRING PERMANENT MAINTENANCE OF THE HISTORICAL FAIR VALUE ARE PRESENT. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND COMPRISED OF ACCUMULATED GAINS NOT REQUIRED TO BE MAINTAINED IN PERPETUITY IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE IN A MANNER CONSISTENT WITH THE DONOR'S STIPULATIONS. THE HOSPITAL CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: DURATION AND PRESERVATION OF THE FUND, PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, GENERAL ECONOMIC CONDITIONS, THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, OTHER RESOURCES OF THE HOSPITAL, AND THE INVESTMENT POLICIES OF THE HOSPITAL.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL HAS PREVIOUSLY BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) TO BE AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND, THEREFORE, EXEMPT FROM TAXATION ON RELATED INCOME UNDER SECTION 501(A) OF THE IRC. THE IRS HAS ALSO PREVIOUSLY DETERMINED THAT THE HOSPITAL IS NOT A PRIVATE FOUNDATION PURSUANT TO IRC SECTION 509(A). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT OF THE HOSPITAL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2005.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -10,213. PENSION RELATED ADJUSTMENTS 143,432. CONTRIBUTIONS TO NONCONTROLLED AFFILIATES - 219,657. TRANSFERS TO AFFILIATES -4,689,273. CHANGE IN MARKET VALUE OF HEDGE INSTRUMENTS 2,188,927.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 398,202. SPECIAL EVENTS EXPENSE 320,541. NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 937,840. NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 2,041,797. LOSS ON DISPOSAL OF PROPERTY & EQUIPMENT 70,676. PENSION RELATED ADJUSTMENTS 143,432. CHANGE IN FAIR MARKET VALUE OF HEDGE INSTRUMENTS 2,188,927.
PART XII, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 10,213. FUNDRAISING EXPENSE RECLASS 621,362. CAPITAL CAMPAIGN EXPENSE RECLASS 10,144. CONTRIBUTIONS TO NON-CONTROLLED AFFILIATES 219,657.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 398,202. SPECIAL EVENTS EXPENSE 320,541. TRANSFERS TO AFFILIATES 4,689,273. NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 2,041,797. NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 937,840. LOSS ON DISPOSAL OF PROPERTY & EQUIPMENT 70,676.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE RECLASS 621,362. CAPITAL CAMPAIGN EXPENSE RECLASS 10,144.

**Employer identification number**  
04-2103590

**3** Activites per Region (Use Part V If additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2010

**1**

**(i) Method of valuation**  
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities . . . . .

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HEALTHCARE SUPPORT	CENTRAL AMERICA AND THE CARIBBEAN				20,083	HEALTHCARE SUPPORT	FAIR MARKET VALUE

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 A FUND THAT WAS ESTABLISHED TO ACCEPT GIFTS GIVEN IN SUPPORT OF THE HOSPITAL'S INITIATIVE TO PROVIDE HEALTHCARE SUPPORT IN COUNTRIES WHOSE CITIZENS SUFFER FROM FRAGMENTED AND/OR NON-EXISTENT MEDICAL DELIVERY SYSTEMS INITIALLY THE FUND WILL BE USED TO PROVIDE MEDICAL SUPPORT FOR THE HOSPITAL'S PARTICIPATION IN MEDICAL MISSIONARY WORK IN HONDURAS IN PARTNERSHIP WITH YALE UNIVERSITY AND MEDICAL SCHOOL MONEYS FROM THE FUND MAY BE USED TO PURCHASE MEDICAL SUPPLIES AND EQUIPMENT, UNDERWRITE TRAVEL AND ACCOMMODATIONS FOR STAFF FROM THE HOSPITAL AND YALE WHO PARTICIPATE IN THE MEDICAL MISSIONS, AND OTHER EXPENSES ASSOCIATED WITH OPERATING A MEDICAL MISSION TRIP OVER TIME, IT IS POSSIBLE THAT THE HOSPITAL WILL ADJUST ITS PARTICIPATION IN MEDICAL MISSION WORK SUCH CHANGES COULD INCLUDE OPERATING MEDICAL TRIPS TO COUNTRIES OTHER THAN HONDURAS, CHANGE OF AFFILIATION TO A PARTNER OTHER THAN YALE UNIVERSITY, ETC



Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			TEAM WALK FOR CANCER CARE	GOLF TOURNAMENT	1	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	690,385	308,796	160,722	1,159,903	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	690,385	308,796	160,722	1,159,903	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .	28,197	818	7,444	36,459
	6	Rent/facility costs	. .		20,000	9,476	29,476
	7	Food and beverages	. .	8,665		54,011	62,676
	8	Entertainment	. . .	15,464		19,562	35,026
	9	Other direct expenses	.	138,972	7,541	28,748	175,261
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ▶					338,898
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					821,005

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.

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

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?

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

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

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

☐ 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	Yes	
b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <b>500.000000000000</b> %	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	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"? . . . . .	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . .	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
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? . . . . .		No
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	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	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			6,621,520	3,847,949	2,773,571	1 130 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			7,000,111		7,000,111	2 860 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			1,836,300		1,836,300	0 750 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			15,457,931	3,847,949	11,609,982	4 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,152,682		1,152,682	0 470 %
f Health professions education (from Worksheet 5) . . . . .			489,237		489,237	0 200 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7)			173,282	37,300	135,982	0 060 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			593,734		593,734	0 240 %
j Total Other Benefits . . . . .			2,408,935	37,300	2,371,635	0 970 %
k Total. Add lines 7d and 7j . . . . .			17,866,866	3,885,249	13,981,617	5 710 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its 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					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		647,446		647,446	0.260 %
9	Other		149,457		149,457	0.060 %
10	Total		796,903		796,903	0.320 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,215,735
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	2,050,972
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	56,591,542
6	Enter Medicare allowable costs of care relating to payments on line 5	6	52,220,347
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	4,371,195
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV

Management Companies and Joint Ventures

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

(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? 1

[illegible]

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? 13

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description 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

Identifier	ReturnReference	Explanation
		PART I, LINE 3C PART I, LINE 3B BETWEEN 401-500%, LGH ASSISTANCE IS AVAILABLE FOR "NON-COVERED" MEDICALLY NECESSARY SERVICES AT 55% OF PATIENT'S BALANCE

Identifier	ReturnReference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	SCHEDULE H-PART I	PART I, LINE 6A & B THE ORGANIZATION PREPARES A COMMUNITY BENEFIT REPORT EVERY THREE YEARS THE PREVIOUS REPORT WAS COMPLETED IN SEPTEMBER 2010 AND IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST

Identifier	ReturnReference	Explanation
		<p>PART II PART VI, LINE 5 LOWELL GENERAL HOSPITAL PARTICIPATES IN COMMUNITY BUILDING ACTIVITIES IN MANY WAYS TO HELP IMPROVE THE HEALTH STATUS OF OUR COMMUNITY WE RECOGNIZE THE IMPORTANCE OF ACCESS TO CARE TO HELP MEET THIS NEED, LOWELL GENERAL HOSPITAL EVALUATES THE AVAILABILITY OF PRIMARY CARE AND SPECIALISTS TO OUR COMMUNITY MEMBERS AND ACTIVELY RECRUITS PHYSICIANS TO FILL GAPS THESE GAPS OFTEN INCLUDE RECRUITMENT OF MULTI-LINGUAL PHYSICIANS AND THOSE WHO HAVE SPECIALTIES IN IDENTIFIED HEALTH NEEDS FOR OUR COMMUNITY LOWELL GENERAL PROVIDES BOTH FINANCIAL AND PRACTICE MANAGEMENT SUPPORT TO THESE PHYSICIANS THIS ENHANCES THE COMMUNITIES' ABILITY TO ACCESS EXCELLENT PRIMARY AND SPECIALTY CARE IN A LOCAL SETTING LOWELL GENERAL HOSPITAL HAS A CLOSE WORKING RELATIONSHIP THAT INCLUDES FINANCIAL SUPPORT TO LOWELL COMMUNITY HEALTH CENTER (LCHC) WHICH SERVES THE LOW-INCOME, MEDICALLY UNDERSERVED POPULATION, MANY OF WHOM HAVE NO OTHER ACCESS TO HEALTHCARE SERVICES THE MAJORITY OF PATIENTS SERVED BY LCHC HAVE MASSHEALTH, ANOTHER 10% HAVE PRIVATE HEALTH INSURANCE OR HMO COVERAGE, 7% HAVE MEDICARE, AND 20% ARE UNINSURED, AND 95% LIVE AT OR BELOW THE POVERTY LEVEL ALMOST HALF OF LCHC'S PATIENT POPULATION IS UNDER 18 YEARS OF AGE, AND THE MAJORITY OF WOMEN ARE IN THEIR CHILDBEARING YEARS IN 2007, 37% OF PATIENTS WERE WHITE/NON-HISPANIC, 28% WERE LATINO, 27% WERE ASIAN (PRIMARILY CAMBODIANS) AND 8% WERE AFRICAN IMMIGRANTS ALMOST 60% OF PATIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH SOME OF THE MAJOR SERVICES THAT LCHC PROVIDES ARE - CARINO, WHICH PROVIDES SPECIAL CARE FOR PATIENTS WITH HIV/AIDS, PROMOTORAS PROGRAMS, WHICH ARE TRAINED COMMUNITY HEALTH WORKERS AND VOLUNTEERS WHO SPEAK SPANISH AND/OR PORTUGUESE AND GO THROUGH AN INTENSIVE TRAINING WITH LCHC STAFF ON SPECIFIC HEALTH TOPICS TO EDUCATE THE COMMUNITY, LCHC TEEN COALITION AND ADOLESCENT HEALTH PROGRAM, WHICH COVERS EVERYTHING FROM MENTAL HEALTH AND SELF-ESTEEM ISSUES AMONG GIRLS TO EDUCATING AND INVOLVING YOUTH IN SUBSTANCE ABUSE PREVENTION AND A JOURNEY TO HEALING PROGRAM FOR REFUGEE CHILDREN AND CHILDREN OF REFUGEES WITHOUT LOWELL GENERAL'S FINANCIAL SUPPORT TO LCHC'S PENSION AND WORKER'S COMPENSATION PROGRAM, MANY OF THESE PROGRAMS WOULD NOT HAVE ADEQUATE FUNDING</p>

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE WHICH IS PROVIDED TO DESCRIBE CHARITY CARE THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY THESE PATIENTS MAY RECEIVE FULL ASSISTANCE OR MAY BE SUBJECT TO PARTIAL LIABILITY BASED ON INCOME AND FAMILY SIZE BECAUSE THE HOSPITAL DOES NOT EXPECT PAYMENT OR PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, SUCH AMOUNTS ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE THE BAD DEBT EXPENSE AMOUNT DETAILED ON LINE 2 IS BASED ON THE COST TO CHARGE RATIO CALCULATED FROM THE MEDICARE COST REPORT REGARDING THE RATIONALE FOR INCLUDING THE AMOUNT ON LINE 3 AS CHARITY CARE, THE HOSPITAL PROVIDES AN ESTIMATE OF HOW MUCH IS ATTRIBUTABLE TO PERSONS WHO WOULD NORMALLY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICIES, BUT HAVE NOT TAKEN ADVANTAGE OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO THEM CURRENTLY THROUGH MANUAL PROCESSES IT IS IMPOSSIBLE TO SCREEN EVERY PATIENT TO MAKE AN INCOME STATUS DETERMINATION FOR QUALIFICATION TO THE HOSPITAL'S CHARITY PROGRAM UNDER A PRESUMPTIVE CHARITY POLICY THESE INDIVIDUALS THAT DO NOT SEEK OUT CHARITY PROGRAMS ARE OFTEN UNDERINSURED OR LOW INCOME AND DO NOT NECESSARILY CONSIDER THE BENEFIT OF THE PROCESS OF SUBMITTING AN APPLICATION TO THE HOSPITAL THE HOSPITAL CONTINUES TO PROVIDE CARE TO THOSE INDIVIDUALS THAT HAVE A HISTORY OF POOR CREDIT WITH THE FACILITY AND NEED MEDICALLY NECESSARY SERVICES AS WE UNDERSTAND THAT THE ABILITY FOR THE COMMUNITY TO SEEK OUT QUALITY MEDICAL SERVICES IS OF THE UTMOST IMPORTANCE AND EXTENDS OUR CHARITABLE BENEFIT TO THE COMMUNITY WE BELIEVE THAT HAD THE QUALIFICATION PROCESS TAKEN PLACE THIS BAD DEBT WOULD BE CLASSIFIED IN THE CHARITY CARE OF THE HOSPITAL SINCE THE QUALIFICATION PROCESS HAS NOT BEEN PERFORMED WE PROPERLY REPORT THIS AS BAD DEBT AS THE ACTUAL COST TO OUR HOSPITAL</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE MEDICARE COST REPORT DOES NOT INCLUDE ALLOCATION OF BAD DEBT AND INCLUDES OFFSETS OF \$7.3 MILLION WHICH HAVE NOTHING TO DO WITH MEDICARE PATIENTS. SUCH RECOVERIES INCLUDE DONATED FUNDS RELEASED FROM RESTRICTIONS, PHO REVENUE, BARIATRIC PROGRAM FEES, AND OTHER REVENUES. THIS EXPLAINS THE SURPLUS REPORTED ON LINE 8.

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 9B THERE ARE TWO DISTINCTIONS THAT ARE MADE FOR PATIENTS THAT ARE CONSIDERED EITHER LOW INCOME BY DEFINITION OF THE STATE OF MASSACHUSETTS ELIGIBILITY PROGRAM OR UNDER THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM FOR CHARITY CARE IF THE PATIENT IS DEEMED TO BE LOW INCOME BY THE STATE OF MASSACHUSETTS, ALL COLLECTION EFFORTS ARE CEASED ON PRIOR AND CURRENT BALANCE ACCOUNTS WHERE APPROPRIATE, ACCOUNTS WILL BE WRITTEN OFF TO HOSPITAL CHARITY FOR THOSE ACCOUNTS THAT EXCEED THE RETROACTIVE LOOK BACK PERIOD FOR PATIENTS WHO QUALIFY FOR THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM, THE PROGRAM WILL QUALIFY THE PATIENT FOR MEDICALLY NECESSARY SERVICES FOR THE PERIOD OF ONE YEAR IN WHICH THE ACCOUNT ACTIVITY OF THE PATIENT WILL BE WRITTEN OFF TO THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND REPORTED AS CHARITY CARE ALL COLLECTION ACTIVITIES ON PRIOR BALANCE ACCOUNTS CEASES AT THE POINT OF THIS QUALIFICATION FINANCIAL COUNSELORS WORK CLOSELY WITH PATIENTS TO MONITOR THEIR CURRENT FINANCIAL STATUS TO DETERMINE ANY CHANGES IN QUALIFICATIONS FOR BOTH THE STATE AND HOSPITAL PROGRAMS</p>

Identifier	ReturnReference	Explanation
LOWELL GENERAL HOSPITAL		PART V, SECTION B, LINE 3 PART V, LINE 3 INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) A WEB-BASED SURVEY, (2) FOCUS GROUP AND PERSONAL INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS THE WEB-BASED SURVEY WAS AVAILABLE TO ALL ADULTS RESIDING WITHIN THE STUDY AREA IT WAS DESIGNED TO ELICIT PUBLIC FEEDBACK ABOUT THE HEALTH SERVICES IN THE GREATER LOWELL AREA, AND INCLUDED BOTH FORCED ANSWER MULTIPLE CHOICE QUESTIONS AND OPEN-ENDED QUESTIONS ASKING PEOPLE TO STATE WHAT THEY PERCEIVED TO BE THE STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTHCARE SYSTEM OF THE 153 COMMUNITY RESIDENTS WHO RESPONDED, THE MAJORITY WERE WHITE (88%), WOMEN (76%), AND AGED 31 TO 65 (78%) THESE INDIVIDUALS REPORTED HAVING GOOD ACCESS TO HEALTH CARE, AS 88% HAD SEEN THEIR PERSONAL PHYSICIAN IN THE PREVIOUS 12 MONTHS

Identifier	ReturnReference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	SCHEDULE H-PART V SECTION B FACILITY POLICIES AND PRACTICES	PART V, LINE 4 LOWELL GENERAL HOSPITAL COLLABORATED WITH SAINTS MEDICAL CENTER TO CONDUCT THE NEEDS ASSESSMENT

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 ON BEHALF OF LOWELL GENERAL HOSPITAL (LGH), SAINTS MEDICAL CENTER (SMC) AND THE GREATER LOWELL HEALTH ALLIANCE (GLHA), A TEAM OF UMASS LOWELL RESEARCHERS AND STUDENTS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT STUDY TO DISTINGUISH THE UNMET MEDICAL AND PUBLIC HEALTH NEEDS WITHIN THE GREATER LOWELL COMMUNITY THE GEOGRAPHIC AREA ASSESSED INCLUDED THE COMMUNITIES OF LOWELL, BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, TEWKSBURY, TYNGSBOROUGH AND WESTFORD THE STUDY HAD TWO OBJECTIVES ONE OBJECTIVE WAS TO MEET STATE AND FEDERAL REQUIREMENTS THAT THE TWO HOSPITALS CONDUCT A COMPREHENSIVE HEALTH NEEDS ASSESSMENT EVERY THREE YEARS THE SECOND, ULTIMATELY MORE IMPORTANT OBJECTIVE WAS TO CONDUCT A STUDY THAT WOULD PROVIDE A FOUNDATION FOR THE GLHA AND ITS PARTNERS, INCLUDING LGH AND SMC, IN WORKING TO BUILD CONSENSUS ON THE AREA'S HEALTH NEEDS AND PLAN COORDINATED ACTIVITIES TO IMPROVE THE HEALTH OF THE AREA'S RESIDENTS INFORMATION FOR THIS REPORT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) A WEB-BASED SURVEY, (2) FOCUS GROUP AND PERSONAL INTERVIEWS, AND (3) A REVIEW OF PUBLICLY-COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS THE WEB-BASED SURVEY WAS AVAILABLE TO ALL ADULTS RESIDING WITHIN THE STUDY AREA IT WAS DESIGNED TO ELICIT PUBLIC FEEDBACK ABOUT THE HEALTH SERVICES IN THE GREATER LOWELL AREA, AND INCLUDED BOTH FORCED ANSWER MULTIPLE CHOICE QUESTIONS AND OPEN-ENDED QUESTIONS ASKING PEOPLE TO STATE WHAT THEY PERCEIVED TO BE THE STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTHCARE SYSTEM OF THE 153 COMMUNITY RESIDENTS WHO RESPONDED, THE MAJORITY WERE WHITE (88%), WOMEN (76%), AND AGED 31 TO 65 (78%) THESE INDIVIDUALS REPORTED HAVING GOOD ACCESS TO HEALTH CARE, AS 88% HAD SEEN THEIR PERSONAL PHYSICIANS IN THE PREVIOUS 12 MONTHS MORE THAN 50 GREATER LOWELL PROFESSIONALS PARTICIPATED IN THE FOCUS GROUPS AND PERSONAL INTERVIEWS, INCLUDING SCHOOL NURSES, HOSPITAL EXECUTIVES, TOWN MANAGERS AND LOCAL HEALTH DEPARTMENT DIRECTORS, AS WELL AS INDIVIDUALS REPRESENTING THE COUNCILS OF AGING, SKILLED NURSING FACILITIES AND VARIOUS COMMUNITY-BASED ORGANIZATIONS THESE INDIVIDUALS WERE ASKED TO SPEAK TO THE STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTH SYSTEM AND SUGGEST CHANGES TO IMPROVE IT THE HEALTH AND DEMOGRAPHIC DATA AVAILABLE WITHIN THE GREATER LOWELL AREA WAS THOROUGHLY INVESTIGATED, FOCUSING SUBSTANTIALLY ON THE ISSUES OR PROBLEMS INDICATED FROM THE PERSONAL AND FOCUS GROUP INTERVIEWS, AS WELL AS THE WEB-BASED SURVEY THESE DATA INDICATED THAT THE GREATER LOWELL AREA SAW A DOUBLING OF THE RATE OF MENTAL HEALTH HOSPITALIZATIONS BETWEEN 1989 AND 2006 IN ADDITION, LOWELL HAS SEEN INCREASES IN PROBLEMATIC ALCOHOL CONSUMPTION AND OPIATE-RELATED MORTALITY THE EXPERIENCE IN THE LOWELL AREA WAS ALSO COMPARED, AS APPROPRIATE, WITH THE STATEWIDE EXPERIENCE IN SO DOING, WE FOUND THAT THE USE OF EMERGENCY DEPARTMENT SERVICES IN LOWELL IS 39% HIGHER THAN THE STATE AVERAGE IN MOST RECENT DATA AVAILABLE, 2002 THROUGH 2005 WHEN RELIABLE INFORMATION WAS AVAILABLE, WE ADDITIONALLY EXAMINED THE COMPARATIVE EXPERIENCE OF DIFFERENT DEMOGRAPHIC SUBGROUPS THE MORTALITY RATE AMONG ASIAN-AMERICANS IN THE GREATER LOWELL AREA, FOR EXAMPLE, WAS NEARLY TWICE AS HIGH AS THE MASSACHUSETTS AVERAGE FOR THIS GROUP IN ADDITION TO PROVIDING SUPPLEMENTAL INFORMATION ON HEALTHCARE CONCERNS VOICED BY VARIOUS STUDY RESPONDENTS, THE DATA ANALYSIS ALSO INDICATED OTHER IMPORTANT FINDINGS, MOST IMPORTANTLY, THAT THE PROPORTION OF INDIVIDUALS IN LOWELL WITHOUT HEALTH INSURANCE INCREASED SUBSTANTIALLY BETWEEN 2000 AND 2008</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 3 FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WORKS WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL PROVIDES ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE BILLS THAT ARE SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL IN ADDITION TO GENERAL NOTICES, THERE ARE INFORMATIONAL BROCHURES AVAILABLE IN ACCESS AREAS AND DURING THE PROCESS OF REGISTRATION ANYONE THAT INDICATES THEY ARE HAVING TROUBLE PAYING THEIR BILLS OR WHO ARE UNINSURED ARE PROVIDED WITH A BUSINESS CARD THAT IDENTIFIES HOW TO CONTACT A PATIENT FINANCIAL COUNSELOR ALL SIGNS AND NOTICES ARE TRANSLATED INTO LANGUAGES OTHER THAN ENGLISH IF SUCH LANGUAGE IS SPOKEN BY 10% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO THE FOLLOWING LANGUAGES - SPANISH, PORTUGUESE, AND KHMER THE HOSPITAL TRIES TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING THEIR SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON DISCHARGE, AND FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL THE HOSPITAL PATIENT ACCESS STAFF DIRECTS ALL PATIENTS SEEKING AVAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL ASSISTS THE PATIENT IN APPLYING FOR THE APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE OR NOTIFY THEM OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 THE CITY OF LOWELL WAS FOUNDED IN 1820 AS A PLANNED INDUSTRIAL COMMUNITY ALONG THE BANKS OF THE MERRIMACK RIVER WHOSE ECONOMY WAS BASED ON TEXTILE MANUFACTURING BY THE 1850'S, IT HAD BECOME THE LARGEST INDUSTRIAL CENTER IN THE UNITED STATES AND THE SECOND LARGEST CITY IN NEW ENGLAND MUCH OF THE POPULATION GROWTH IN LOWELL WAS ATTRIBUTABLE TO IMMIGRATION, WHICH NEW RESIDENTS COMING FROM MANY PARTS OF EUROPE AND FRENCH-SPEAKING CANADA, CREATING AN ETHNICALLY DIVERSE COMMUNITY DURING THIS PERIOD, LOWELL SERVED AS A REGIONAL ECONOMIC ENGINE, PROVIDING GOODS AND SERVICES TO THE SURROUNDING COMMUNITIES, WHICH RETAINED A LARGELY AGRICULTURAL ECONOMY INTO THE EARLY 1900'S BY THE 1920'S, HOWEVER, LOWELL HAD GONE INTO ECONOMIC DECLINE AS THE U.S. TEXTILE INDUSTRY MOVED SOUTH, AND BY THE END OF THE 1950'S ALL OF THE TEXTILE MILLS HAD CLOSED IN THE 1970'S, WANG LABORATORIES LOCATED ITS HEADQUARTERS IN THE CITY AND SPURRED A TEMPORARY ECONOMIC REVIVAL, WHICH COLLAPSED WHEN THE COMPANY FILED FOR BANKRUPTCY IN 1992 WHILE THE URBAN CORE HAS BEEN REDEVELOPED AS A RESIDENTIAL COMMUNITY, WITH FORMER TEXTILE MILLS BEING REHABILITATED AS CONDOMINIUMS AND APARTMENTS, LOWELL LACKS A STRONG INDUSTRIAL BASE IN A LARGE MEASURE, THE EMERGENCE OF A HIGH TECHNOLOGY AND BIOMEDICAL ECONOMIC BASE IN EASTERN MASSACHUSETTS COINCIDED WITH A DECENTRALIZATION OF DEVELOPMENT AND URBAN PLANNING, WITH MANY NEW BUSINESSES LOCATING OUTSIDE CITY CENTERS, ALONG TRANSPORTATION CORRIDORS (E.G., ROUTES 128 AND 495) WHILE LOWELL STILL PROVIDES REGIONAL SERVICES NOT AVAILABLE IN THE SMALLER COMMUNITIES - HEALTHCARE, EDUCATION AND ENTERTAINMENT - MUCH OF THE AREA'S RECENT JOB GROWTH HAS COME FROM THE HIGH TECHNOLOGY SECTOR IN NEARBY TOWNS SUCH AS BILLERICA, CHELMSFORD, TEWKSBURY AND WESTFORD IN THE 1980'S, THE CITY OF LOWELL WAS DESIGNATED AS A REFUGEE AND RESETTLEMENT AREA FOR CAMBODIANS IN THE WAKE OF THE ATROCITIES COMMITTED BY THE KHMER ROUGE REGIME TODAY, LOWELL IS HOME TO THE SECOND LARGEST CAMBODIAN POPULATION WITHIN THE U.S. IN ADDITION, MANY OF THE AMENITIES THAT HAD SERVED PREVIOUS GENERATIONS OF LOWELL IMMIGRANTS, SUCH AS PLENTIFUL RENTAL HOUSING AND A HIGH GEOGRAPHIC DENSITY OF RETAIL BUSINESSES AND SERVICES CONTINUE TO ATTRACT IMMIGRANTS IN THE 2000 CENSUS, MORE THAN ONE IN FIVE LOWELL RESIDENTS WAS FOREIGN BORN CONTRASTED WITH THE PREDOMINANTLY NORTHERN AND WESTERN EUROPEAN IMMIGRATION DURING THE CITY'S MANUFACTURING HEYDAY, RECENT FIGURES SHOW THAT THE FOREIGN BORN IN LOWELL TODAY HAVE MORE DIVERSE ORIGINS IN 2000, APPROXIMATELY HALF OF ALL LOWELL IMMIGRANTS WERE ASIAN, NEARLY A QUARTER FROM LATIN AMERICA, 16 PERCENT FROM EUROPE (WITH MANY ARRIVING FROM PORTUGAL), AND APPROXIMATELY SIX PERCENT FROM AFRICA WITH THEIR ARRIVAL, THESE IMMIGRANTS HAVE ALSO ALTERED THE SERVICE ENVIRONMENT, WITH SOME HEALTHCARE FACILITIES, NOTABLY THE LOWELL COMMUNITY HEALTH CENTER, ADAPTING THEIR SERVICES TO ACCOMMODATE INDIVIDUALS WITH IDIOSYNCRATIC CULTURAL AND HEALTH NEEDS, AS WELL AS PROVIDING SERVICES IN AN INCREASING NUMBER OF LANGUAGES IMMIGRANTS ARRIVING IN LOWELL TODAY ARE GREETED WITH A STARKLY DIFFERENT ECONOMIC REALITY THAN THOSE ARRIVING DURING THE INDUSTRIAL REVOLUTION THERE ARE ESSENTIALLY NO MANUFACTURING JOBS REMAINING IN LOWELL, AND THE MAJORITY OF JOBS IN THE NEW HIGH TECHNOLOGY SECTOR REQUIRE A COLLEGE EDUCATION AS A RESULT, MOST JOBS AVAILABLE TO NEW IMMIGRANTS WITHOUT AN ADVANCED EDUCATION ARE SERVICE JOBS, MANY OF WHICH DO NOT PAY A LIVING WAGE LOWELL HAS THE HIGHEST UNEMPLOYMENT RATE IN THE AREA (11.5%), AND A POVERTY RATE (16.1%) THREE TIMES THAT OF TYNGSBOROUGH (4.7%) AND TEN TIMES THAT OF WESTFORD (1.6%) THE COMMUNITIES SURROUNDING LOWELL HAVE ATTRACTED FAR FEWER IMMIGRANTS, WITH IMMIGRANTS ACCOUNTING FOR JUST THREE TO SEVEN PERCENT OF THEIR POPULATIONS OF THE SUBURBAN COMMUNITIES IN THE GREATER LOWELL AREA, ONLY WESTFORD HAS A HIGHER PROPORTION FOREIGN BORN (12.6%), BUT THESE IMMIGRANTS ARE PREDOMINANTLY WELL EDUCATED AND DRAWN TO THE TOWN'S HIGH TECHNOLOGY JOBS WHILE LOWELL IS NO LONGER THE ECONOMIC CENTER THAT IT ONCE WAS, LOWELL IS STILL A CULTURAL AND INSTITUTIONAL CENTER FOR THE REGION IT IS HOME TO THE UNIVERSITY OF MASSACHUSETTS LOWELL, MIDDLESEX COLLEGE AND THE LOWELL NATIONAL HISTORICAL PARK, AS WELL AS TWO HOSPITALS, SUPERIOR AND DISTRICT COURTS, THE MERRIMACK REPERTORY THEATER, THE LOWELL AUDITORIUM, THE TSONGAS CENTER AND LALACHEUR STADIUM IN 2008, THE GREATER LOWELL AREA, AS DEFINED HEREIN, HAD A POPULATION OF 264,000 RESIDENTS, INCLUDING AN ESTIMATED 97,000 PEOPLE IN THE CITY OF LOWELL ALONE THUS, THE CITY OF LOWELL ITSELF ACCOUNTS FOR LESS THAN 40 PERCENT OF THE AREA'S POPULATION FOUR OTHER COMMUNITIES - BILLERICA, CHELMSFORD, DRACUT AND TEWKSBURY - EACH HAVE A POPULATION OF NEARLY 30,000 OR MORE WE ALSO SEE THAT THE CITY OF LOWELL DIFFERS FROM ITS SUBURBAN NEIGHBORS IN IMPORTANT RESPECTS - A GREATER PERCENTAGE NON-HISPANIC WHITE, A GREATER PERCENTAGE FOREIGN BORN AND A HIGHER POVERTY</p>

Identifier	ReturnReference	Explanation
		Y RATE LOWELL'S CURRENT POPULATION IS MUCH THE SAME AS WHAT IT WAS IN 1900, WHEREAS THE SUBURBAN COMMUNITIES IN PROXIMITY TO LOWELL HAVE SEEN DRAMATIC POPULATION INCREASES. MANY RESIDENTS OF THE SUBURBAN COMMUNITIES HAVE DEEP ROOTS IN THE CITY OF LOWELL ITSELF.

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 THE HOSPITAL DEDICATES EXTENSIVE RESOURCES THROUGHOUT THE ORGANIZATION IN ITS COMMITMENT TO THE COMMUNITY BENEFIT PROGRAM THE BOARD OF DIRECTORS, IN PARTNERSHIP WITH THE SENIOR MANAGEMENT TEAM AND THE PLANNING AND RESEARCH DEPARTMENT, CREATED A FORMAL STRUCTURE TO SUPPORT THE HOSPITAL'S OUTREACH INTO THE COMMUNITY, DEDICATING RESOURCES AND INVESTING IN A THREE-PRONGED APPROACH THROUGH THE CREATION OF THREE MAJOR INITIATIVES THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS, THE GREATER LOWELL HEALTH ALLIANCE, AND THE LGH B ALL FOR COMMUNITY HEALTH INITIATIVES CENTER FOR COMMUNITY HEALTH &amp; WELLNESSTHE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS (CHW) WAS CREATED IN 2006 TO MEET THE EVER-CHANGING HEALTHCARE NEEDS THROUGHOUT GREATER LOWELL THROUGH AN INVESTMENT OF SIGNIFICANT RESOURCES, A STAFF OF TWO HAS GROWN TO MORE THAN 25 FULL-TIME AND PER DIEM STAFF MEMBERS SINCE 2006, WE HAVE SHOWN A REMARKABLE 800 PERCENT INCREASE IN PROGRAMS OFFERED (45 TO 407) AND 675 PERCENT INCREASE IN INDIVIDUALS SERVED BY THESE PROGRAMS (547 TO 4,530) PROGRAMS AND EVENTS ARE CREATED TO ADDRESS UNMET PUBLIC HEALTH NEEDS INCLUDING PHYSICAL ACTIVITY, NUTRITION, SMOKING CESSATION, PREVENTION, AND OVERALL HEALTH AND WELLNESS MANY OF THESE PROGRAMS TARGET OUR COMMUNITY'S UNDERSERVED AND VULNERABLE POPULATIONS, INCLUDING IMMIGRANTS, ELDERS AND CHILDREN TODAY, OUR CENTER FOR COMMUNITY HEALTH &amp; WELLNESS PLANS AND SUPPORTS MORE THAN 50 EVENTS ANNUALLY, INCLUDING HEALTH FAIRS AND COMMUNITY SCREENINGS, AND PROVIDES MORE THAN 25 SUPPORT GROUPS IN ADDITION, WE PARTICIPATE IN 15 TO 20 COMMITTEES AND COALITIONS IN THE GREATER LOWELL AREA, SUCH AS HEALTHY CHELMSFORD, CITY MANAGER'S DOMESTIC VIOLENCE TASKFORCE , GANG ADVISORY BOARD, THE 10-YEAR PLAN TO END HOMELESSNESS, AND THE LOWELL ROUNDTABLE FOR SUBSTANCE ABUSE OUR LEADERSHIP ROLE IN THESE INITIATIVES ENABLES US TO INCREASE COMMUNITY BUILDING AND CAPACITY, BROADENING THE IMPACT OF OUR OUTREACH RESPONDING TO THE NEEDS AND FEEDBACK OF OUR COMMUNITY, WE RECENTLY IMPLEMENTED A CORPORATE WELLNESS PROGRAM, PROVIDING OUTSIDE CORPORATIONS WITH SCREENINGS, INNOVATIVE PROGRAMS AND HEALTH INFORMATION TO IMPROVE THEIR EMPLOYEES' HEALTH IN 2008 THE HOSPITAL'S CHILDBIRTH EDUCATION PROGRAM MOVED UNDER THE LEADERSHIP OF THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS, CENTRALIZING ALL PREVENTION AND WELLNESS PROGRAMMING UNDER THE DIRECTION OF CHW, THE CHILDBIRTH EDUCATION DEPARTMENT EXPERIENCED AN IMPRESSIVE 107 PERCENT INCREASE IN ATTENDEES AND 116 PERCENT INCREASE IN PROGRAM OFFERINGS, ADDING PRECONCEPTION AND PARENTING PROGRAMS TO EXISTING OFFERINGS OF PREPARED CHILDBIRTH, TEEN PREGNANCY PROGRAMS, AND INFANT CARE WE HAVE EVEN SUCCESSFULLY IMPLEMENTED ONLINE CHILDBIRTH EDUCATION CLASSES GREATER LOWELL HEALTH ALLIANCEAS THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS THRIVED, OUR RESEARCH INDICATED THAT THE SCOPE OF THE REGION'S HEALTHCARE NEEDS REQUIRED RESOURCES AND COLLABORATION BEYOND THOSE THAT COULD BE PROVIDED BY A SINGLE INSTITUTION THIS FINDING LED LGH TO CREATE THE GREATER LOWELL HEALTH ALLIANCE (GLHA), AN INDEPENDENT NON-PROFIT ALLIANCE WITH A MISSION TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITY BY BRINGING TOGETHER MEMBERS FROM HEALTH, EDUCATION, AND CIVIC INSTITUTIONS IN THE AREA BY RAISING AWARENESS AND PROVIDING RESOURCES FOR OUR HEALTH CARE PROVIDERS, COMMUNITIES, SCHOOLS AND CIVIC AND BUSINESS LEADERS, WE EMPOWER THEM TO MAKE DECISIONS AND TAKE ACTIONS THAT WILL LEAD TO AN IMPROVEMENT IN THE OVERALL HEALTH OF OUR COMMUNITIES A MAJOR GOAL OF THE GLHA IS TO REDUCE DUPLICATION OF EFFORTS THEREFORE, IN 2008 GLHA MERGED WITH THE COMMUNITY HEALTH NETWORK AREA (CHNA) 10, A COALITION OF PUBLIC, NON-PROFIT AND PRIVATE SECTORS CREATED BY THE DEPARTMENT OF PUBLIC HEALTH IN 1992 THE UNIFICATION OF THE TWO ORGANIZATIONS STRENGTHENED OUR ABILITY TO WORK WITH OTHERS TO ENRICH THE GREATER LOWELL COMMUNITY, NETWORK AND SHARE IDEAS WITH PEOPLE OF SIMILAR INTEREST IN BUILDING A HEALTHIER GREATER LOWELL COMMUNITY, GAIN MORE KNOWLEDGE ABOUT HEALTH-RELATED ISSUES AND TOPICS, AND INCREASE CULTURAL COMPETENCY OF THE SERVICES PROVIDED TO THE COMMUNITY SINCE 2006, GLHA HAS GROWN FROM 13 PARTICIPATING ORGANIZATIONS TO MORE THAN 70, AND FROM ONE TASK FORCE (HEALTHY WEIGHT) TO FIVE (ALCOHOL, TOBACCO AND OTHER DRUGS, MENTAL HEALTH, CULTURAL COMPETENCE, AND MATERNAL CHILD HEALTH) LGH CONTINUES ITS LEADERSHIP ROLE OF GLHA LGH DIRECTOR OF MARKETING OPERATIONS &amp; COMMUNITY DEVELOPMENT, MICHELLE DAVIS IS THE EXECUTIVE DIRECTOR OF THE GLHA, AND LGH PRESIDENT AND CEO NORMAND DESCHENE IS AN ACTIVE BOARD MEMBER LGH BALL FOR COMMUNITY HEALTH INITIATIVESWITH THE GROWING NEED FOR COMMUNITY HEALTH PROGRAMS AND SUPPORT CAME THE NEED FOR ADDITIONAL FUNDING TO SUPPORT THEM LOWELL GENERAL HOSPITAL DEVELOPED THE ANNUAL "LGH BALL FOR COMMUNITY HEALTH INITIATIVES" TO RAISE AWARENESS AND FUNDS FOR COMMUNITY OUTREACH AND EDUCATION IN THE PAST FIVE YEARS, LGH HAS RAISED \$735,000 FOR COMMUNITY INITIATIVES, INCLUDING THE HEALTHY</p>

Identifier	ReturnReference	Explanation
		<p>BABIES INITIATIVE, A BREASTFEEDING EDUCATION AND SUPPORT PROGRAMS FOR NEW MOMS, THE "BEDS FOR KIDS" PROGRAM OF THE LOWELL WISH PROJECT, WHICH PROVIDES NEW BEDS AND BEDDING FOR AT- RISK CHILDREN IN THE CITY, A PUBLIC SERVICE CAMPAIGN TO PROMOTE MENTAL HEALTH AWARENESS AND RESOURCES, THE "HEART AND SOLES" MALL WALKING PROGRAM, AN OUTDOOR RIVER PATH WALKING PROGRAM, A CHILDREN'S LITERACY PROGRAM, A SMOKING PREVENTION PROGRAM IN THE LOWELL PUBLIC SCHOOLS, AND A COMPREHENSIVE HEALTH RISK ASSESSMENT PROGRAM IN 2011 THE BALL FOR COMMUNITY HEALTH INITIATIVES RELEASED ITS FIRST RFP FOR LOCAL NON-PROFIT ORGANIZATIONS AND WILL GRANT OVER \$60,000 TO LOCAL ORGANIZATIONS TO HELP PROMOTE MENTAL HEALTH AND HEALTHY WEIGHT PROGRAMMING LOWELL GENERAL HOSPITAL IS DEDICATED TO THE PROMOTION OF THE HEALTH IN THE COMMUNITY BY PROVIDING EDUCATIONAL OPPORTUNITIES FOR LOCAL SENIOR CENTERS, HOSTING QUARTERLY BLOOD DRIVES IN PARTNERSHIP WITH THE AMERICAN RED CROSS, RUNNING QUARTERLY FOOD DRIVES TO BENEFIT THE LOCAL FOOD BANKS, AND PARTICIPATING IN COUNTLESS HEALTH FAIRS WHERE WE PROVIDE VALUABLE HEALTH PROMOTION INFORMATION AND OFTEN PROVIDE FREE HEALTH SCREENINGS MANY EMPLOYEES AND SENIOR MANAGEMENT AT LOWELL GENERAL HOSPITAL REPRESENT THE HOSPITAL ON THE BOARDS OF DIRECTORS OF MANY LOCAL NON-PROFIT CHARITIES, PROVIDING HUNDREDS OF HOURS OF SERVICE TO THESE ORGANIZATIONS EACH MEMBER OF OUR SENIOR MANAGEMENT TEAM GIVES AN AVERAGE OF 10 HOURS EACH MONTH AT THE FOLLOWING ORGANIZATIONS BOYS AND GIRLS CLUB OF GREATER LOWELL, BIG BROTHER BIG SISTER OF GREATER LOWELL AND NASHOBA VALLEY, GIRLS INCORPORATED OF GREATER LOWELL, LOWELL TRANSITIONAL LIVING CENTER, HOUSE OF HOPE, LOWELL TELECOMMUNICATIONS CORPORATION, D'YOUVILLE SENIOR CARE, AND THE GREATER LOWELL FAMILY YMCA</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 MEMBERS AND OFFICERS OF LOWELL GENERAL HOSPITAL ARE ACTIVELY SERVING ON THE BOARDS OF MANY LOCAL COMMUNITY AREA AGENCIES AND AS HEADS OF THE GREATER LOWELL HEALTH ALLIANCE HOWEVER, LOWELL GENERAL HOSPITAL IS NOT PART OF AN AFFILIATED HEALTHCARE SYSTEM

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MA

Additional Data

Software ID:

Software Version:

EIN: 04-2103590

Name: LOWELL GENERAL HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? <u>13</u>	
Name and address	Type of Facility (Describe)
LGH - OFFICE SPACE OFF-SITE 4 MEETINGHOUSE ROAD 13 CHELMSFORD, MA 01824	XRAY FACILITY
LGH - OFFICE SPACE OFF-SITE 10 RESEARCH PLACE CHELMSFORD, MA 01824	SURGICAL DAY CARE, MEDICAL OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 17 WARREN ST LOWELL, MA 01854	MOBILE ULTRASOUND
LGH - OFFICE SPACE OFF-SITE 1 MEETINGHOUSE ROAD 5 CHELMSFORD, MA 01824	ANTICOAGULATION MGMT SERVICES
LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE STE 100 CHELMSFORD, MA 01824	PATIENT AMBASSADOR OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE 310 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 3 MEETINGHOUSE RD 24 CHELMSFORD, MA 01824	PATIENT AMBASSADOR OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 275 VARNUM AVENUE LOWELL, MA 01854	MD OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 23 VILLAGE SQUARE UNIT B6 CHELMSFORD, MA 01824	MD OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 506 GROTON ROAD WESTFORD, MA 01886	MD OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 170 MAIN ST TEWKSBURY, MA 01876	MD OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 45 PALMER ST LOWELL, MA 01854	MD OFFICE SPACE
LGH - OFFICE SPACE OFF-SITE 275 VARNUM AVENUE STE 102A LOWELL, MA 01854	MD OFFICE SPACE

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  
LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

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 Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

14

3

Enter total number of other organizations . . . . .

2

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 LOWELL GENERAL HOSPITAL RESPONDS TO SPECIFIC REQUESTS FOR FUNDING TO LOCAL AGENCIES AND ORGANIZATIONS RELATED TO COMMUNITY BENEFIT EVENTS AND NEEDS THE HOSPITAL REQUIRES THAT THE ORGANIZATION STATE THE NATURE OF THEIR NEED PRIOR TO THEM MAKING THE CONTRIBUTION AND, IN THE CASE OF MAJOR DONATIONS (I E AMERICAN HEART ASSOCIATION) AN ANNUAL REPORT IS REQUESTED WHICH DETAILS HOW SUCH DONATED FUNDS WERE SPENT

Software ID:

Software Version:

EIN: 04-2103590

Name: LOWELL GENERAL HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AMERICAN HEART ASSOCIATION20 SPEEN STREET FRAMINGHAM,MA 01701	13-5613797	501(C)(3)	170,313				GO RED FOR WOMEN & HEARTWALK CAMPAIGN
CITY OF LOWELL DBA LOWELL HIGH SCHOOL375 MERRIMACK STREET LOWELL,MA 01852	04-6001396		20,950				FUNDRAISER SPONSORSHIP & HELMETS FOR FOOTBALL TEAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
GIRLS INCORPORATED OF GREATER LOWELL222 WORTHEN STREET LOWELL,MA 01852	04-2104401	501(C)(3)	5,000				OPERATION TEEN CAMPAIGN
GREATER LOWELL TECHNICAL HIGH SCHOOL CHARITABLE FUND250 PAWTUCKET BLVD TYNGSBORO,MA 018792199	20-2144356	501(C)(3)	5,750				FUNDRAISER SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
GROTON-DUNSTABLE EDUCATION FOUNDATION PO BOX 322 357 RIVERBEND DRIVE GROTON,MA 01450	27-0059071	501(C)(3)	13,357				EDUCATIONAL FUNDING GRANT
LOWELL BOYS CLUB ASSOCIATION DBA BOYS & GIRLS CLUB OF GREATER LOWELL657 MIDDLESEX STREET LOWELL,MA 01851	04-2104396	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LOWELL PLAN INC11 KEARNEY SQUARE LOWELL,MA 01852	04-2693109	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
LOWELL SUN CHARITIES- SUN SANTA FUND491 DUTTON STREET LOWELL,MA 01854	04-6004936	501(C)(3)	30,937				HOLIDAY FUND DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MARCH OF DIMES FOUNDATION MASSACHUSETTS CHAPTER114 TURNPIKE ROAD SUITE 202 WESTBOROUGH,MA 01581	13-1846366	501(C)(3)	6,500				MARCH FOR BABIES & SIGNATURE CHEF CAMPAIGNS
MASSACHUSETTS GENERAL HOSPITAL CORP DBA THE SCHWARTZ CENTER FOR COMPASSION 2005 PORTLAND STREET 6TH FLOOR BOSTON,MA 02114	04-1564655	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MERRIMACK VALLEY ECONOMIC DEVELOPMENT COUNCIL INC1600 OSGOOD STREET N ANDOVER,MA 01845	04-3479606	501(C)(3)	5,000				ANNUAL DONATION
UNIVERSITY OF MASSACHUSETTS LOWELL 1 UNIVERSITY AVENUE LOWELL,MA 01854	04-3167352		5,000				COMMENCEMENT DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LOWELL BOYS CLUB ASSOCIATION DBA BOYS & GIRLS CLUB OF GREATER LOWELL657 MIDDLESEX STREET LOWELL,MA 01851	04-2104396	501(C)(3)	20,000				GRANT CONTRIBUTED FROM CHI-BALL FUNDS
LOWELL COMMUNITY HEALTH CENTER17 WARREN ST LOWELL,MA 01852	04-2881348	501(C)(3)	20,000				GRANT CONTRIBUTED FROM CHI-BALL FUNDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
UNITED TEEN EQUALITY CENTER INC34 HURD ST LOWELL,MA 01852	38-3669532	501(C)(3)	20,000				GRANT CONTRIBUTED FROM CHI-BALL FUNDS
MERRIMACK VALLEY FOOD BANK INC735 BROADWAY ST LOWELL,MA 01854	22-3241609	501(C)(3)	26,915				GRANT CONTRIBUTED FROM CHI-BALL FUNDS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization LOWELL GENERAL HOSPITAL	Employer identification number  04-2103590
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Part I

Questions Regarding Compensation

		Yes	No
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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 <div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
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	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**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) NORMAND DESCHENE	(i) (ii)	620,750 0	161,481 0	804,892 0	47,894 0	55,318 0	1,690,335 0	0 0
(2) SUSAN GREEN	(i) (ii)	323,711 0	68,785 0	11,335 0	2,794 0	24,043 0	430,668 0	0 0
(3) PETER ZARILLA	(i) (ii)	196,875 0	35,739 0	5,050 0	9,433 0	24,060 0	271,157 0	0 0
(4) WAYNE PASANEN	(i) (ii)	193,540 0	32,043 0	5,108 0	9,032 0	28,173 0	267,896 0	0 0
(5) JOSEPH WHITE	(i) (ii)	446,652 0	169,050 0	286,205 0	8,575 0	35,340 0	945,822 0	0 0
(6) AMY HOEY	(i) (ii)	233,371 0	41,467 0	669 0	8,575 0	32,129 0	316,211 0	0 0
(7) WINFIELD BROWN	(i) (ii)	225,851 0	39,320 0	653 0	2,886 0	30,282 0	298,992 0	0 0
(8) CLAUDIA RUPP	(i) (ii)	150,959 0	0 0	1,426 0	17,375 0	18,861 0	188,621 0	0 0
(9) YISHI REN	(i) (ii)	186,618 0	0 0	1,127 0	7,649 0	19,246 0	214,640 0	0 0
(10) GERALDINE VAUGHAN	(i) (ii)	237,516 0	0 0	632 0	0 0	17,308 0	255,456 0	0 0
(11) JOHN GOODROW	(i) (ii)	160,820 0	0 0	227 0	0 0	11,870 0	172,917 0	0 0
(12) KAREN MCARDLE	(i) (ii)	153,380 0	0 0	520 0	5,654 0	23,548 0	183,102 0	0 0
(13) RICHARD JEFFCOTE	(i) (ii)	259,874 0	0 0	80,042 0	0 0	35,006 0	374,922 0	0 0
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE HOSPITAL HAS ENTERED INTO RESTRICTIVE ENDORSEMENT BONUS ARRANGEMENTS ("REBA'S") WITH NORMAND DESCHENE, RICHARD JEFFCOTE AND JOSEPH WHITE AS A RETIREMENT RETENTION PROGRAM. AMOUNTS PAID BY THE HOSPITAL UNDER THE ARRANGEMENT ARE REQUIRED TO BE REPAID TO THE HOSPITAL IF LENGTH OF SERVICE REQUIREMENTS ARE NOT MET. AMOUNTS PAID UNDER THE REBA ARRANGEMENTS ARE TREATED AS TAXABLE COMPENSATION IN THE YEAR PAID BY THE HOSPITAL. THIS ARRANGEMENT WAS APPROVED BY THE HOSPITAL'S COMPENSATION COMMITTEE AS DOCUMENTED IN THE COMMITTEE MINUTES. THE W-2 COMPENSATION REPORTED FOR MR. DESCHENE ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$768,574 PAID IN 2010 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MR. JEFFCOTE ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$67,797 PAID IN 2010 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MR. WHITE ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$274,047 PAID IN 2010 IN CONNECTION WITH THE REBA ARRANGEMENT. SOCIAL CLUB DUES ARE PROVIDED TO NORMAND DESCHENE, JOSEPH WHITE, AND WINFIELD BROWN. SOCIAL CLUB DUES IS TREATED AS TAXABLE COMPENSATION TO THE EXTENT CONSIDERED PERSONAL USEAGE. THE HOSPITAL HAS ENTERED INTO A SPLIT-DOLLAR LIFE INSURANCE AGREEMENT WITH NORMAND DESCHENE. PREMIUMS PAID IN CALENDAR 2010 WERE \$25,140. ALL PREMIUMS WILL BE REPAID TO THE HOSPITAL.
	PART I, LINE 4A	UPON TERMINATION OF EMPLOYMENT, RICHARD JEFFCOTE RECEIVED SEVERANCE PAY OF \$374,922.
	PART I, LINE 7	BONUSES ARE PAID AS INDICATED ON SCHEDULE J, PART II. BONUS PAID TO OFFICERS ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. OTHER BONUSES ARE APPROVED BY THE OFFICERS OF THE HOSPITAL.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOWELL GENERAL HOSPITAL

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 Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number  
04-2103590

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND ED FACILITIES AUTHORITY	04-2456011	57586EXB2	09-29-2010	109,152,040	CONSTRUCTION OF NEW BUILDING, EQUIP ACQUISITIONS, PAY OFF COMMERCIAL DEBT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	109,539,357							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	3,040,754							
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,755,029							
8	Credit enhancement from proceeds	92,469							
9	Working capital expenditures from proceeds	23,057,906							
10	Capital expenditures from proceeds	38,807,569							
11	Other spent proceeds	832,097							
12	Other unspent proceeds	41,953,533							
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

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?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
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 <div>▶</div>	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 <div>▶</div>	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

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?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	DEUTSCHE BANK AG NEW							
c	Term of hedge	31 8000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
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?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
PART II		LINE 3 TOTAL PROCEEDS OF ISSUE CONSISTS OF \$109,152,040 ORIGINAL PROCEEDS PLUS CAPITALIZED INVESTMENT EARNINGS OF \$387,317 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS CONSISTS OF \$11,042,852 FOR THE RETIREMENT OF SERIES B BONDS AND \$12,015,054 FOR THE REPAYMENT OF DEBT LINE 11 OTHER SPENT PROCEEDS CONSISTS OF \$805,381 FOR INTEREST NOT CAPITALIZED ON THE RETIREMENT OF DEBT, \$23,966 FOR GAIN ON REDEMPTION OF INVESTMENTS NOT CAPITALIZED, AND \$2,750 FOR LINE OF CREDIT FEES NOT CAPITALIZED

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

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 oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	3	48,624	FMV
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				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				
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	
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? . . . . .				Yes No
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?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	LOWELL GENERAL HOSPITAL USES A FINANCIAL INSTITUTION TO SELL GIFTED SECURITIES ON THE HOSPITAL'S BEHALF

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization LOWELL GENERAL HOSPITAL	Employer identification number 04-2103590
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF LOWELL GENERAL HOSPITAL IS LGH CORP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		LGH CORP , AS SOLE MEMBER OF LOWELL GENERAL HOSPITAL, ELECTS THE MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		LGH CORP APPROVES BUDGETS FOR LOWELL GENERAL HOSPITAL LGH CORP ALSO DETERMINES THE NUMBER OF LOWELL GENERAL HOSPITAL TRUSTEES AT AN ANNUAL MEETING LGH CORP MAY ALSO ELECT NEW TRUSTEES OR REMOVE TRUSTEES TO ACHIEVE THE NUMBER OF TRUSTEES SO FIXED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10B		THE ORGANIZATION IS CURRENTLY DRAFTING WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF OTHER BRANCHES TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THOSE OF THE ORGANIZATION. THESE POLICIES ARE EXPECTED TO BE IN PLACE BY THE END OF THE NEXT FISCAL YEAR.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINANCE DEPARTMENT OF LOWELL GENERAL HOSPITAL SUPPLIED RELEVANT INFORMATION TO AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE ANNUAL FORM 990 THE FINANCE COMMITTEE THEN REVIEWED AND MADE RECOMMENDATIONS UPON THE DRAFT REPORT, PRIOR TO ITS PRESENTATION TO THE BOARD OF DIRECTORS BASED UPON THIS REVIEW, THE COMMITTEE FORMED A RECOMMENDATION TO THE BOARD OF DIRECTORS AS TO THE ACCEPTABILITY AND CONTENT OF THE FILING ALL MEMBERS OF THE BOARD OF DIRECTORS WERE PROVIDED A COPY OF THE COMPLETED 990 BEFORE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY ANY ACTUAL OR POTENTIAL CONFLICTS ARE FORWARDED TO THE COMPLIANCE COMMITTEE FOR CONSIDERATION IN THE EVENT OF AN ACTUAL OR POTENTIAL CONFLICT, THE CONFLICTED INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS RELATING TO THE MATTER A COMPLIANCE COMMITTEE MEETING IS HELD EVERY OTHER MONTH TO ADDRESS CONCERNS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A THIRD PARTY CONSULTANT IS HIRED FOR AN INDEPENDENT ASSESSMENT OF APPROPRIATE SALARY RANGES FOR THE OFFICERS OF THE ORGANIZATION SUCH AS THE CEO, COO, AND CFO THIS ASSESSMENT IS REVIEWED BY THE COMPENSATION COMMITTEE AND A RECOMMENDATION IS GIVEN TO THE EXECUTIVE COMMITTEE ON SALARY INCREASES AND BONUSES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORTS, WHICH ARE AVAILABLE ONLINE ON THE HOSPITAL'S WEBSITE. THE HOSPITAL DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE 990 IS AVAILABLE ON THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND WWW.GUIDESTAR.ORG

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,455,081 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -10,213 PENSION RELATED ADJUSTMENTS 143,432 CONTRIBUTIONS TO NONCONTROLLED AFFILIATES -219,657 TRANSFERS TO AFFILIATES -4,689,273 CHANGE IN MARKET VALUE OF HEDGE INSTRUMENTS 2,188,927 TOTAL TO FORM 990, PART XI, LINE 5 - 8,041,865

SCHEDULE R  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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) LGH MEDICAL GROUP LLC 295 VARNUM AVE LOWELL, MA 01854 20-5671277	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
(2) LGH CANCERCARE ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 04-3483462	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
(3) LGH WOMANHEALTH LLC 295 VARNUM AVE LOWELL, MA 01854 26-2057970	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
(4) LGH MERRIMACK VALLEY CARDIOLOGY ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 45-2014433	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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 organization	
						Yes	No
(1) LGH CORP INC  295 VARNUM AVENUE  LOWELL, MA 01854 22-2579798	SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 11B, II	N/A		No
(2) CIRCLE HEALTH PHYSICIANS INC  295 VARNUM AVENUE  LOWELL, MA 01854 27-3902914	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	LGH CORP INC		No
(3) LGH MEDICAL SERVICES INC  295 VARNUM AVENUE  LOWELL, MA 01854 26-1889904	MEDICAL STAFFING	MA	501(C)(3)	LINE 7	CIRCLE HEALTH PHYSICIANS INC		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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) LGH MEDICAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 26-1889904	MEDICAL SERVICES	MA	LGH CORP INC	C			
(2) LGH SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 04-2854673	MEDICAL SERVICES	MA	LGH CORP INC	C			
(3) LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 04-2919244	MEDICAL SERVICES	MA	LGH SERVICES INC	C			
(4) LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 04-3058954	MEDICAL SERVICES	MA	LGH SERVICES INC	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

Yes

1q

Yes

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
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# The Lowell General Hospital

Financial Statements as of and for the Years  
Ended September 30, 2011 and 2010, and  
Independent Auditors' Report

# THE LOWELL GENERAL HOSPITAL

## TABLE OF CONTENTS

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	<b>Page</b>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010	
Balance Sheets	2
Statements of Operations	3
Statements of Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	6–30

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
The Lowell General Hospital  
Lowell, Massachusetts

We have audited the accompanying balance sheets of The Lowell General Hospital (the "Hospital") (a controlled affiliate of LGH Corp., Inc.) as of September 30, 2011 and 2010, and the related statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the financial position of the Hospital as of September 30, 2011 and 2010, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Deloitte + Touche LLP*

February 9, 2012

# THE LOWELL GENERAL HOSPITAL

## BALANCE SHEETS

AS OF SEPTEMBER 30, 2011 AND 2010

	2011	2010		2011	2010
<b>ASSETS</b>			<b>LIABILITIES</b>		
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
Cash and cash equivalents	\$ 17,649,050	\$ 19,494,652	Accounts payable and accrued expenses	\$ 43,773,476	\$ 38,265,255
Short-term investments	3,010,595		Estimated third-party payor settlements	4,875,640	6,372,694
Current portion of assets whose use is limited or restricted			Current portion of long-term debt	2,847,913	2,149,810
Board-designated funds	18,365,474	17,274,292	Due to affiliates	<u>1,725,273</u>	<u>7,633</u>
Other	1,211,747	389,464			
Patient accounts receivable — net of allowance for uncollectible accounts of \$7,494,000 and \$6,546,000 in 2011 and 2010, respectively	24,689,308	22,316,702	Total current liabilities	<u>53,222,302</u>	<u>46,795,392</u>
Supplies	4,947,773	4,709,407			
Estimated third-party payor settlements	12,591,561	6,659,549	<b>LONG-TERM LIABILITIES</b>		
Prepaid expenses and other current assets	<u>2,589,255</u>	<u>4,774,018</u>	Pension obligations	24,763,703	24,907,135
			Other long-term liabilities	1,159,393	2,500,883
Total current assets	<u>85,054,763</u>	<u>75,618,084</u>	Long-term debt — net of current portion	<u>109,964,293</u>	<u>111,173,668</u>
			Total long-term liabilities	<u>135,887,389</u>	<u>138,581,686</u>
<b>ASSETS WHOSE USE IS LIMITED OR RESTRICTED</b>			Total liabilities	<u>189,109,691</u>	<u>185,377,078</u>
Assets held by trustee under indenture agreements	41,096,576	84,246,636			
Board-designated funds	39,632,510	40,472,643	<b>COMMITMENTS AND CONTINGENCIES (Note 11)</b>		
Donor-restricted investments for temporarily restricted net assets	2,299,248	2,305,080			
Donor-restricted investments for permanently restricted net assets	<u>3,285,404</u>	<u>3,232,550</u>	<b>NET ASSETS</b>		
			Unrestricted	95,114,255	87,022,350
Total assets whose use is limited or restricted	<u>86,313,738</u>	<u>130,256,909</u>	Temporarily restricted	8,593,172	7,269,379
			Permanently restricted	<u>3,285,404</u>	<u>3,232,550</u>
<b>PROPERTY AND EQUIPMENT — Net</b>	111,266,663	67,421,898	Total net assets	106,992,831	97,524,279
<b>OTHER ASSETS — Net</b>	11,683,131	8,132,509			
<b>DUE FROM AFFILIATES</b>	<u>1,784,227</u>	<u>1,471,957</u>			
<b>TOTAL</b>	<u>\$ 296,102,522</u>	<u>\$ 282,901,357</u>	<b>TOTAL</b>	<u>\$ 296,102,522</u>	<u>\$ 282,901,357</u>

See notes to financial statements

# THE LOWELL GENERAL HOSPITAL

## STATEMENTS OF OPERATIONS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
UNRESTRICTED REVENUE		
Net patient service revenue	\$ 249,566,156	\$ 230,912,975
Other revenue	4,239,157	3,893,701
Net assets released from restrictions used for operations	<u>937,840</u>	<u>829,220</u>
Total unrestricted revenue	<u>254,743,153</u>	<u>235,635,896</u>
EXPENSES		
Salaries and wages	96,338,416	89,034,157
Fringe benefits	22,452,243	21,057,148
Supplies and other	107,531,147	97,795,201
Depreciation and amortization	10,736,442	10,368,085
Interest	1,089,672	1,156,167
Provision for bad debts	<u>6,215,735</u>	<u>6,783,914</u>
Total expenses	<u>244,363,655</u>	<u>226,194,672</u>
INCOME FROM OPERATIONS	<u>10,379,498</u>	<u>9,441,224</u>
NONOPERATING (LOSSES) GAINS		
Contributions — net of development costs	(450,251)	(384,374)
Contributions to noncontrolled affiliates	(219,657)	(711,969)
Investment income	1,372,464	1,445,453
Net realized gains on investments	2,567,000	2,092,358
Loss on extinguishment of debt	<u>                    </u>	<u>(266,899)</u>
Total nonoperating gains — net	<u>3,269,556</u>	<u>2,174,569</u>
EXCESS OF REVENUE AND GAINS OVER EXPENSES AND LOSSES	<u>13,649,054</u>	<u>11,615,793</u>
OTHER CHANGES IN UNRESTRICTED NET ASSETS		
Transfers to affiliates	(4,689,273)	(1,973,000)
Net assets released from restrictions for capital	2,041,797	3,045,513
Pension-related adjustments	143,432	77,243
Change in fair value of interest rate swap	2,188,927	(2,388,004)
Change in net unrealized gains and losses on investments	<u>(5,242,032)</u>	<u>1,943,639</u>
INCREASE IN UNRESTRICTED NET ASSETS	<u>\$ 8,091,905</u>	<u>\$ 12,321,184</u>

See notes to financial statements

# THE LOWELL GENERAL HOSPITAL

## STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
<b>UNRESTRICTED NET ASSETS</b>		
Excess of revenue and gains over expenses and losses	\$ 13,649,054	\$ 11,615,793
Transfers to affiliates	(4,689,273)	(1,973,000)
Net assets released from restrictions for capital	2,041,797	3,045,513
Pension-related adjustments	143,432	77,243
Change in fair value of interest rate swap	2,188,927	(2,388,004)
Change in net unrealized gains and losses on investments	<u>(5,242,032)</u>	<u>1,943,639</u>
Increase in unrestricted net assets	<u>8,091,905</u>	<u>12,321,184</u>
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Contributions	4,166,252	5,654,240
Net realized gains (losses) on investments	350,227	(15,642)
Change in net unrealized gains and losses on investments	(213,049)	55,801
Net assets released from restriction for capital	(2,041,797)	(3,045,513)
Net assets released from restriction used for operations	<u>(937,840)</u>	<u>(829,220)</u>
Increase in temporarily restricted net assets	<u>1,323,793</u>	<u>1,819,666</u>
<b>PERMANENTLY RESTRICTED NET ASSETS</b>		
Contributions	63,067	36,472
Change in beneficial interest in perpetual trusts	<u>(10,213)</u>	<u>44,606</u>
Increase in permanently restricted net assets	<u>52,854</u>	<u>81,078</u>
<b>INCREASE IN NET ASSETS</b>	<u>9,468,552</u>	<u>14,221,928</u>
<b>NET ASSETS — Beginning of year</b>	<u>97,524,279</u>	<u>83,302,351</u>
<b>NET ASSETS — End of year</b>	<u>\$ 106,992,831</u>	<u>\$ 97,524,279</u>

See notes to financial statements

# THE LOWELL GENERAL HOSPITAL

## STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase in net assets	\$ 9,468,552	\$ 14,221,928
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Transfers to affiliates	4,689,273	1,973,000
Pension-related adjustments	(143,432)	(77,243)
Depreciation and amortization	10,645,870	10,329,457
Amortization of bond issuance discount and financing fees	149,045	59,205
Provision for bad debts	6,215,735	6,783,914
Loss on disposal of property and equipment	70,677	97,124
Restricted contributions	(546,691)	(3,126,591)
Net realized and unrealized gains and losses on investments	2,548,067	(4,096,671)
Change in fair value of interest rate swap	(1,738,669)	2,388,004
(Decrease) increase in cash resulting from a change in		
Patient accounts receivable	(8,588,341)	(8,111,709)
Supplies, prepaid expenses, and other current assets	1,946,397	(1,847,304)
Due to affiliates — net	1,405,370	(404,665)
Other assets	(4,310,689)	(2,478,500)
Accounts payable and accrued expenses	4,267,055	9,459,638
Estimated third-party payor settlements	(7,429,066)	(5,682,512)
Other liabilities	418,657	(315,611)
Net cash provided by operating activities	<u>19,067,810</u>	<u>19,171,464</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of property and equipment	22,500	276,735
Purchase of property and equipment	(53,364,124)	(14,263,251)
Purchase of short-term investments	(3,010,595)	
Purchase of long-term investments	(13,244,257)	(124,517,797)
Proceeds from sales of investments	<u>52,725,896</u>	<u>41,108,491</u>
Net cash used in investing activities	<u>(16,870,580)</u>	<u>(97,395,822)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Restricted contributions for capital purchases	1,216,186	3,126,591
Transfers to affiliates	(4,689,273)	(1,973,000)
Payments on capital lease obligations	(988,698)	(909,048)
Payments on lines of credit	(610,572)	(6,270,373)
Proceeds from lines of credit	1,049,572	3,459,054
Proceeds from issuance of long-term debt		109,152,040
Bond issuance costs		(1,848,195)
Payments on long-term debt	<u>(20,047)</u>	<u>(22,065,875)</u>
Net cash (used in) provided by financing activities	<u>(4,042,832)</u>	<u>82,671,194</u>
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	<u>(1,845,602)</u>	<u>4,446,836</u>
<b>CASH AND CASH EQUIVALENTS — Beginning of year</b>	<u>19,494,652</u>	<u>15,047,816</u>
<b>CASH AND CASH EQUIVALENTS — End of year</b>	<u>\$ 17,649,050</u>	<u>\$ 19,494,652</u>
<b>SUPPLEMENTAL CASH FLOW INFORMATION — Cash paid for interest</b>	<u>\$ 4,096,736</u>	<u>\$ 1,801,750</u>
<b>SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES</b>		
Property and equipment financed through capital leases	<u>\$ -</u>	<u>\$ 52,263</u>
Property and equipment in accounts payable	<u>\$ 5,859,045</u>	<u>\$ 4,639,357</u>

See notes to financial statements

# THE LOWELL GENERAL HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

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### 1. DESCRIPTION OF THE ORGANIZATION

The Lowell General Hospital (the "Hospital") is a Massachusetts nonprofit general acute care hospital located in Lowell, Massachusetts. The Hospital is a controlled affiliate of LGH Corp., Inc. (the "Corporation"), which is the sole member of the Hospital. As of September 30, 2011, the following entities are also controlled affiliates of the Corporation: LGH Services, Inc., LGH Management Services, Inc., LGH Medical Building Services, Inc. ("LGH Medical"), Circle Health Physicians, Inc., LGH Medical Group LLC ("LGH Medical Group"), LGH WomanHealth LLC ("WomanHealth"), LGH CancerCare Associates LLC ("CancerCare"), LGH Merrimack Valley Cardiology Associates, LLC (MVC), and LGH Medical Services, Inc. ("LGH Medical Services").

The following entities are noncontrolled affiliates of the Corporation: Lowell Community Health Center, Visiting Nurse Association of Greater Lowell, Inc., and the Visiting Nurse Association Foundation of Greater Lowell, Inc.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation** — The accompanying financial statements have been presented in conformity with accounting principles generally accepted in the United States of America ("generally accepted accounting principles")

**Use of Estimates** — The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Significant estimates include the allowances for uncollectible accounts and contractual allowances, estimated settlements with third-party payors, self-insurance liabilities, pension costs and the related obligation, and the valuation of investments. Actual results could differ from those estimates.

**Revenue Recognition** — The Hospital has entered into payment agreements with Medicare, Blue Cross Blue Shield of Massachusetts ("Blue Cross"), the Commonwealth's Division of Medical Assistance, commercial insurance carriers, health maintenance organizations (HMOs), and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, per day, and per visit, discounts from established charges, cost (subject to limits), fee schedules, and prospectively determined per diem rates. Certain "pay for performance" contracts also provide for payments that are contingent upon meeting agreed-upon quality and efficiency measures.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. In addition, net patient service revenue includes estimated settlements under "pay for performance" contracts. Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement to the Hospital are subject to negotiation, audit, and/or final determination by third-party payors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Variances between preliminary estimates of net patient service revenue and final third-party settlements

are included in net patient service revenue in the year in which the settlement or change in estimate occurs. Changes in prior year estimates increased net patient service revenue by approximately \$1,639,000 in 2011. There were no changes in prior-year estimates in 2010.

**Stop-loss Insurance** — The Hospital maintains stop-loss insurance coverage with insurance carriers in order to limit losses under certain contracts. Stop-loss insurance premiums are reported in supplies and other expenses and recoveries are reported as reductions of such expenses.

**Statements of Operations** — For presentation purposes, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

**Excess of Revenue and Gains Over Expenses and Losses** — The statements of operations include excess of revenue and gains over expenses and losses. Changes in unrestricted net assets, which are excluded from excess of revenue and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments (other than those on which other-than-temporary losses are recognized), the effective portion of hedge instruments, transfers of assets to and from certain affiliates for other than goods and services, pension-related adjustments, and contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

**Cash and Cash Equivalents** — Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less at the date of purchase, excluding amounts classified as assets whose use is limited or restricted.

**Investments and Investment Income** — Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value. Realized gains or losses on the sale of investments are determined by use of average cost. Unrealized gains and losses on investments are excluded from excess of revenue and gains over expenses and losses and reported as an increase or decrease in net assets, except that declines in fair value that are judged to be other-than-temporary are reported as realized losses. Alternative investments, such as partnerships and limited liability corporations, are accounted for using the equity method, except that alternative investments held by the pension plan are carried at fair value. Gains and losses on alternative investments held by the Hospital are included in nonoperating gains and losses in the statements of operations. Alternative investments, for which no quoted market prices are readily available, are carried at fair value determined based upon information provided by the fund managers. The fund managers' estimates and assumptions of fair values of nonmarketable investments may differ significantly from the values that would have been used had a ready market existed, and may also differ significantly from the values at which such investments may be sold, and the differences could be material.

Investments recorded as current assets include investments with original maturities of three months to one year and certain securities that have maturities of greater than one year which management intends to use for current operations. Investments recorded as long-term assets are investments that have maturities of greater than one year or which management does not intend to use for current operations.

**Other-Than-Temporary Impairment of Investments** — The Hospital periodically reviews its investments to identify those for which fair value is below cost. The Hospital then makes a determination as to whether the investment should be considered other-than-temporarily impaired. During 2011 and 2010, the Hospital reported realized losses of approximately \$101,000 and \$275,000, respectively, that related to declines in fair value that were judged to be other-than-temporary.

At September 30, 2011, the Hospital held investments in mutual funds and common stock that had a fair value of approximately \$2,015,000 less than cost. The carrying amount of these investments was approximately \$19,254,000 as of September 30, 2011. There were no investments where the cost exceeded the fair value for in excess of one year. Because the Hospital has the intent and ability to hold these investments until a recovery of fair value, the Hospital does not consider these investments to be other-than-temporarily impaired at September 30, 2011.

At September 30, 2010, there were no investments with a fair value less than their cost as adjusted for losses related to declines in value that are not deemed to be other-than-temporary in nature.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets, statements of operations, and statements of changes in net assets.

**Assets Whose Use is Limited or Restricted** — Assets whose use is limited or restricted include assets set aside by the Board of Trustees (the “Board”), assets held by trustees under indenture agreements, self-insurance trust arrangements, and investments that are temporarily and permanently donor-restricted. Board-designated assets may, at the Board’s discretion, subsequently be used for other purposes. Certain Board-designated assets have been classified as current portion of assets whose use is limited or restricted since the Board has authorized their use for current operations, if necessary.

**Perpetual Trusts** — The Hospital is the beneficiary of several trust funds administered by trustees or other third parties. Trusts wherein the Hospital has the irrevocable right to receive the income earned on the trust assets in perpetuity are recorded as permanently restricted net assets at the fair value of the trust at the date of receipt. The assets held in trust consist primarily of cash equivalents and marketable securities. The fair values of perpetual trusts are measured using the fair value of the assets contributed to the trusts. Income distributions from the trusts are reported as investment income that increase unrestricted net assets, unless restricted by the donor. Changes in the fair value of the trusts are recorded as increases or decreases to permanently restricted net assets.

**Gifts** — Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

**Pledges Receivable** — Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discount on those amounts is computed using risk-free interest rates applicable to the years in which the promises to give are to be received. Amortization of the discount is reported in the statements of operations as contributions net of development costs. Conditional promises to give are not included as support until the conditions are substantially met.

**Temporarily and Permanently Restricted Net Assets** — Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or for a specific purpose, and include investment income and realized and unrealized gains and losses on permanently restricted assets. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

**Supplies** — Supplies are stated at the lower of cost, determined by the first-in, first-out method, or market.

**Property and Equipment** — Property and equipment are stated at cost or, if received by gift or donation, at fair market value when received, less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Equipment leased under capitalized leases is amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the related asset and is included in depreciation and amortization expense.

Construction in progress represents amount expended towards property and equipment projects, which have not been completed. No provision for depreciation has been recorded for these items.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support and are excluded from the excess of revenue and gains over expenses and losses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

**Impairment of Long-Lived Assets** — Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value, less cost of disposal.

**Costs of Borrowing** — Interest costs incurred on borrowed funds during the period of construction of capital assets, and net of investment income on borrowed assets held by trustees under indenture agreements, are capitalized as a component of the cost of acquiring capital assets. During 2011 and 2010, \$4,485,470 and \$361,454, respectively, of interest expense has been capitalized as part of the cost of acquiring capital assets. During 2011, capitalized interest expense is offset by \$548,158 of interest income on bond funds. The amount of capitalized interest income during 2010 was not material. The increase in capitalized interest from 2010 to 2011 relates to the Hospital's facility expansion project. Deferred financing costs and original issue discounts are amortized over the period the related obligation is outstanding using the straight-line method, which approximates the effective interest method.

**Asset Retirement Obligations** — The Hospital recognizes the liability for conditional asset retirement obligations when the Hospital has a legal obligation to perform asset retirement activities. The fair value of the liability for the legal obligation associated with an asset retirement is recorded in the period in which the obligation is incurred. When the liability is initially recorded, the cost of the asset retirement is capitalized. As of September 30, 2011 and 2010, the Hospital had no obligations recorded related to asset retirement obligations.

**Derivative Instruments** — It is the Hospital's policy to provide sound stewardship of fiscal resources by effectively managing both the level of outstanding debt and the proportion of variable to fixed rate debt. Accordingly, the Hospital periodically enters into derivative arrangements to manage interest rate risk related to variable rate debt. The Hospital records derivative instruments on the balance sheets as either an asset or liability measured at its fair value.

For derivative instruments designated as cash flow hedges, the effective portion of the change in fair value is included in change in market value of hedge instruments in unrestricted net assets in the statements of operations and changes in net assets. The portion of the change in fair value of derivative instruments deemed ineffective is recorded within interest expense in the statements of operations.

**Other Long-Term Assets** — Other long-term assets include the Hospital's interest in split-dollar life insurance policies, the long-term portion of pledge receivables, and debt issuance costs. Debt issuance costs consist of legal, financing, and other related expenses incurred in connection with the issuance of bonds and notes payable. Such costs are being amortized over the terms of the debt using the straight-line method, which approximates the effective-interest method. At September 30, 2011 and 2010, net debt issuance costs of \$1,756,926 and \$1,848,195, respectively, are reported net of accumulated amortization of \$91,269 and \$0, respectively. During the year ended September 30, 2010, all prior year debt issuance costs were written off as a result of the debt refinancing (see Note 8).

**Accounting for Defined Benefit Pension Plan** — The Hospital recognizes the overfunded or underfunded status of its defined benefit pension plan as an asset or liability in the balance sheets. Changes in the funded status of the plan are reported as a change in unrestricted net assets presented below the excess of revenue and gains over expenses and losses in its statements of operations and changes in net assets in the year in which the changes occur.

**Tax Status** — The Hospital has previously been determined by the Internal Revenue Service (IRS) to be an organization described in Internal Revenue Code (IRC) Section 501(c)(3) and, therefore, exempt from taxation on related income under Section 501(a) of the IRC. The IRS has also previously determined that the Hospital is not a private foundation pursuant to IRC Section 509(a). Accordingly, no provision for income taxes has been recorded in the accompanying financial statements. The Hospital is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management of the Hospital believes it is no longer subject to income tax examinations for years prior to 2005.

**Recently Issued Accounting Pronouncements** — In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, *Health Care Entities (Topic 954), Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The adoption of ASU 2011-07 will require the Hospital to change the presentation of its statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, the ASU will require the Hospital to provide enhanced disclosures about its sources of patient service revenue, policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The provisions of ASU 2011-07 are effective for the Hospital beginning October 1, 2012. The adoption of ASU 2011-07 is not expected to have any impact on the Hospital's financial condition, overall results of operations, or cash flows.

In August 2010, the FASB issued ASU No. 2010-24, *Health Care Entities (Topic 954), Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The provisions of ASU 2010-24 are effective for the Hospital beginning October 1, 2011. The Hospital has not determined the impact of ASU 2010-24 on its financial statements.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities (Topic 954), Measuring Charity Care for Disclosure*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs. The provisions of ASU 2010-23 are effective for the Hospital beginning October 1, 2011. The adoption of ASU 2010-23 is not expected to have a material impact on the Hospital's financial statements.

In January 2010, the FASB issued ASU No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to require new disclosures related to transfers in and out of Level 1 and Level 2 fair value measurements, including reasons for the transfers, and to require new disclosures related to activity in Level 3 fair value measurements. In addition, ASU 2010-06 clarifies existing disclosure requirements related to the level of disaggregation of classes of assets and liabilities and provides further detail about inputs and valuation techniques used for fair value measurement. The Hospital adopted ASU 2010-6 effective for the year ended September 30, 2011. The adoption of ASU 2010-06 did not have a material impact on the Hospital's financial statements. The enhanced disclosures are included in Note 15 to the financial statements.

In September 2009, the FASB issued ASU No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which amended ASC 820 to permit, as a practical expedient, the measurement of fair value of an investment on the basis of the net asset value per share (or its equivalent) if the net asset value of the investment is calculated in a manner consistent with the measurement principles of ASC 946, *Financial Services — Investment Companies*. In addition, disclosure requirements were expanded so that users can understand the nature and risks of these investments. The Hospital adopted ASU 2009-12 effective for the year ended September 30, 2010. The adoption of ASU 2009-12 did not have a material impact on the Hospital's financial statements. The enhanced disclosures are included in Note 15 to the financial statements.

### **3. CHARITY CARE**

The Hospital provides health care services to patients who meet certain criteria under its charity care policy. These patients may receive full assistance or may be subject to partial liability based on income and family size. Because the Hospital does not expect payment or pursue collection of amounts determined to qualify as charity care, such amounts are not reported as net patient service revenue.

During 2011 and 2010, the Hospital provided approximately \$10,542,000 and \$7,260,000, respectively, in charity care. The equivalent percentage of charity care patients to all patients served was approximately 1.9% in 2011 and 1.4% in 2010. Such amounts and percentages are determined using charges foregone based on established rates. Effective October 1, 2010, the Hospital began reporting assistance to patients in accordance with its internal financial assistance program as charity care. Prior to October 1, 2010, such amounts were included in provision for bad debts in the accompanying statement of operations. The total amount of assistance to patients in accordance with the Hospital's internal financial assistance program was approximately \$2,243,000 and \$1,386,000 in 2011 and 2010, respectively, based on charges foregone at established rates.

### **4. HEALTH SAFETY NET**

The Commonwealth of Massachusetts (the "Commonwealth") administers a Health Safety Net (HSN) to act as the "payer of last resort" for covered health care services provided by acute hospitals and community health centers in the Commonwealth. All hospitals within the Commonwealth have been assessed a uniform allowance based on estimates of their share of total HSN funding and have been

reimbursed for the uncompensated care which they provide, subject to certain limitations. Reimbursable uncompensated care includes net charity care and bad debts resulting from emergency services. Hospitals' recoveries from the HSN are based upon payment rates prescribed by regulation. The Hospital records its activity with the HSN as a component of net patient service revenue in the accompanying statements of operations. Management believes that the accompanying balance sheets reflect reasonable estimates of the Hospital's net obligation to the HSN at September 30, 2011 and 2010.

## 5. INVESTMENTS

Investments as of September 30, 2011 and 2010, consist of the following:

	2011	2010
Cash and temporary cash investments	\$ 20,617,246	\$ 86,193,648
Marketable equity securities	12,776,629	13,084,630
Mutual funds	35,003,279	36,606,680
Limited liability partnerships		1,844,083
Limited liability corporations	38,311	75,868
U.S. government securities	37,863,943	7,145,394
Marketable debt securities	336,556	715,371
Certificates of deposit	1,851,664	1,830,852
Beneficial interest in perpetual trusts	413,926	424,139
	<u>413,926</u>	<u>424,139</u>
Total	<u>\$ 108,901,554</u>	<u>\$ 147,920,665</u>

Investments are reported in the accompanying balance sheets as of September 30, 2011 and 2010, as follows:

	2011	2010
Short-term investments	\$ 3,010,595	\$ -
Current portion of assets whose use is limited or restricted		
Assets held by trustee under indenture agreements	1,028,148	
Workers' compensation trust fund	16,836	8,538
Other current assets	166,763	380,926
Board-designated funds	18,365,474	17,274,292
	<u>22,587,816</u>	<u>17,663,756</u>
Noncurrent portion of assets whose use is limited or restricted		
Assets held by trustee under indenture agreements	41,096,576	84,246,636
Board-designated funds	39,632,510	40,472,643
Donor-restricted investments for		
Temporarily restricted net assets	2,299,248	2,305,080
Permanently restricted net assets	3,285,404	3,232,550
	<u>86,313,738</u>	<u>130,256,909</u>
Total	<u>\$ 108,901,554</u>	<u>\$ 147,920,665</u>

Investment income and gains and losses from investments for the years ended September 30, 2011 and 2010, consist of the following

	<b>2011</b>	<b>2010</b>
Unrestricted		
Investment income in		
Other revenue	\$ -	\$ 429
Nonoperating gains and losses	1,372,464	1,445,453
Net realized gains on investments	2,567,000	2,092,358
Change in net unrealized gains and losses on investments	<u>(5,242,032)</u>	<u>1,943,639</u>
	<u>(1,302,568)</u>	<u>5,481,879</u>
Temporarily restricted		
Net realized gains (losses) on investments	350,227	(15,642)
Change in net unrealized gains and losses on investments	<u>(213,049)</u>	<u>55,801</u>
	<u>137,178</u>	<u>40,159</u>
Permanently restricted — change in beneficial interest in perpetual trusts	<u>(10,213)</u>	<u>44,606</u>
Total	<u>\$ (1,175,603)</u>	<u>\$ 5,566,644</u>

## 6. PROPERTY AND EQUIPMENT

Property and equipment as of September 30, 2011 and 2010, consist of the following

	<b>2011</b>	<b>2010</b>
Land and improvements	\$ 2,117,180	\$ 2,094,875
Buildings	108,506,504	88,025,300
Equipment	72,146,660	67,157,380
Equipment under capital lease	<u>5,031,755</u>	<u>5,310,739</u>
Total	187,802,099	162,588,294
Less accumulated depreciation and amortization	<u>118,374,782</u>	<u>110,045,266</u>
Total	69,427,317	52,543,028
Construction in progress	<u>41,839,346</u>	<u>14,878,870</u>
Property and equipment — net	<u>\$ 111,266,663</u>	<u>\$ 67,421,898</u>

At September 30, 2011 and 2010, accumulated amortization of equipment under capital lease was \$3,545,731 and \$3,169,318, respectively

The Hospital had commitments for facility expansions totaling approximately \$40,000,000 at September 30, 2011

## 7. PLEDGES RECEIVABLE

Pledges receivable are reported at their present value, net of an allowance for uncollectible amounts when deemed necessary. Pledges receivable as of September 30, 2011 and 2010, were as follows:

	2011	2010
Due within one year	\$ 1,447,378	\$ 1,491,402
Due within two to five years	3,708,724	4,188,386
Due within six to ten years	<u>2,400,000</u>	<u>                    </u>
Total receivable	7,556,102	5,679,788
Discount	(506,568)	(179,271)
Allowance for uncollectable amounts	<u>(755,610)</u>	<u>(536,217)</u>
Pledges receivable — net	<u>\$ 6,293,924</u>	<u>\$ 4,964,300</u>

## 8. DEBT

Debt as of September 30, 2011 and 2010, consists of the following:

	2011	2010
Massachusetts Health and Education Facilities Authority (MHEFA) Revenue Bonds		
MHEFA Series C Bonds		
Serial Bonds due 2013 through 2020, fixed rates ranging from 3.00% to 4.50%	\$ 14,725,000	\$ 14,725,000
Term Bonds due 2025 through 2035, fixed rates ranging from 4.75% to 5.125%	48,360,000	48,360,000
MHEFA Series D Bonds - Term bonds due 2035 through 2044, variable rate (0.28% at September 30, 2011 and 2010)	<u>47,025,000</u>	<u>47,025,000</u>
	110,110,000	110,110,000
Line-of-credit arrangements	1,901,571	1,462,571
Notes payable		20,047
Capital lease obligations	<u>1,700,122</u>	<u>2,688,820</u>
Total	113,711,693	114,281,438
Less unamortized original issue discount	899,487	957,960
Less current portion of debt	<u>2,847,913</u>	<u>2,149,810</u>
Long-term debt — net of current portion and unamortized original issue discount	<u>\$ 109,964,293</u>	<u>\$ 111,173,668</u>

**2010 Bond Issuances** — On September 29, 2010, the Hospital entered into an agreement with MHEFA to issue MHEFA Revenue Bonds, Lowell General Hospital Issue, Series C (2010) ("Series C Bonds") in the amount of \$63,085,000 and MHEFA Revenue Bonds, Lowell General Hospital Issue, Series D (2010) ("Series D Bonds") in the amount of \$47,025,000. The proceeds from the Series C Bonds and Series D

Bonds are being used for the construction of a new six-story Hospital facility and other capital assets additions and were used to refund the Series B Bonds and refinance certain commercial banking obligations. The Series C Bonds and Series D Bonds are collateralized by a pledge of the Hospital's gross receipts and certain properties owned by the Hospital.

The costs of issuance were approximately \$1,848,000 for the Series C Bonds and Series D Bonds. These costs included underwriters' discount, legal, consulting and printing fees, bond insurance premium, swap insurance premium, and other associated issuance costs related to the bonds.

The Series D Bonds were originally issued in the Variable Rate Demand Mode and were originally backed by a five-year letter of credit from JPMorgan Chase with an interest rate that reset weekly.

**Conversion of the Series D Bonds** — Subsequent to September 30, 2011, the Series D Bonds were converted from the Variable Rate Demand Mode to the Index Floating Rate Mode, pursuant to the Series D Loan and Trust Agreement, as amended and supplemented, and the Series D Bonds were purchased in their entirety by a commercial bank. Concurrent with the conversion, certain provisions of the Series D Loan and Trust Agreement were modified and the irrevocable letter of credit supporting the Series D Bonds was terminated.

From the date of the conversion, which occurred on December 29, 2011, the interest rate on the Series D Bonds is reset weekly based on a percent of one-month London InterBank Offered Rate (LIBOR). The holder of the Series D Bonds has the option to put the Series D Bonds back to the Hospital on December 1, 2018.

Effective October 1, 2010, MHEFA merged into the Massachusetts Development Finance Agency.

**Interest Rate Swap** — In conjunction with the issuance of the Series D Bonds, the Hospital entered into the following interest rate swap agreement ("Series D Swap"):

	<b>Fixed Payment Rate</b>	<b>Variable Rate Received</b>	<b>Initial Notional Amount</b>	<b>Termination Date</b>	<b>Counterparty</b>
Series D Swap	3.220%	68% LIBOR	\$39,000,000	Aug. 1, 2042	Deutsche Bank

The Hospital uses the floating-to-fixed interest rate swap to manage interest rate risk associated with outstanding variable rate debt. The fair value of the Series D Swap at September 30, 2011 and 2010, was a liability of \$649,000 and \$2,388,000, respectively, which is included in other long-term liabilities in the accompanying balance sheets. The Series D Swap qualifies for hedge accounting and, therefore, the effective portion of the swap resulted in a net unrealized gain of \$2,189,000 during the year ended September 30, 2011, and an unrealized loss of \$(2,388,000) for the year ended September 30, 2010, which is recorded as an increase (decrease) to unrestricted net assets in the accompanying statements of operations and changes in net assets. The ineffective portion of the swap totaled \$450,000 for the year ended September 30, 2011, and is included in interest expense. There was no ineffective portion for the year ended September 30, 2010. Net settlements related to the Series D Swap are included in interest expense.

The Series D Swap expires coterminous with the bond maturities, and the notional principal amount decreases as the bonds mature. Although these financial instruments involve counterparty credit exposure, the counterparty for the Series D Swap is a major financial institution that meets the Hospital's criteria for financial stability and creditworthiness.

**Future Maturities** — Future maturities of long-term debt (excluding the lines of credit) and total payments on capital lease obligations as of September 30, 2011, are as follows

<b>Years Ending September 30</b>	<b>Long-Term Debt</b>	<b>Capital Lease Obligations</b>
2012	\$ -	\$ 990,512
2013	1,570,000	423,637
2014	1,445,000	137,044
2015	1,495,000	128,035
2016	1,890,000	93,642
Thereafter	<u>103,710,000</u>	<u>          </u>
Total	<u>\$ 110,110,000</u>	1,772,870
Less amounts representing interest under capital lease obligations		<u>(72,748)</u>
Present value of minimum lease payments		<u>\$ 1,700,122</u>

**Physician Loan Guarantees** — The Hospital has entered into guarantee agreements with a commercial bank that is providing a revolving credit facility for certain physicians. The maximum borrowings that can be guaranteed by the Hospital aggregated approximately \$665,000 and \$750,000 as of September 30, 2011 and 2010, respectively. As of September 30, 2011 and 2010, approximately \$390,000 and \$606,000, respectively, of physician borrowings were outstanding under these arrangements. At September 30, 2011 and 2010, the Hospital has recorded a liability related to these guarantees of approximately \$390,000 and \$606,000, respectively, which is included in accounts payable and accrued expenses in the accompanying balance sheets.

**Lines of Credit** — The Hospital maintains two unsecured line of credit agreements with total availability of \$2 million. The lines of credit bear interest at 3.25%. The balance outstanding on the lines of credit totaled \$1,901,571 and \$1,462,571 at September 30, 2011 and 2010, respectively. The lines of credit are payable on demand.

The Hospital has a revolving line of credit with a bank, which provides for borrowings up to \$2.5 million at the prime rate less 50 basis points as published by The Wall Street Journal (2.75% at September 30, 2011 and 2010). There were no amounts outstanding under this line of credit at September 30, 2011 and 2010. The line of credit is collateralized by the Hospital's unrestricted investments.

The Hospital has a \$10 million line of credit with a bank. The line bears interest at 1% above the 30-day LIBOR as published in The Wall Street Journal (1.23% and 1.26% on September 30, 2011 and 2010, respectively). There was no balance outstanding under this line of credit at September 30, 2011 and 2010, which is collateralized by the Hospital's unrestricted investments.

The above lines of credit remain in effect until the parties agree in writing to terminate the agreements.

**Loan Covenants** — Under the terms of certain debt agreements, the Hospital is required to meet certain covenant requirements. In addition, the agreements provide for restrictions on, among other things, additional indebtedness and dispositions of property and require that the Hospital satisfy certain measures of financial performance and comply with certain other covenants.

## 9. RELATED-PARTY TRANSACTIONS

Amounts due from and to affiliates as of September 30, 2011 and 2010, are as follows

	2011	2010
Due from affiliates		
The Corporation	\$ -	\$ 2,070
LGH Medical Group	636,714	760,516
LGH Medical	37,422	9,391
CancerCare	60,492	336,266
WomanHealth	136,801	363,714
MVC	912,798	
	<u>          </u>	<u>          </u>
Total	<u>\$ 1,784,227</u>	<u>\$ 1,471,957</u>
Due to affiliates		
LGH Medical Group	\$ 711,664	\$ -
LGH Medical	6,962	7,633
CancerCare	211,064	
WomanHealth	497,803	
MVC	297,780	
	<u>          </u>	<u>          </u>
Total	<u>\$ 1,725,273</u>	<u>\$ 7,633</u>

During 2011 and 2010, the Hospital made net transfers to affiliates of approximately \$4,689,000 and \$1,973,000, respectively. The Hospital does not expect repayment of these amounts transferred to affiliates. These transfers are reported in the accompanying statements of operations and changes in net assets as decreases in unrestricted net assets and are excluded from the excess of revenue and gains over expenses and losses. Also during 2011 and 2010, the Hospital made payments to noncontrolled affiliates, in support of their mission, in the amount of \$219,657 and \$711,969, respectively. These payments are reported in the accompanying statements of operations as nonoperating gains (losses).

Included in supplies and other expenses in the accompanying statements of operations are amounts paid to affiliates for the rental of certain office space, of approximately \$674,000 and \$670,000, respectively, for the years ended September 30, 2011 and 2010.

## 10. PENSION PLAN

The Hospital has a noncontributory defined benefit pension plan (the "Plan") covering substantially all employees of the Hospital with at least one year of service who were employed as of October 15, 2003, and had or will satisfy the criteria for enrollment in the Plan. Benefits are primarily based on the employees' salary and the number of years of credited service. Annual contributions to the Plan are at least equal to minimum amounts required by law. The Plan was frozen to new participants effective October 15, 2003. Employees hired after October 15, 2003, are eligible to participate in the 403(b) employer match program.

Unrestricted net assets at September 30, 2011 and 2010, include unrecognized actuarial losses of \$31,953,118 and \$26,879,558 and unrecognized prior service credits of \$0 and \$24,631, respectively. Of these amounts, \$2,061,458 was recognized in net periodic pension cost in 2011 and \$2,895,396 is expected to be recognized in net periodic pension cost in 2012.

Components of net periodic benefit costs for the years ended September 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Service cost — benefits earned during the year	\$2,184,002	\$2,146,871
Interest cost on projected benefit obligation	3,435,888	3,464,023
Expected return on Plan assets	(3,570,977)	(2,997,527)
Amortization of prior service credit	(24,631)	(98,526)
Amortization of net actuarial loss	<u>2,348,932</u>	<u>2,194,249</u>
Net periodic benefit cost	<u>\$4,373,214</u>	<u>\$4,709,090</u>

The Plan's funded status and the amounts recognized in the Hospital's balance sheets as of September 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Projected benefit obligation	\$74,133,000	\$71,720,155
Plan assets — at fair value	<u>49,369,297</u>	<u>46,813,020</u>
Projected benefit obligation in excess of Plan assets — accrued pension liability	<u>\$24,763,703</u>	<u>\$24,907,135</u>

Changes in projected benefit obligation for the years ended September 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Benefit obligation — beginning of year	<u>\$71,720,155</u>	<u>\$64,540,913</u>
Service cost	2,184,002	2,146,871
Interest cost	3,435,888	3,464,023
Actuarial (gain) loss	(1,080,262)	3,300,121
Benefits paid	<u>(2,126,783)</u>	<u>(1,731,773)</u>
Net increase	<u>2,412,845</u>	<u>7,179,242</u>
Benefit obligation — end of year	<u>\$74,133,000</u>	<u>\$71,720,155</u>
Accumulated benefit obligation — end of year	<u>\$69,539,967</u>	<u>\$66,160,177</u>

Changes in fair value of Plan assets for the years ended September 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Plan assets — at fair value — beginning of year	<u>\$46,813,020</u>	<u>\$39,556,536</u>
Actual gain on Plan assets	(141,002)	5,049,919
Employer contribution	4,824,062	3,938,338
Benefits paid	<u>(2,126,783)</u>	<u>(1,731,773)</u>
Net increase	<u>2,556,277</u>	<u>7,256,484</u>
Plan assets — at fair value — end of year	<u>\$49,369,297</u>	<u>\$46,813,020</u>

Assumptions used in determining the benefit obligations were as follows

- Discount rate of 5.05% for 2011 and 4.9% for 2010
- Rate of increase in future salary levels of 3.0% for both 2011 and 2010

Assumptions used to determine expense were as follows

- Discount rate of 4.9% for 2011 and 5.5% for 2010
- Rate of increase in future salary levels of 3.0% for both 2011 and 2010

The Plan asset target allocation as of September 30, 2011, and the Plan asset allocations as of September 30, 2011 and 2010, are as follows

	<b>Target Allocation Percentage</b>	<b>Percentage of Plan Assets</b>	
		<b>2011</b>	<b>2010</b>
Equity	35%-55%	35 %	44 %
Fixed income	20-40	32	29
Real estate investments	2.5-7.5	5	2
Cash	0-10	3	5
Alternative investments	5-15	9	9
Global asset allocation	5-15	11	11
Emerging markets	0-10	<u>5</u>	<u>    </u>
Total		<u>100 %</u>	<u>100 %</u>

The investment policy and strategy, as established by The Lowell General Hospital Investment Committee (the "Investment Committee"), is to preserve capital and to generate long-term capital appreciation of Plan assets while minimizing risk and volatility by investing assets based on the target allocation ranges stated above. The Hospital plans to reallocate its investments periodically to meet the above target allocation. The Hospital also plans to review its investment policy periodically to determine if the policy should be changed.

The expected long-term rate of return for the Plan's total assets is based on the expected return of each of the above categories, weighted based on the median of the target allocation for each class. Based on historical experience, the Investment Committee expects that the Plan's asset managers will provide a modest premium to their respective benchmark indices.

The Hospital expects to contribute \$6,122,000 to the Plan during the year ended September 30, 2012. The estimated future benefit payments reflecting expected future service for the fiscal years ending after September 30, 2011, are as follows:

<b>September 30</b>	<b>Amount</b>
2012	\$ 3,595,000
2013	3,749,000
2014	4,227,000
2015	4,326,000
2016	4,732,000
2017–2020	28,709,000

## **11. COMMITMENTS AND CONTINGENCIES**

**Professional Liability** — Professional and comprehensive liability insurance coverage has been obtained through Medical Professional Mutual Insurance Company ("ProMutual"). The ProMutual policy is a claims-made policy, which is subject to annual renewal and retrospective premium adjustment. The claims-made policy covers claims actually made during the term of the policy but not those occurrences for which claims may be made after expiration of the policy. The Hospital intends to renew its coverage on a claims-made basis and has no reason to believe that it will be prevented from renewing such coverage.

The Hospital has estimated the cost of incidents incurred but not yet reported as claims. Professional liability expense not currently paid in premiums has been funded at a level determined by management and will be used to offset future professional liability premiums. At both September 30, 2011 and 2010, the accrual for incidents incurred but not yet reported was approximately \$600,000, which is included in accounts payable and accrued expenses in the accompanying balance sheets.

**Workers' Compensation** — The Hospital is self-insured for workers' compensation and, with the assistance of an actuary, has estimated the cost of incidents reported and incurred but not yet reported. At September 30, 2011 and 2010, the accrual for incidents reported and incurred but not yet reported was approximately \$157,000 and \$480,000, respectively, and are included in accounts payable and accrued expenses in the accompanying balance sheets. The Hospital has also established a workers' compensation trust fund, which is held by a trustee. Assets of the trust fund, which amounted to approximately \$17,000 and \$9,000 at September 30, 2011 and 2010, respectively, are reported as current portion of assets whose use is limited or restricted in the accompanying balance sheets.

**Operating Leases** — The Hospital is committed under various noncancelable operating leases. Future minimum rental commitments under these noncancelable operating leases for the years ending after September 30, 2011, are as follows:

<b>Years Ending September 30</b>	<b>Amount</b>
2012	\$ 4,803,069
2013	3,982,676
2014	1,735,224
2015	1,576,734
2016	1,167,184
Thereafter	<u>1,945,074</u>
<b>Total</b>	<b><u>\$ 15,209,961</u></b>

Total rent expense incurred under operating leases for the years ended September 30, 2011 and 2010, was approximately \$4,667,000 and \$4,300,000, respectively.

**Other Contingencies** — The Hospital is contingently liable under an agreement, which guarantees debt and line of credit of LGH Medical of approximately \$6,000,000 and \$2,884,000, respectively, at September 30, 2011. The corresponding balances at September 30, 2010, were approximately \$6,216,000 and \$3,025,000, respectively. In addition, LGH Medical's line of credit is secured by the Hospital's unrestricted investments.

The Hospital is a party in various legal proceedings and potential claims arising in the ordinary course of its business. In addition, the health care industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Such compliance in the health care industry has come under increased governmental scrutiny. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services. Management does not believe that these matters will have a material adverse effect on the Hospital's financial statements.

**Health Care Reform** — In 2010, the Patient Protection and Affordable Care Act (PPACA) was enacted into law. PPACA is expected to result in sweeping changes across the health care industry, including how care is provided and paid for. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. The Hospital is unable to fully predict the impact of PPACA on its operations and financial results; however, management expects that future reimbursement for services from both public and private payers will be reduced and made conditional, in part, on various quality measures.

## 12. CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Hospital to concentrations of credit risk are patient accounts receivable, cash equivalents, and investments. The Hospital invests available cash in money market securities of various banks, commercial paper of domestic companies with high credit ratings, and securities backed by the U.S. government. The Hospital, by policy, limits the amount of credit exposure to any one institution.

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The composition of accounts receivable from patients and third-party payors as of September 30, 2011 and 2010, is as follows:

	2011	2010
Blue Cross	18 %	17 %
Medicare	15	15
Medicaid	9	9
Other third-party payors	40	42
Patients	<u>18</u>	<u>17</u>
Total	<u>100 %</u>	<u>100 %</u>

A significant portion of the accounts receivable from commercial insurance and HMOs is derived from Blue Cross and two other Massachusetts managed care companies. Although management expects the amounts recorded as net accounts receivable at September 30, 2011, to be collectible, this concentration of credit risk is expected to continue in the near term.

### 13. FUNCTIONAL EXPENSES

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2011 and 2010, are as follows:

	2011	2010
Health care services	\$ 186,473,905	\$ 158,336,270
General and administrative	<u>57,889,750</u>	<u>67,858,402</u>
Total expenses	<u>\$ 244,363,655</u>	<u>\$ 226,194,672</u>

### 14. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

**Temporarily Restricted Net Assets** — Temporarily restricted net assets as of September 30, 2011 and 2010, consist of the following:

	2011	2010
Charity care	\$ 379,325	\$ 300,509
Capital campaign	6,293,923	5,153,865
Team walk	1,031,351	693,252
Pediatric care	40,713	41,423
Other health care services	<u>847,860</u>	<u>1,080,330</u>
Total	<u>\$ 8,593,172</u>	<u>\$ 7,269,379</u>

Temporarily restricted net assets include accumulated net gains on permanently restricted net assets of approximately \$667,000 and \$824,000 at September 30, 2011 and 2010, respectively, which are available for Board appropriation in accordance with state law (see below).

**Permanently Restricted Net Assets** — Permanently restricted net assets as of September 30, 2011 and 2010, consist of the following

	2011	2010
Investments to be held in perpetuity — the income from which is expendable for the purposes designated by the donor	\$ 2,871,478	\$ 2,808,411
Beneficial interest in perpetual trusts	<u>413,926</u>	<u>424,139</u>
Total	<u>\$ 3,285,404</u>	<u>\$ 3,232,550</u>

**Endowment Funds** — The Hospital's endowment consists of three funds established for a variety of purposes. For the purposes of this disclosure, endowment funds include donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

*Interpretation of Relevant Law* — The Hospital has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board and expended. State law allows the Board to appropriate so much of the net appreciation of permanently restricted net assets as is prudent considering the Hospital's long- and short-term needs, present and anticipated financial requirements, and expected total return on its investments, price level trends, and general economic conditions. In 2011, the Board appropriated \$284,000, which has been included in net assets released from restriction used for operations in the accompanying statements of operations and changes in net assets. No amounts were appropriated in 2010.

As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. The remaining portion of the donor-restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: duration and preservation of the fund, purposes of the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Hospital, and the investment policies of the Hospital.

*Endowment Net Asset Composition and Changes in Endowment Net Assets* — The Hospital has only donor-restricted endowment funds and does not have Board-designated endowment funds. A summary of the endowment net asset composition by type of fund as of September 30, 2011 and 2010, and the changes therein for the years then ended, is as follows:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — October 1, 2009	\$ 784,000	\$3,151,472	\$3,935,472
Net appreciation	39,816		39,816
Contributions		36,472	36,472
Change in fair value of beneficial interest in perpetual trusts		44,606	44,606
Endowment net assets — September 30, 2010	823,816	3,232,550	4,056,366
Net appreciation	127,293		127,293
Contributions		63,067	63,067
Change in fair value of beneficial interest in perpetual trusts		(10,213)	(10,213)
Appropriations of endowment assets for expenditure	(284,000)		(284,000)
Endowment net assets — September 30, 2011	<u>\$ 667,109</u>	<u>\$3,285,404</u>	<u>\$3,952,513</u>

*Funds with Deficiencies* — From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Hospital to retain as a fund of perpetual duration. There were no such deficiencies at September 30, 2011 or 2010.

*Investment Return Objectives and Spending Policy* — The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. The portfolio performance will be evaluated in terms of a Total Weighted Index. The amount available for spending will be equal to 4% of the average market value.

## 15. FAIR VALUE OF MEASUREMENTS

Generally accepted accounting principles establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumption about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

The Hospital uses the following fair value hierarchy to present its fair value disclosures:

*Level 1* — Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Hospital has the ability to access as of the measurement date.

*Level 2* — Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data

*Level 3* — Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability

The Hospital's financial assets and liabilities that are measured at fair value on a recurring basis and its equity method alternative investments as of September 30, 2011 and 2010, are as follows

Fair Value Measurements as of September 30, 2011, Using:				
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Cash and temporary cash investments	\$ 20,617,246	\$ -	\$ -	\$ 20,617,246
Marketable equity securities	12,776,629			12,776,629
Mutual funds				
Equity	7,755,185			7,755,185
Fixed income	18,844,771			18,844,771
International	8,403,323			8,403,323
Limited liability corporations		38,311		38,311
U S government bonds		31,448,507		31,448,507
U S municipal bonds		6,415,436		6,415,436
U S corporate bonds		336,556		336,556
Certificates of deposit	1,851,664			1,851,664
Beneficial interest in perpetual trusts		413,926		413,926
Total assets	<u>\$ 70,248,818</u>	<u>\$ 38,652,736</u>	<u>\$ -</u>	<u>\$ 108,901,554</u>
Liabilities - Series D Swap	<u>\$ -</u>	<u>\$ (649,335)</u>	<u>\$ -</u>	<u>\$ (649,335)</u>

**Fair Value Measurements as of  
September 30, 2010, Using:**

	<b>Quoted Prices In Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total</b>
Assets				
Cash and temporary cash investments	\$ 86,193,648	\$ -	\$ -	\$ 86,193,648
Marketable equity securities	13,084,630			13,084,630
Mutual funds				
Equity	11,796,448			11,796,448
Fixed income	13,404,824			13,404,824
International	11,405,408			11,405,408
Limited liability partnerships		1,844,083		1,844,083
Limited liability corporations		75,868		75,868
U.S. government bonds	1,179,820			1,179,820
U.S. municipal bonds		5,965,574		5,965,574
U.S. corporate bonds	715,371			715,371
Certificates of deposit	1,830,852			1,830,852
Beneficial interest in perpetual trusts		424,139		424,139
Total assets	<u>\$ 139,611,001</u>	<u>\$ 8,309,664</u>	<u>\$ -</u>	<u>\$ 147,920,665</u>
Liabilities - Series D Swap	<u>\$ -</u>	<u>\$ (2,388,000)</u>	<u>\$ -</u>	<u>\$ (2,388,000)</u>

A reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the year ended September 30, 2010, is as follows:

	<b>Limited Liability Partnerships</b>	<b>Limited Liability Corporations</b>	<b>Total</b>
Balance — October 1, 2009	\$ 2,472,853	\$ 306,372	\$ 2,779,225
Transfers to Level 2 upon the adoption of ASU No. 2009-12	<u>(2,472,853)</u>	<u>(306,372)</u>	<u>(2,779,225)</u>
Balance — September 30, 2010	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The Hospital's pension plan assets that are measured at fair value on a recurring basis as of September 30, 2011 and 2010, are as follows

Fair Value Measurements as of September 30, 2011, Using:				
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and temporary cash investments	\$ 1,350,324	\$ -	\$ -	\$ 1,350,324
Mutual funds				
Equity	11,217,532			11,217,532
International equity	6,358,967			6,358,967
Fixed income	8,541,602			8,541,602
Blended	5,435,014			5,435,014
Emerging market debt securities	2,342,557			2,342,557
Common collective trust — fixed income		7,420,631		7,420,631
Limited liability corporations			6,702,670	6,702,670
Total pension investments	<u>\$35,245,996</u>	<u>\$7,420,631</u>	<u>\$6,702,670</u>	<u>\$49,369,297</u>
Fair Value Measurements as of September 30, 2010, Using:				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and temporary cash investments	\$ 2,509,192	\$ -	\$ -	\$ 2,509,192
Mutual funds				-
Equity	12,952,995			12,952,995
International equity	7,480,388			7,480,388
Fixed income	6,677,030			6,677,030
Blended	4,976,905			4,976,905
Common collective trust — fixed income		6,803,745		6,803,745
Limited liability corporations			5,412,765	5,412,765
Total pension investments	<u>\$34,596,510</u>	<u>\$6,803,745</u>	<u>\$5,412,765</u>	<u>\$46,813,020</u>

A reconciliation of the beginning and ending balances of the fair value measurements of the Hospital's pension plan assets using significant unobservable inputs (Level 3) for the years ended September 30, 2010 and 2011, is as follows

	<b>Limited Liability Corporations</b>
Balance — September 30, 2009	\$4,570,428
Change in fair value	343,410
Purchases	<u>498,927</u>
Balance — September 30, 2010	5,412,765
Change in fair value	300,162
Purchases	1,000,000
Sales	<u>(10,257)</u>
Balance — September 30, 2011	<u>\$6,702,670</u>

There were no significant transfers to or from Levels 1 or 2 during the year ended September 30, 2011

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value

*Cash and Temporary Cash Investments* — The carrying value of cash investments approximates fair value as maturities are less than three months and/or include money market funds that are based on quoted prices and actively traded

*Marketable Equity Securities* — The fair values of marketable securities are based on quoted market prices

*Mutual Funds* — The fair value of mutual funds is based on quoted market prices

*U S Government Securities* — The fair value of U S government securities were primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

*U S Corporate Bonds* — The fair values of investments in U S corporate bonds were primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics (such as early redemption options)

*Certificates of Deposits* — The carrying value of certificate of deposits approximates fair value as maturities are less than one year and/or include money market funds that are based on quoted prices

*Limited Liability Partnerships and Corporations* — The fair value of the limited liability partnership and corporation investments was determined using the calculated net asset value (NAV) of the fund. The values for underlying investments are fair value estimates determined by an external fund manager based on recent filings, operating results, balance sheet stability, growth, and other business and market sector fundamentals. For such investments that have a redemption period of less than 90 days, the Hospital classifies all such investments as Level 2. For such investments that have a redemption period of 90 days or longer, the Hospital classifies all such investments as Level 3

*Common Collective Trusts* — The fair values of common collective trusts are determined by the fund manager based on the NAV of the fund. The Hospital classifies such investments as Level 2.

*Beneficial Interest in Perpetual Trusts* — The fair values of beneficial interest in perpetual trusts are based on NAV of the trusts. The Hospital classifies such investments as Level 2.

*Interest Rate Swap* — The Hospital uses inputs other than quoted prices that are observable to value the interest rate swap. These values represent the estimated amounts the Hospital would receive or pay to terminate the swap agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty. The Hospital considers these inputs to be Level 2 inputs in the context of the fair value hierarchy.

The Hospital's investments with a reported NAV as of September 30, 2011 and 2010, are as follows:

	Fair Value		Unfunded	Redemption	Other Redemption	Redemption
	2011	2010				
Investments						
Commingled fund — debt securities (a)	\$ -	\$ 1,844,083	None	Daily	None	2 days
Multi-strategy hedge fund (b)	<u>38,311</u>	<u>75,868</u>	None	Daily	None	1 day
Total	<u>\$ 38,311</u>	<u>\$ 1,919,951</u>				
Pension plan investments						
Common collective trust — fixed income (c)	\$ 7,420,631	\$ 6,803,745	None	Daily	None	2 days
Limited liability corporations						
Real estate (d)	2,447,931	1,096,228	None	Quarterly	*	90 days
Offshore fund (e)	<u>4,254,739</u>	<u>4,316,537</u>	None	Quarterly	None	90 days
Total	<u>\$14,123,301</u>	<u>\$12,216,510</u>				

- (a) Includes investments in commingled funds that invest in domestic fixed income securities, offered through a Limited Partnership (LP) structure. The majority of the securities held in the LP are traded over-the-counter using standard pricing services.
- (b) Includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The primary objective for these funds is to seek attractive long-term risk-adjusted absolute returns.
- (c) Includes investments in commingled funds that invest in domestic fixed income securities, offered through a common collective trust structure. The majority of the securities held in the trust are traded over-the-counter using standard pricing services.
- (d) Includes an open-end real estate investment vehicle that was formed as a tax-exempt group trust. The fund is designed to permit qualified retirement plans and government plans to commingle a portion of their assets for investment in both publicly owned real estate securities and privately owned real estate investments.
- (e) Includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies, including the ability to employ leverage and to sell securities short. The primary objective for these funds is to seek attractive long-term risk-adjusted absolute returns.

\* Redemption requests roll over into the following quarter and are honored on a pro rata basis based on each participant's total investment in the fund.

The investments included above are not expected to be sold at amounts that are different from NAV

The following methods and assumptions were used by the Hospital in estimating the fair value of the Hospital's financial instruments that are not measured at fair value on a recurring basis for disclosures in the financial statements

*Receivables and Payables* — The carrying value of the Hospital's receivables and payables approximates fair value, as maturities are very short term

*Pledges Receivable* — The current yields for one- to 10-year U S Treasury notes are used to discount contributions receivable Pledges received during 2011 and 2010 were discounted at the five-year treasury rate of 0.96% or 10-year treasury rate of 1.92% and at a five-year treasury rate of 1.27%, respectively Pledges received in 2011 and 2010, which have been recorded at fair value, totaled approximately \$2,940,000 and \$3,799,000 respectively

*Long-Term Debt and Lines-of-Credit Borrowings* — The estimated fair values of the Hospital's long-term debt is based on current traded values or a discounted cash flows analysis based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements The estimated fair values and carrying amounts for the Hospital's bonds as of September 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Carrying amount	<u>\$ 110,110,000</u>	<u>\$ 110,110,000</u>
Estimated fair value	<u>\$ 107,307,403</u>	<u>\$ 110,131,182</u>

The estimated fair value of the Hospital's remaining long-term debt approximates the carrying values

## 16. SUBSEQUENT EVENTS

On October 6, 2011, the Hospital signed a memorandum of understanding (MOU) with Saint Health System, Inc. to pursue an affiliation and to develop definitive agreements to memorialize the terms of the proposed affiliation The MOU included an initial term of 60 days and has subsequently been extended through February 29, 2012, pending the completion of due diligence procedures

The Hospital has evaluated subsequent events through February 9, 2012, which is the date the financial statements were issued

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