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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

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	C Name of organization LOWELL GENERAL HOSPITAL		D Employer identification number 04-2103590
	Doing Business As		E Telephone number (978) 937-6000
	Number and street (or P O box if mail is not delivered to street address) Room/suite 295 VARNUM AVENUE		
	City or town, state or country, and ZIP + 4 LOWELL, MA 018542193		G Gross receipts \$ 467,482,731

F Name and address of principal officer NORMAND DESCHENE 295 VARNUM AVENUE LOWELL, MA 018542193	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.LOWELLGENERAL.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1939 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3,789
	6 Total number of volunteers (estimate if necessary)	6	606
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	502,559	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-8,725,685	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,478,436	3,698,012
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306,369,408	405,165,036
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,267,295	3,968,692
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,585,870	32,742,298
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	325,701,009	445,574,038
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	651,895	987,427
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	146,445,763	203,012,024
	b Total fundraising expenses (Part IX, column (D), line 25) <u>832,082</u>	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,475,552	208,960,790
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	295,573,210	412,960,241
19 Revenue less expenses Subtract line 18 from line 12	30,127,799	32,613,797	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	443,119,072	485,461,294
	22 Net assets or fund balances Subtract line 21 from line 20	309,828,508	315,833,147

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-08-05 Date
	NORMAND DESCHENE CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M GISO CPA MST	Preparer's signature	Date 2014-08-05	Check <input type="checkbox"/> if self-employed	PTIN P00030126
	Firm's name CBIZ TOFIAS			Firm's EIN 26-3753134	
	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116			Phone no (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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 59,834,168 including grants of \$) (Revenue \$ 40,351,049)

SURGICAL SERVICES AT LOWELL GENERAL HOSPITAL COMPRISES THREE GEOGRAPHICAL SITES AND ACCOMODATES THE SURGICAL NEEDS OF PATIENTS WITH THE EXCEPTION OF CARDIAC AND TRANSPLANT SURGERIES ORTHOPEDIC, GENERAL ROBOTIC, ENT, GYN, BARIATRIC, PODIATRIC, OPHTHALMOLOGICAL, COSMEDIC, DENTAL, AND VASCULAR PROCEDURES ARE PERFORMED WITH THE LATEST ADVANCEMENTS IN TECHNOLOGICAL EQUIPMENT AND IMPLANTABLES USING MINIMALLY INVASIVE TECHNIQUES IN THE MAJORITY OF CASES

4b (Code) (Expenses \$ 36,315,946 including grants of \$) (Revenue \$ 57,222,948)

IMAGING SERVICES AT LOWELL GENERAL HOSPITAL PROVIDES DIAGNOSTIC SERVICES ACROSS SEVEN SITES TO OUTPATIENT AND INPATIENT POPULATIONS, PERFORMING OVER 250,000 STUDIES ANNUALLY SERVICES INCLUDING DIAGNOSTIC X-RAY, CT, ULTRASOUND, NUCLEAR MEDICINE, MAMMOGRAPHY, AND INTERVENTIONAL RADIOLOGY, ARE PROVIDED BY REGISTERED TECHNOLOGISTS AND BOARD-CERTIFIED RADIOLOGISTS THE DEPARTMENT IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY IN CT, ULTRASOUND, MAMMOGRAPHY AND IS RECOGNIZED AS A BREAST CENTER OF EXCELLENCE

4c (Code) (Expenses \$ 31,721,420 including grants of \$) (Revenue \$ 23,222,672)

LOWELL GENERAL HOSPITAL'S EMERGENCY DEPARTMENTS AT TWO LOCATIONS TREATED APPROXIMATELY 100,000 PATIENT IN FY2013 THE EMERGENCY DEPARTMENTS ARE STAFFED WITH BOARD CERTIFIED EMERGENCY PHYSICIANS AND LICENSCED PRACTIONERS TRAINED IN EMERGENCY MEDICINE BOTH SITES ARE CERTIFIED STROKE CENTERS BY THE DEPARTMENT OF PUBLIC HEALTH (DPH) THE MAIN CAMPUS HAS A DEDICATED PEDIATRIC EMERGENCY SECTION WHICH IS STAFFED BY BOARD CERTIFIED PEDIATRIC EMERGENCY MEDICINE PRACTITIONERS THE MAIN CAMPUS EMERGENCY DEPARTMENT 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)

(Code) (Expenses \$ 188,445,039 including grants of \$ 987,427) (Revenue \$ 317,272,488)



























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

4d Other program services (Describe in Schedule O)

(Expenses \$ 188,445,039 including grants of \$ 987,427) (Revenue \$ 317,272,488)

4e Total program service expenses 316,316,573

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> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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> 		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	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> 		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> 		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> 		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> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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> 	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> 		No
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> 		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> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	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 and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	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> 		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> 	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> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 456		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,789		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: MA, FL
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 made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
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 (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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) GEORGE L DUNCAN CHAIR	1 00 0 00	X		X				0	0	0
(2) GREGORY WERTHEIMER VICE CHAIR	1 00 0 00	X		X				0	0	0
(3) RAYMOND ANTISS JR BOARD MEMBER	1 00 0 00	X						0	0	0
(4) GARY CAMPBELL BOARD MEMBER	1 00 0 00	X						0	0	0
(5) ERIC W HANSON BOARD MEMBER	1 00 0 00	X						0	0	0
(6) DANIEL J MANSUR BOARD MEMBER	1 00 0 00	X						0	0	0
(7) THOMAS F MCKAY BOARD MEMBER	1 00 0 00	X						0	0	0
(8) JACQUELINE MOLONEY BOARD MEMBER	1 00 0 00	X						0	0	0
(9) KIMBERLY OBERHAUSER BOARD MEMBER	1 00 0 00	X						0	0	0
(10) JACK O'CONNOR BOARD MEMBER	1 00 0 00	X						0	0	0
(11) MARGARET A PALM BOARD MEMBER	1 00 0 00	X						0	0	0
(12) VICTOR POIRIER BOARD MEMBER	1 00 0 00	X						0	0	0
(13) NORMAND DESCHENE CEO	40 00 0 00	X		X				1,749,764	0	103,291
(14) SUSAN GREEN CFO	40 00 0 00			X				578,637	0	39,303
(15) JOSEPH WHITE PRESIDENT	40 00 0 00			X				956,220	0	44,827
(16) PETER ZARILLA SECRETARY, ASST CLERK	40 00 0 00			X				289,100	0	32,627
(17) WAYNE PASANEN VP MEDICAL AFFAIRS	20 00 0 00				X			247,405	0	40,882

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) AMY HOEY VP PATIENT CARE SERVICES	40 00 0 00				X			408,528	0	42,900
(19) WILLIAM WYMAN VP REVENUE SERVICES	40 00 0 00				X			209,567	0	51,224
(20) MICHELLE DAVIS VP EXTERNAL AFFAIRS	40 00 0 00				X			191,742	0	25,254
(21) KAREN MCARDLE DIR MEDICAL STAFF SERVICE	40 00 0 00				X			214,433	0	34,158
(22) HELEN THIBODEAU VP OUTPATIENT SERVICES	40 00 0 00				X			268,127	0	18,636
(23) RICHARD MA PHYSICIAN	40 00 0 00					X		458,154	0	17,372
(24) MONTU PATELL PHYSICIAN	40 00 0 00					X		327,374	0	16,590
(25) GABRELE SOUTHGATE PHYSICIAN	40 00 0 00					X		322,775	0	17,483
(26) SANJAY BASU PHYSICIAN	40 00 0 00					X		275,640	0	16,677
(27) GERALDINE VAUGHAN PHO EXECUTIVE DIRECTOR	40 00 0 00					X		272,639	0	16,937
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,770,105	0	518,161

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **187**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 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>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING SERVICES 7901 SANDY SPRING ROAD LAUREL MD 20707	BUILDING CONTRACTOR	29,883,690
CERNER CORP 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY MO 64117	INFORMATION SYSTEMS PROVIDER	5,773,296
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY UT 841081221	LABORATORY SERVICES	2,897,047
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878	FOOD & FACILITIES SERVICES	2,716,937
NEW ENGLAND INPATIENT SPECIALISTS 120 WATER STREET SUITE 404 NORTH ANDOVER MA 01845	MEDICAL SERVICES	1,452,629

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **83**

Part VIII Statement of Revenue

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

		(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	1,120,268				
	d Related organizations 1d					
	e Government grants (contributions) 1e	78,700				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,499,044				
	g Noncash contributions included in lines 1a-1f \$	159,252				
	h Total. Add lines 1a-1f	3,698,012				
Program Service Revenue	2a PATIENT SVC REVENUE	Business Code 621500	405,165,036	405,165,036		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		405,165,036			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,753,334	486,402	1,266,932	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	786,402			
		b Less rental expenses	481,734			
		c Rental income or (loss)	304,668			
		d Net rental income or (loss)		304,668		304,668
	7a Gross amount from sales of assets other than inventory	(i) Securities	22,764,750	394,919		
		b Less cost or other basis and sales expenses	20,572,892	371,419		
		c Gain or (loss)	2,191,858	23,500		
		d Net gain or (loss)		2,215,358		2,215,358
	8a Gross income from fundraising events (not including \$ 1,120,268 of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses b		482,648		
		c Net income or (loss) from fundraising events		-482,648		-482,648
	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 DISCONTINUED OPERATIONS GAIN	900099	20,803,255	20,803,255			
b MEANINGFUL USE REVENUE	621500	4,537,691	4,537,691			
c INCOME FROM JOINT VENTURES	621500	2,916,525	2,916,525			
d All other revenue		4,662,807	4,646,650	16,157		
e Total. Add lines 11a-11d		32,920,278				
12 Total revenue. See Instructions		445,574,038	438,069,157	502,559	3,304,310	

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)

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

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 United States. See Part IV, line 21	969,383	969,383		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	18,044	18,044		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,605,083		2,605,083	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	162,142,335	114,014,350	47,609,980	518,005
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,622,962	3,199,346	1,409,080	14,536
9	Other employee benefits	21,942,878	15,185,688	6,688,196	68,994
10	Payroll taxes	11,698,766	8,096,195	3,565,787	36,784
11	Fees for services (non-employees)				
a	Management				
b	Legal	582,933		582,933	
c	Accounting	336,969		336,969	
d	Lobbying	43,784		43,784	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	359,203		359,203	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,617,181	22,566,383	9,031,239	19,559
12	Advertising and promotion	2,151,080		2,147,185	3,895
13	Office expenses	82,406,528	76,558,853	5,797,216	50,459
14	Information technology	14,805,883	11,478,664	3,292,438	34,781
15	Royalties				
16	Occupancy	8,857,061	6,851,174	2,001,691	4,196
17	Travel	403,081	208,016	172,665	22,400
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,560,108	994,514	519,430	46,164
20	Interest	5,988,808		5,988,808	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,749,849	18,711,379	3,026,227	12,243
23	Insurance	2,166,109	2,149,683	16,360	66
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PHYSICIAN FEES	28,813,734	28,813,734		
b	UNCOMP CARE POOL	4,571,107	4,571,107		
c	PROVISION FOR BAD DEBTS	1,675,666	1,675,666		
d	MISCELLANEOUS	639,169	21,857	617,312	
e	All other expenses	232,537	232,537		
25	Total functional expenses. Add lines 1 through 24e	412,960,241	316,316,573	95,811,586	832,082
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	46,706,129	1	57,510,221
	2 Savings and temporary cash investments	20,389,323	2	20,129,707
	3 Pledges and grants receivable, net	5,394,925	3	4,782,117
	4 Accounts receivable, net	57,428,636	4	67,230,244
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,398,232	8	7,459,028
	9 Prepaid expenses and deferred charges	6,294,613	9	11,541,159
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 386,662,706		
	b Less accumulated depreciation	10b 147,946,972	226,878,358	10c 238,715,734
	11 Investments—publicly traded securities	60,694,061	11	63,403,494
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	11,934,795	15	14,689,590
16 Total assets. Add lines 1 through 15 (must equal line 34)	443,119,072	16	485,461,294	
Liabilities	17 Accounts payable and accrued expenses	90,271,769	17	89,876,722
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	146,768,664	20	163,847,689
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	8,995,481	24	9,958,912
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	63,792,594	25	52,149,824
	26 Total liabilities. Add lines 17 through 25	309,828,508	26	315,833,147
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	121,656,643	27	157,709,444
	28 Temporarily restricted net assets	8,224,657	28	7,971,138
	29 Permanently restricted net assets	3,409,264	29	3,947,565
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	133,290,564	33	169,628,147	
34 Total liabilities and net assets/fund balances	443,119,072	34	485,461,294	

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	445,574,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	412,960,241
3	Revenue less expenses Subtract line 2 from line 1	3	32,613,797
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,290,564
5	Net unrealized gains (losses) on investments	5	1,085,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,638,625
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	169,628,147

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

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 - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Table with 2 columns: Name of the organization (LOWELL GENERAL HOSPITAL) and 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?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		43,784
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			43,784
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a list of questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Description of conservation easement questions (1-9) and a sub-table for 'Held at the End of the Year' with rows 2a-2d.

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.

Table with 2 columns: Description of art collection questions (1a-2) and corresponding revenue/asset amounts.

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

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

- a** Public exhibition
- 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 XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	64,886,695	58,144,290	59,304,368	54,015,635	55,985,857
b Contributions	197,813	238,209	49,706	53,548	23,639
c Net investment earnings, gains, and losses	4,926,706	8,117,073	-1,164,777	5,276,856	-1,187,603
d Grants or scholarships					
e Other expenditures for facilities and programs	8,154,377	1,612,877	45,007	41,671	806,258
f Administrative expenses					
g End of year balance	61,856,837	64,886,695	58,144,290	59,304,368	54,015,635

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 96.210 %
 - b** Permanent endowment 3.790 %
 - c** Temporarily restricted endowment 0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,377,764		5,377,764
b Buildings		258,714,264	72,128,017	186,586,247
c Leasehold improvements		2,316,029	1,143,492	1,172,537
d Equipment		87,627,126	59,301,363	28,325,763
e Other		32,627,523	15,374,100	17,253,423
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				238,715,734

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	52,149,824

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	465,960,217
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,085,161
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	18,268,853
e	Add lines 2a through 2d	2e	19,354,014
3	Subtract line 2e from line 1	3	446,606,203
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	359,203
b	Other (Describe in Part XIII)	4b	-1,391,368
c	Add lines 4a and 4b	4c	-1,032,165
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	445,574,038

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

1	Total expenses and losses per audited financial statements	1	429,622,634
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 XIII)	2d	25,528,853
e	Add lines 2a through 2d	2e	25,528,853
3	Subtract line 2e from line 1	3	404,093,781
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	359,203
b	Other (Describe in Part XIII)	4b	8,507,257
c	Add lines 4a and 4b	4c	8,866,460
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	412,960,241

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 SEPTEMBER 30, 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 481,734 SPECIAL EVENTS EXPENSE 482,647 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 2,039,399 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,144,835 GAIN ON DISPOSAL OF PROPERTY & EQUIPMENT -23,500 PROVISION FOR UNCOLLECTIBLE ACCOUNTS - PATIENTS 14,143,738
PART XI, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST - 14,026 FUNDRAISING EXPENSE RECLASS 1,064,125 CAPITAL CAMPAIGN EXPENSE RECLASS 23,912 LOSS ON EXTINGUISHMENT OF DEBT -513,824 NET CASH FLOWS ON INTEREST RATE SWAP -606,425 LOSS ON FAIR VALUE OF INTEREST RATE SWAP -1,345,130
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 481,734 SPECIAL EVENTS EXPENSE 482,647 TRANSFERS TO AFFILIATES 7,260,000 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 2,039,399 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,144,835 GAIN ON DISPOSAL OF PROPERTY & EQUIPMENT -23,500 PROVISION FOR UNCOLLECTIBLE ACCOUNTS- PATIENTS 14,143,738
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE RECLASS 1,064,125 CAPITAL CAMPAIGN EXPENSE RECLASS 23,912 ADJUSTMENTS FOR DIALYSIS SALE 10,156,411 CONTRIBUTIONS TO NON-CONTROLLED AFFILIATES -271,812 LOSS ON EXTINGUISHMENT OF DEBT -513,824 NET CASH FLOWS ON INTEREST RATE SWAP -606,425 LOSS ON FAIR VALUE OF INTEREST RATE SWAP -1,345,130

Additional Data

Software ID:
Software Version:
EIN: 04-2103590
Name: LOWELL GENERAL HOSPITAL

Form 990, Schedule D, Part X, - Other Liabilities

¹ (a) Description of Liability	(b) Book Value
CAPITAL LEASE OBLIGATIONS	663,778
ACCRUED PENSION EXPENSE	36,894,109
OTHER LONG-TERM LIABILITIES	6,489,995
DUE TO LGH MEDICAL GROUP	1,316,587
DUE TO LGH MEDICAL	29,280
DUE TO CANCERCARE	310,119
DUE TO WOMANHEALTH	1,053,525
DUE TO MVC	1,807,316
DUE TO PHYSICIANS ASSOCIATES	387,311
OTHER CURRENT LIABILITIES	3,197,804

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		18,044
3a Sub-total	0	0			18,044
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			18,044

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3** Enter total number of other organizations or entities ▶ _____

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>TEAM WALK FOR CANCER CARE</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	692,978	223,625	203,665	1,120,268
	2 Less Contributions	692,978	223,625	203,665	1,120,268
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	24,883	4,696	4,687	34,266
	6 Rent/facility costs	11,041	114,446	40,930	166,417
	7 Food and beverages	8,172		60,075	68,247
	8 Entertainment	3,075		9,000	12,075
	9 Other direct expenses	164,208	10,300	27,135	201,643
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-482,648

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

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Identifier	Return Reference	Explanation
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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: LOWELL GENERAL HOSPITAL

Employer identification number: 04-2103590

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy... 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities... 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor... 3b Did the organization use FPG as a factor... 4 Did the organization's financial assistance policy... 5a Did the organization budget amounts... 5b If "Yes," did the organization's financial assistance expenses... 5c If "Yes" to line 5b... 6a Did the organization prepare a community benefit report... 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
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			590,612		590,612	0.140 %
9 Other			133,962		133,962	0.030 %
10 Total			724,574		724,574	0.170 %

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. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	108,128,779
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	101,148,777
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	6,980,002
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 Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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				

Part V Facility Information

Section A. Hospital Facilities

(List in order of size from largest to smallest—see instructions)

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

2

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	LOWELL GENERAL HOSPITAL 295 VARNUM AVENUE LOWELL, MA 01854	X						X		ALSO DESIGNATED AS A TRAUMA CENTER	
2	LOWELL GENERAL HOSPITAL 1 HOSPITAL DRIVE LOWELL, MA 01852	X						X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

LOWELL GENERAL HOSPITAL

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input checked="" type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d** Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

If "No," indicate why

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

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 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
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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
		PART II 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

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>
		<p>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</p>

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>
LOWELL GENERAL HOSPITAL		<p>PART V, SECTION B, LINE 3 INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASSCHIP DATABASE THERE WERE 14 FOCUS GROUPS WITH A TOTAL OF 113 PARTICIPANTS-MAJORITY WERE CONDUCTED IN ENGLISH, BUT CAMBODIAN COMMUNITY GROUP WAS CONDUCTED IN KHMER AND THE LATINO GROUP IN SPANISH THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED SIX KEY INFORMANT INTERVIEWS</p>

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 THE GREATER LOWELL HEALTH ALLIANCE AND THE UNIVERSITY OF MASSACHUSETTS LOWELL TO CONDUCT THE NEEDS ASSESSMENT
		<p>PART VI, LINE 2 ON BEHALF OF LOWELL GENERAL HOSPITAL, UNIVERSITY OF MASSACHUSETTS LOWELL (UML) 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 SEVERAL OBJECTIVES, WHICH WERE TO ASSESS THE OVERALL HEALTH OF AREA RESIDENTS, IDENTIFY THE STRENGTHS AND WEAKNESSES OF THE LOCAL HEALTHCARE SYSTEM, DETERMINE THE TOP HEALTH PROBLEMS FACING AREA RESIDENTS AND THE POPULATIONS AT GREATEST RISK, INVOLVE A BROAD SPECTRUM OF PROFESSIONALS AND RESIDENTS, INCLUDING NEWER IMMIGRANT COMMUNITIES, PROVIDE RECOMMENDATIONS TO IMPROVE THE HEALTHCARE SYSTEM AND ADDRESS UNMET HEALTH NEEDS, AND INFORM THE PROCESS TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP ACTION PLANS TO ADDRESS THESE PRIORITY NEEDS. INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS: (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASSCHIP DATABASE. THERE WERE 14 FOCUS GROUPS WITH A TOTAL OF 113 PARTICIPANTS. MAJORITY WERE CONDUCTED IN ENGLISH, BUT CAMBODIAN COMMUNITY GROUP WAS CONDUCTED IN KHMER AND THE LATINO GROUP IN SPANISH. THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED SIX KEY INFORMANT INTERVIEWS. 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 PUBLIC HEALTH DATA AND STATISTICS. 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>
		<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 GREATER LOWELL'S DEMOGRAPHIC PROFILE FROM THE U S CENSUS BUREAU REFLECTS THAT 8 7% OF THE POPULATION LIVES BELOW POVERTY, WHICH IS LOWER THAN THE STATE OF 11 6% UNEMPLOYMENT IN THE GREATER LOWELL AREA HAS HOVERED BETWEEN 6% AND 7% FOR THE PAST YEAR, SIMILAR TO THE STATE'S UNEMPLOYMENT RATE HOWEVER, IT IS WORTH NOTING THAT LOWELL, MASSACHUSETTS, WHICH REPRESENTS APPROXIMATELY 37% OF THE POPULATION IN LOWELL GENERAL HOSPITAL'S SERVICE AREA, HAS 17 6% OF THE POPULATION LIVING BELOW POVERTY AND AN EMPLOYMENT RATE THAT HAS BEEN AT OR ABOVE 8% FOR THE PAST 12 MONTHS 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 COMMUNITY COLLEGE AND THE LOWELL NATIONAL HISTORICAL PARK, AS WELL AS LOWELL GENERAL HOSPITAL, 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 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 LOWELL GENERAL HOSPITAL'S PRIMARY SERVICE AREA (PSA) IS COMPRISED OF APPROXIMATELY 298,000 RESIDENTS FROM THE FOLLOWING NINE COMMUNITIES BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, LOWELL, TEWKSBURY, TYNGSBOROUGH, WESTFORD, AND PELHAM, NEW HAMPSHIRE THE HOSPITAL'S SECONDARY SERVICE AREA (SSA) HAS A POPULATION OF APPROXIMATELY 370,000 AND INCLUDES THE SURROUNDING TOWNS OF ANDOVER, CARLISLE, GROTON, LAWRENCE, LITTLETON, METHUEN, NORTH ANDOVER, PEPPERELL, WILMINGTON, AND HOLLIS, HUDSON AND NASHUA, NEW HAMPSHIRE</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 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 & WELLNESS, THE GREATER LOWELL HEALTH ALLIANCE, AND THE LGH BALL FOR COMMUNITY HEALTH INITIATIVES, WHICH IS NOW KNOWN AS THE CIRCLE HEALTH BALL FOR COMMUNITY HEALTH INITIATIVES CENTER FOR COMMUNITY HEALTH & WELLNESSTHE CENTER FOR COMMUNITY HEALTH & 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 911 PERCENT INCREASE IN PROGRAMS OFFERED (45 TO 455) AND 923 PERCENT INCREASE IN INDIVIDUALS SERVED BY THESE PROGRAMS (547 TO 5,598) 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 & 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, LOWELL FOOD SECURITY COALITION, LOWELL YOUTH DEVELOPMENT COLLABORATIVE, LOWELL ASTHMA COALITION, AND THE SUBSTANCE USE & PREVENTION TASK FORCE 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 ALSO 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 & 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 & 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 LOWELL GENERAL HOSPITAL TO CREATE THE GREATER LOWELL HEALTH ALLIANCE (GLHA), AN INDEPENDENT NON-PROFIT ALLIANCE WITH A MISSION TO SUSTAIN A STRATEGIC ALLIANCE OF COMMUNITY ORGANIZATIONS THAT IMPROVES THE OVERALL HEALTH AND WELLNESS OF THOSE LIVING IN THE GREATER LOWELL REGION 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 100, AND FROM ONE TASK FORCE (HEALTHY WEIGHT) TO FIVE (SUBSTANCE USE & PREVENTION, MENTAL HEALTH, CULTURAL COMPETENCE, HEALTHY EATING & LIVING, AND MATERNAL CHILD HEALTH) LOWELL GENERAL HOSPITAL CONTINUES TO PROVIDE LEADERSHIP AND FINANCIAL SUPPORT TO THE GLHA LOWELL GENERAL HOSPITAL'S VICE PRESIDENT OF EXTERNAL AFFAIRS, MICHELLE DAVIS IS THE CHAIR OF THE GLHA BOARD COMMITTEE CIRCLE HEALTH 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", NOW KNOWN AS THE CIRCLE HEALTH BALL, TO RAISE AWARENESS AND FUNDS FOR COMMUNITY OUTREACH AND EDUCATION IN THE PAST SEVEN YEARS, LOWELL GENERAL HOSPITAL HAS RAISED MORE THAN \$600,000 FOR COMMUNITY INITIATIVES, INCLUDING THE HEALTHY 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 2013, THE CIRCLE HEALTH BALL FUNDED MORE THAN \$40,000 IN COMMUNITY GRANTS TO THE UNIVERSITY OF MASSACHUSETTS' ASTHMA AWARENESS PROGRAM, GREATER LOWELL TECHNICAL HIGH SCHOOL'S OPIATE AWARENESS PROGRAM AND VNA OF GREATER LOWELL'S MENTAL HEALTH PROGRAM 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 ANNUAL 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>
		<p>PART VI, LINE 6 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 IN 2012, LOWELL GENERAL HOSPITAL OFFICIALLY BECAME A MEMBER OF CIRCLE HEALTH CIRCLE HEALTH IS A PROGRESSIVE COLLABORATION OF PHYSICIANS, HOSPITALS, OTHER HEALTH PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS WITH A SHARED VISION FOR EMPOWERING PEOPLE AND COMMUNITIES TO BE THE HEALTHIEST THEY CAN BE WITH OUR INNOVATIVE PROGRAMS AND APPROACH TO CARE MANAGEMENT, OUR PROMISE TO YOU IS AN EXPERIENCE OF COMPLETE CONNECTED CARESM CIRCLE HEALTH IS ABOUT SUPPORTING COMMUNITIES WITH A COMPREHENSIVE RANGE OF SERVICES SO THAT INDIVIDUALS HAVE EASY ACCESS TO THE EXPERTISE AND RESOURCES THEY NEED IN ORDER TO ACHIEVE THE BEST POSSIBLE HEALTH THROUGHOUT THEIR LIVES</p>

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 Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

18

Name and address	Type of Facility (describe)
LGH - OFFICE SPACE OFF-SITE 10 RESEARCH PLACE CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 4 MEETINGHOUSE RD 13 CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 1 MEETINGHOUSE RD 5 CHELMSFORD, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE STE 100 CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE 310 CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 3 MEETING HOUSE RD 24 CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 45 PALMER ST LOWELL, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 100 MILK ST METHUEN, MA 01844	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 203 TURNPIKE RD NORTH ANDOVER, MA 01845	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 37 VILLAGE SQUARE CHELMSFORD, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 600 CLARK RD TEWKSBURY, MA 01876	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE ONE MEETING HOUSE RD CHELMSFORD, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 1230 BRIDGE ST LOWELL, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 847 ROGERS ST LOWELL, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 85 PARKHURST RD CHELMSFORD, MA 01854	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 3 MEETING HOUSE RD 17 18 CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 161 JACKSON ST LOWELL, MA 01852	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
LGH - OFFICE SPACE OFF-SITE 10 ADAMS ST CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

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 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?
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. Part II can be duplicated if additional space is needed.

(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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 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
D'YOUVILLE FOUNDATION - STEWARDSHIP AGREEMENT 981 VARNUM AVE LOWELL, MA 01854	04-2510563	501(C)(3)	248,050				STEWARDSHIP AGREEMENT, DONATION, AND SPONSORSHIPS
AMERICAN HEART ASSOCIATION 1 UNION ST ROBBINSVILLE, NJ 08691	13-5613797	501(C)(3)	31,250				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
AMERICAN TEXTILE HISTORY 491 DUTTON STREET LOWELL, MA 01854	04-2276089	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
BOYS & GIRLS CLUB OF GREATER LOWELL 657 MIDDLESEX ST LOWELL, MA 01851	04-2014396	501(C)(3)	15,000				SPONSOR VARIOUS EVENTS

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
CARING PARTNERS INC 500 CLARK ROAD STE 3A TEWKSBURY, MA 01876	27-0694908	501(C)(3)	10,000				SPONSOR VARIOUS EVENTS
CHINMAYA MISSION BOSTON1 UNION ST ANDOVER, MA 01810	04-3491406	501(C)(3)	10,500				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
COMMUNITY TEAMWORK INC155 MERRIMACK ST LOWELL, MA 01852	04-2382027	501(C)(3)	5,550				SPONSOR VARIOUS EVENTS
GREATER LOWELL COMMUNITY FOUNDATION 100 MERRIMACK ST LOWELL, MA 01852	04-3401997	501(C)(3)	9,500				SPONSOR VARIOUS EVENTS

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
GREATER LOWELL TECHNICAL HIGH SCHOOL CHARITABLE FOUNDATION 250 PAWTUCKET BLVD TYNGSBORO, MA 01854	20-2144356	501(C)(3)	5,000				SPONSOR VARIOUS EVENTS
GREATER MERRIMACK VALLEY CONV & VISITORS BUREAU 40 FRENCH ST LOWELL, MA 01852	04-3158302	501(C)(6)	10,500				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
HOUSE OF HOPE812 MERRIMACK ST LOWELL, MA 01854	04-2867965	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
LOWELL FESTIVAL FOUNDATION67 KIRK STREET LOWELL, MA 01852	04-2578293	501(C)(3)	12,500				SPONSOR VARIOUS EVENTS

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 SUN CHARITIES 491 DUTTON STREET STE 1 LOWELL, MA 01854	04-6004936	501(C)(3)	57,235				FUNDRAISER CONTRIBUTION
MARCH OF DIMES 112 TURNPIKE ROAD WESTBOROUGH, MA 01581	13-1846366	501(C)(3)	6,500				SPONSER VARIOUS EVENTS

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 COUNCIL1600 OSGOOD STREET NORTH ANDOVER, MA 01845	04-3479606	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
MIDDLESEX COMMUNITY COLLEGE FOUNDATIONPO BOX 716 BEDFORD, MA 01730	04-2973384	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
THE LOWELL PLAN660 SUFFOLK ST STE 120 LOWELL,MA 01854	04-2693109	501(C)(3)	7,950				DONATIONS
TUFTS FLOATING HOSPITAL800 WASHINGTON ST 231 BOSTON,MA 02111	04-3400617	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
UNIVERSITY OF MASSACHUSETTS LOWELL1 UNIVERSITY DRIVE LOWELL, MA 01852	04-3167352	501(C)(3)	26,250				SPONSOR VARIOUS EVENTS
UNITED WAY OF MASS BAY & MERRIMACK VALLEY51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	5,000				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
WESTFORD ROTARY CHARITABLE ENDOWMENT PO BOX 231 WESTFORD, MA 01886	04-3540698	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
WOMEN CITYS GOLF TOURNAMENT 1 ROCK ROAD TYNGSBORO, MA 01870	04-3499399	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
WORKING WONDERS800 WASHINGTON ST 231 BOSTON, MA 02111	04-3400617	501(C)(3)	5,000				FUNDRAISER SPONSORSHIP
LOWELL COMMUNITY HEALTH CENTER15-17 WARREN STREET LOWELL, MA 01854	04-2881348	501(C)(3)	17,550				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
GREATER LOWELL HEALTH ALLIANCE 295 VARNUM AVE LOWELL, MA 01854	27-0408037	501(C)(3)	316,992				DONATIONS
LOWELL GENERAL HOSPITAL AUZILIARY GIFT SHOP 295 VARNUM AVE LOWELL, MA 01854	22-3459303	501(C)(3)	125,000				DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

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

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

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

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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, SUSAN GREEN, JOSEPH WHITE AND AMY HOEY 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 \$772,532 PAID IN 2012 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MS. GREEN ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$103,004 PAID IN 2012 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 \$331,338 PAID IN 2012 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MS. HOEY ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$68,670 PAID IN 2012 IN CONNECTION WITH THE REBA ARRANGEMENT. SOCIAL CLUB DUES ARE PROVIDED TO NORMAND DESCHENE, SUSAN GREEN, AND JOSEPH WHITE. SOCIAL CLUB DUES IS TREATED AS TAXABLE COMPENSATION TO THE EXTENT CONSIDERED PERSONAL USEAGE.
	PART I, LINE 4B	THE HOSPITAL HAS ENTERED INTO A SPLIT-DOLLAR LIFE INSURANCE AGREEMENT WITH NORMAND DESCHENE. PREMIUMS PAID IN CALENDAR 2012 WERE \$58,928. ALL PREMIUMS WILL BE REPAID TO THE HOSPITAL.
	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.

Software ID:
Software Version:
EIN: 04-2103590
Name: LOWELL GENERAL HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
NORMAND DESCHENE	(i) (ii)	669,065 0	198,569 0	882,130 0	57,407 0	45,884 0	1,853,055 0	0 0
SUSAN GREEN	(i) (ii)	350,313 0	85,146 0	143,178 0	4,978 0	34,325 0	617,940 0	0 0
JOSEPH WHITE	(i) (ii)	468,150 0	113,136 0	374,934 0	10,000 0	34,827 0	1,001,047 0	0 0
PETER ZARILLA	(i) (ii)	224,952 0	41,561 0	22,587 0	10,000 0	22,627 0	321,727 0	0 0
WAYNE PASANEN	(i) (ii)	192,427 0	39,067 0	15,911 0	9,731 0	31,151 0	288,287 0	0 0
AMY HOEY	(i) (ii)	267,065 0	51,331 0	90,132 0	10,000 0	32,900 0	451,428 0	0 0
WILLIAM WYMAN	(i) (ii)	182,887 0	26,250 0	430 0	25,970 0	25,254 0	260,791 0	0 0
MICHELLE DAVIS	(i) (ii)	167,423 0	24,000 0	319 0	0 0	25,254 0	216,996 0	0 0
KAREN MCARDLE	(i) (ii)	187,135 0	26,670 0	628 0	8,904 0	25,254 0	248,591 0	0 0
HELEN THIBODEAU	(i) (ii)	259,865 0	8,117 0	145 0	0 0	18,636 0	286,763 0	0 0
RICHARD MA	(i) (ii)	458,146 0	0 0	8 0	0 0	17,372 0	475,526 0	0 0
MONTU PATELL	(i) (ii)	327,368 0	0 0	6 0	0 0	16,590 0	343,964 0	0 0
GABRELE SOUTHGATE	(i) (ii)	322,775 0	0 0	0 0	0 0	17,483 0	340,258 0	0 0
SANJAY BASU	(i) (ii)	275,633 0	0 0	7 0	0 0	16,677 0	292,317 0	0 0
GERALDINE VAUGHAN	(i) (ii)	271,928 0	0 0	711 0	0 0	16,937 0	289,576 0	0 0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

2012

**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 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 SERIES C	04-2456011	57586EXB2	09-29-2010	62,127,040	CONSTRUCTION OF NEW BUILDING, EQUIP ACQUISITIONS, PAY OFF COMMERCIAL DEBT		X		X		X
B	MASS DEVELOPMENT FINANCE AGENCY SERIES E & F	04-3431814		09-27-2012	37,500,000	REFINANCE THE 1993 SERIES A MEHFA BONDS ISSUED BY SAINTS MEDICAL CENTER		X		X		X
C	MASS DEVELOPMENT FINANCE AGENCY SERIES G	04-3431814	57583UVQ8	05-01-2013	65,688,217	NEW CAPITAL PROJECTS AND EQUIPMENT COSTS AND REFUND/TERMINATE SERIES D BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,570,000							
2	Amount of bonds legally defeased	361,250							
3	Total proceeds of issue	62,874,526		37,500,000		65,689,163			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	4,813,043							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	934,160		400,000		1,009,853			
8	Credit enhancement from proceeds	92,469							
9	Working capital expenditures from proceeds	14,405,173		1,350,928		2,068,673			
10	Capital expenditures from proceeds	42,629,681		35,585,500		10,656,572			
11	Other spent proceeds	163,572		163,572		47,025,000			
12	Other unspent proceeds	4,929,065				4,929,065			
13	Year of substantial completion	2013		2013		2013			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		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 of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		0%		0%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		0 00000%		%	
6 Total of lines 4 and 5	0%		0%		0%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI 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 3A TOTAL PROCEEDS OF ISSUE CONSISTS OF \$62,127,040 ORIGINAL PROCEEDS PLUS CAPITALIZED INVESTMENT EARNINGS OF \$747,486 LINE 9A WORKING CAPITAL EXPENDITURES FROM PROCEEDS CONSISTS OF \$12,015,054 WHICH WAS USED TO PAY OFF COMMERCIAL LOANS ACQUISITION COSTS THE REMAINING \$2,390,119 WAS NON-CAPITALIZED INTEREST AND LETTER OF CREDIT FEES AND GAINS/LOSSES ON THE REDEMPTION OF THE INVESTED FUNDS LINE 9B WORKING CAPITAL EXPENDITURES FROM PROCEEDS CONSISTS OF \$1,350,928 FOR ACQUISITION COSTS AND ISSUER FEE LINE 11B OTHER SPENT PROCEEDS CONSISTING OF ACQUISITION OF EQUIPMENT WITH RECOVERY PERIOD LESS THAN FIVE YEARS TOTALED \$163,572 LINE 3C TOTAL PROCEEDS OF ISSUE CONSISTS OF \$65,688,217 ORIGINAL PROCEEDS PLUS CAPITALIZED INVESTMENT EARNINGS OF \$946 LINE 9B WORKING CAPITAL EXPENDITURES FROM PROCEEDS CONSISTS OF \$2,068,673 FOR TERMINATION OF SWAP AGREEMENT LINE 11C OTHER SPENT PROCEEDS CONSISTS OF \$47,025,000 FOR THE RETIREMENT OF SERIES D BONDS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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 noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	159,252	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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER IN PART I, COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS OF STOCK

Schedule M (Form 990) (2012)

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.**

2012

Open to Public Inspection

Name of the organization
LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF LOWELL GENERAL HOSPITAL IS CIRCLE HEALTH, INC
	FORM 990, PART VI, SECTION A, LINE 7A	CIRCLE HEALTH, INC , AS SOLE MEMBER OF LOWELL GENERAL HOSPITAL, ELECTS THE MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	CIRCLE HEALTH, INC APPROVES BUDGETS FOR LOWELL GENERAL HOSPITAL CIRCLE HEALTH, INC ALSO DETERMINES THE NUMBER OF LOWELL GENERAL HOSPITAL TRUSTEES AT AN ANNUAL MEETING CIRCLE HEALTH, INC MAY ALSO ELECT NEW TRUSTEES OR REMOVE TRUSTEES TO ACHIEVE THE NUMBER OF TRUSTEES SO FIXED
	FORM 990, PART VI, SECTION B, LINE 11	CBIZ TOFIAS, A PROFESSIONAL ACCOUNTING/TAX FIRM, WILL PREPARE THE ANNUAL FORM 990 IN ASSOCIATION WITH THE FINANCE DEPARTMENT OF LOWELL GENERAL HOSPITAL WHO WILL SUPPLY RELEVANT INFORMATION THE FINANCE COMMITTEE WILL BE PROVIDED WITH A COMPLETED DRAFT OF THE FORM 990 PRIOR TO ITS FILING THE FINANCE COMMITTEE SHALL THEN REVIEW AND MAKE RECOMMENDATIONS UPON THE DRAFT REPORT, PRIOR TO ITS PRESENTATION TO THE BOARD OF DIRECTORS BASED UPON THIS REVIEW, THE COMMITTEE WILL FORM A RECOMMENDATION TO THE BOARD OF DIRECTORS AS TO THE ACCEPTABILITY AND CONTENT OF THE FILING ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE INVITED TO REVIEW THE COMPLETED 990 IN ADVANCE OF THE FILING DEADLINE COPIES OF THE DRAFT FORM 990 WILL BE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS, AS NEEDED, AND IN AN APPROPRIATE FORMAT (ELECTRONIC OR PAPER) THE BOARD OF DIRECTORS WILL RECEIVE THE FINANCE COMMITTEE REPORT AND ITS RECOMMENDATIONS UPON THE FORM 990 AND WILL VOTE TO APPROVE IT FOR FILING THE FINALIZED FORM, AFTER CORRECTIONS AND MODIFICATIONS, IF ANY, WILL THEN BE SIGNED BY EITHER THE CEO OR CFO AND FILED AS REQUIRED
	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
	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
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE PROVIDED TO AND MADE AVAILABLE ON THE SECRETARY OF STATE WEBSITE AND MADE AVAILABLE UPON REQUEST ALONG WITH CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 14,026 CONTRIBUTIONS TO NONCONTROLLED AFFILIATES -271,812 TRANSFERS TO AFFILIATES -7,260,000 ADJUSTMENTS FOR DIALYSIS SALE 10,156,411
LINE 2C-DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT?	FORM 990, PAGE 12, PART XI -FINANCIAL STATEMENTS & REPORTING	THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **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.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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) CIRCLE HEALTH ALLIANCE LLC 295 VARNUM AVE LOWELL, MA 01854 80-0782682	MEDICAL SERVICES	MA			CIRCLE HEALTH PHYSICIANS INC
(2) LGH MEDICAL GROUP LLC 295 VARNUM AVE LOWELL, MA 01854 20-5671277	MEDICAL SERVICES	MA			CIRCLE HEALTH PHYSICIANS INC
(3) LGH CANCERCARE ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 04-3483462	MEDICAL SERVICES	MA			CIRCLE HEALTH PHYSICIANS INC
(4) LGH WOMANHEALTH LLC 295 VARNUM AVE LOWELL, MA 01854 26-2057970	MEDICAL SERVICES	MA			CIRCLE HEALTH PHYSICIANS INC
(5) LGH MERRIMACK VALLEY CARDIOLOGY ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 45-2014433	MEDICAL SERVICES	MA			CIRCLE HEALTH PHYSICIANS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CIRCLE HEALTH 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	CIRCLE HEALTH INC		No
(3) LGH PHYSICIAN ASSOCIATES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-3190747	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	CIRCLE HEALTH PHYSICIANS INC		No
(4) LOWELL GENERAL HOSPITAL SPECIAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2749428	MEDICAL SERVICES	MA	501(C)(3)	LINE 9	LOWELL GENERAL HOSPITAL	Yes	
(5) LOWELL GENERAL FOUNDATION INC 295 VARNUM AVENUE LOWELL, MA 01854 26-2320016	FUNDRAISING	MA	501(C)(3)	LINE 7	CIRCLE HEALTH INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) LGH MEDICAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 26-1889904	MEDICAL SERVICES	MA	CICLE HEALTH INC	C					No
(2) LGH SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2854673	MEDICAL SERVICES	MA	CICLE HEALTH INC	C					No
(3) LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2919244	MEDICAL SERVICES	MA	LGH SERVICES INC	C					No
(4) LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-3058954	MEDICAL SERVICES	MA	LGH SERVICES INC	C					No
(5) CHARITABLE REMAINDER TRUSTS (5)	INVESTMENTS	MA	N/A	T					No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

Software ID:
Software Version:
EIN: 04-2103590
Name: LOWELL GENERAL HOSPITAL

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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AUDITED FINANCIAL STATEMENTS

The Lowell General Hospital
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

EY



Building a better
working world

The Lowell General Hospital

Audited Financial Statements

Years Ended September 30, 2013 and 2012

Contents

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Building a better
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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Lowell General Hospital at September 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Restatement of 2013 and 2012 Financial Statements

As discussed in Note 19 to the financial statements, the 2013 and 2012 financial statements have been restated to correct the presentation of discontinued operations in the statements of operations and changes in net assets. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

February 26, 2014,
except for Note 19, as to which the date is
July 31, 2014

The Lowell General Hospital

Balance Sheets

	September 30	
	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 57,510,221	\$ 46,706,129
Short-term investments	5,165,623	5,076,532
Current portion of assets whose use is limited or restricted		
Board-designated funds	17,500,693	23,847,691
Other	7,109,448	1,084,845
Patient accounts receivable, net of allowance for uncollectible accounts of \$14,888,000 and \$13,995,000 in 2013 and 2012, respectively	50,964,338	42,904,258
Supplies	7,459,028	7,398,232
Estimated third-party payor settlements	16,265,906	14,524,378
Prepaid expenses and other current assets	11,541,159	6,294,613
Total current assets	173,516,416	147,836,678
Assets whose use is limited or restricted		
Assets held by trustee under indenture agreements	-	1,275,594
Board-designated funds	41,455,229	38,483,194
Donor-restricted investments for temporarily restricted net assets	3,189,020	2,829,732
Donor-restricted investments for permanently restricted net assets	3,947,565	3,409,264
Total assets whose use is limited or restricted	48,591,814	45,997,784
Property and equipment, net	238,715,734	226,878,358
Other assets, net	16,990,557	17,762,311
Due from affiliates	7,646,773	4,643,941
Total assets	\$ 485,461,294	\$ 443,119,072
Liabilities		
Current liabilities		
Accounts payable and accrued expenses	\$ 81,423,843	\$ 71,645,541
Construction projects payable	5,742,394	11,562,903
Estimated third-party payor settlements	2,710,485	7,063,325
Current portion of long-term debt	9,025,981	7,607,492
Other current liabilities	3,197,804	-
Due to affiliates	4,904,138	4,359,687
Total current liabilities	107,004,645	102,238,948
Long-term liabilities		
Pension obligations	36,894,109	52,638,964
Other long-term liabilities	6,489,995	5,679,438
Long-term debt, net of current portion	165,444,398	149,271,158
Total long-term liabilities	208,828,502	207,589,560
Total liabilities	315,833,147	309,828,508
Commitments and contingencies (<i>Note 13</i>)		
Net assets		
Unrestricted	157,709,444	121,656,643
Temporarily restricted	7,971,138	8,224,657
Permanently restricted	3,947,565	3,409,264
Total net assets	169,628,147	133,290,564
Total liabilities and net assets	\$ 485,461,294	\$ 443,119,072

See accompanying notes

The Lowell General Hospital

Statements of Operations

	Year Ended September 30	
	2013	2012
	(Restated)	(Restated)
Unrestricted revenue		
Patient service revenue, net of contractual and discounts	\$ 405,165,036	\$ 302,652,483
Provision for uncollectible accounts	(14,143,738)	(8,660,719)
Net patient service revenue	391,021,298	293,991,764
Other revenue	12,451,784	9,545,620
Net assets released from restrictions used for operations	1,144,835	1,176,162
Total unrestricted revenue	404,617,917	304,713,546
Expenses		
Salaries and wages	160,694,440	115,873,806
Fringe benefits	37,273,813	28,895,054
Supplies and other	176,744,539	132,624,394
Depreciation and amortization	21,595,871	12,862,781
Interest	5,988,808	1,694,237
Total expenses	402,297,471	291,950,272
Income from operations	2,320,446	12,763,274
Nonoperating gains (losses)		
Contribution related to acquisition of SMC and affiliates	-	6,417,789
Contributions, net of development costs	154,438	(515,714)
Contributions to noncontrolled affiliates	(271,812)	(243,915)
Investment income	1,753,334	1,927,763
Net realized gains on investments	2,014,861	2,440,581
Loss on extinguishment of debt	(513,824)	(1,938,186)
Net cash flows on interest rate swap	(606,425)	(274,855)
Loss on fair value of interest rate swap	(1,345,130)	(564,372)
Gain on sale of business interest	-	4,300,000
Total nonoperating gains, net	1,185,442	11,549,091
Excess of revenue and gains over expenses and losses	3,505,888	24,312,365
Other changes to unrestricted net assets		
Transfers to affiliates	(7,260,000)	(356,860)
Grants designated for property and equipment	259,254	-
Net assets released from restrictions for capital	2,039,399	1,878,555
Pension-related adjustments	15,744,855	(3,096,822)
Change in net unrealized gains and losses on investments	960,150	3,298,933
Increase in unrestricted net assets before discontinued operations	15,249,546	26,036,171
Discontinued operations		
Operating income from discontinued business	1,699,106	506,217
Gain on sale of business	19,104,149	-
Operating income and gain from discontinued business	20,803,255	506,217
Increase in unrestricted net assets	\$ 36,052,801	\$ 26,542,388

See accompanying notes

The Lowell General Hospital

Statements of Changes in Net Assets

	Year Ended September 30	
	2013	2012
	(Restated)	(Restated)
Unrestricted net assets		
Excess of revenue and gains over expenses and losses	\$ 3,505,888	\$ 24,312,365
Transfers to affiliates	(7,260,000)	(356,860)
Grants designated for property and equipment	259,254	–
Net assets released from restrictions for capital	2,039,399	1,878,555
Pension-related adjustments	15,744,855	(3,096,822)
Change in net unrealized gains and losses on investments	960,150	3,298,933
Increase in unrestricted net assets before discontinued operations	15,249,546	26,036,171
Discontinued operations		
Operating income from discontinued business	1,699,106	506,217
Gain on sale of business	19,104,149	–
Operating income and gain from discontinued business	20,803,255	506,217
Increase in unrestricted net assets	36,052,801	26,542,388
Temporarily restricted net assets		
Contributions	2,628,707	2,205,564
Net realized gains on investments	176,997	126,299
Contribution related to acquisition of SMC and affiliates	–	10,178
Change in net unrealized gains and losses on investments	125,011	344,161
Net assets released from restriction for capital	(2,039,399)	(1,878,555)
Net assets released from restriction used for operations	(1,144,835)	(1,176,162)
Decrease in temporarily restricted net assets	(253,519)	(368,515)
Permanently restricted net assets		
Contributions	524,275	66,949
Change in beneficial interest in perpetual trusts	14,026	56,911
Increase in permanently restricted net assets	538,301	123,860
Increase in net assets	36,337,583	26,297,733
Net assets at beginning of year	133,290,564	106,992,831
Net assets at end of year	\$ 169,628,147	\$ 133,290,564

See accompanying notes.

The Lowell General Hospital

Statements of Cash Flows

	Year Ended September 30	
	2013	2012
Operating activities		
Increase in net assets	\$ 36,337,583	\$ 26,297,733
Noncash and nonoperating activities included in change in net assets		
Contribution for acquisition related to SMC and affiliates	–	(6,427,967)
Transfers to affiliates	7,260,000	356,860
Pension-related adjustments	(15,744,855)	3,096,822
Depreciation and amortization	21,870,996	12,799,113
Amortization of bond issuance discount and financing fees	121,935	136,951
Provision for bad debts	14,143,738	8,660,719
(Gain) loss on disposal of property and equipment	(23,500)	101,168
Restricted contributions	(3,152,982)	(2,272,513)
Net realized and unrealized gains on investments	(3,291,045)	(6,165,011)
Loss on extinguishment of debt	513,824	1,938,186
Gain on sale of business	(19,104,149)	(4,300,000)
Change in fair value of interest rate swap	(1,213,707)	564,372
(Decrease) increase in cash resulting from a change in		
Patient accounts receivable	(22,203,818)	(12,712,567)
Supplies, prepaid expenses, and other current assets	(5,432,700)	(1,290,619)
Due to affiliates, net	(2,458,381)	(108,300)
Other assets	181,658	(3,245,888)
Accounts payable and accrued expenses	12,960,301	14,841,210
Estimated third-party payor settlements	(6,094,368)	(1,613,799)
Other liabilities	2,024,264	3,253,904
Net cash provided by operating activities	16,694,794	33,910,374
Investing activities		
Proceeds from sale of business	19,616,730	–
Cash acquired in connection with the acquisition of SMC and affiliates	–	1,475,000
Proceeds from sale of property and equipment	394,918	5,075
Proceeds from note receivable	950,000	500,000
Purchase of property and equipment	(40,221,687)	(56,181,516)
Purchase of short-term investments	(89,091)	(682,937)
Purchase of long-term investments	(45,378,723)	(21,627,187)
Proceeds from sales of investments	46,398,133	63,339,839
Net cash used in investing activities	(18,329,720)	(13,171,726)
Financing activities		
Restricted contributions	3,152,982	2,272,513
Transfers to affiliates	(7,260,000)	(356,860)
Payments on capital lease obligations	(500,759)	(970,714)
Payments on lines of credit	(277,776)	(250,096)
Proceeds from lines of credit	–	447,956
Cash paid for debt issuance costs	(1,009,853)	–
Proceeds from issuance of long-term debt	69,466,366	43,721,851
Payments on long-term debt	(51,131,942)	(36,546,219)
Net cash provided by financing activities	12,439,018	8,318,431
Net increase in cash and cash equivalents	10,804,092	29,057,079
Cash and cash equivalents at beginning of year	46,706,129	17,649,050
Cash and cash equivalents at end of year	\$ 57,510,221	\$ 46,706,129
Supplemental cash flow information – cash paid for interest	\$ 4,761,534	\$ 6,342,764
Supplemental schedule of noncash investing and financing activities		
Property and equipment financed through capital leases	\$ 50,030	\$ 373,414

See accompanying notes

The Lowell General Hospital

Notes to Financial Statements

September 30, 2013

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 Circle Health, Inc (the “Corporation”), which is the sole member of the Hospital. During 2012, LGH Corp, Inc acquired Saints Health System and affiliates and subsequently changed its name to Circle Health, Inc. As part of this transaction, the Hospital acquired substantially all of the assets and assumed the liabilities of Saints Medical Center. As of September 30, 2013, 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), LGH Physician Associates, Inc (“Physician Associates”), Lowell General Foundation, Inc (“Foundation”), Lowell General Hospital Special Services, Inc (“Special Services”), LGH Medical Services, Inc (“LGH Medical Services”), and Circle Health Alliance (“Alliance”).

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

Restatement of Previously Issued Financial Statements

As discussed in footnote 19, the 2013 and 2012 financial statements have been restated to correct the presentation of discontinued operations in the Statements of Operations and Changes in Net Assets.

Basis of Presentation

The accompanying financial statements have been presented in conformity with accounting principles generally accepted in the United States (“generally accepted accounting principles”).

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 of Massachusetts’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 \$2,253,000 in 2013. There were no changes in prior year estimates in 2012.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Revenues related to uninsured patients and copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts) The Hospital also records a provision for doubtful accounts related primarily to uninsured accounts to record the net self-pay accounts receivable at the estimated amounts expected to be collected The provision for bad debt expense is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Accounts receivable are reduced by an allowance for doubtful accounts Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Hospital follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Hospital Accounts receivable are written off after collection efforts have been followed in accordance with the Hospital's policies

Other revenue includes electronic health record program income Certain health care providers can earn incentive payments between 2011 and 2016 from Medicare and Medicaid for establishing EHR systems and maintaining their meaningful use The Hospital recognizes income when it is reasonably assured that it is in compliance with the program criteria The Hospital has included \$4,538,000 and \$4,300,000 in other operating revenue related to the program for fiscal years 2013 and 2012, respectively The estimate for the Medicare program is based on cost report data which is subject to audit, and the amounts recognized are subject to change The Hospital attestation of compliance with the meaningful-use criteria is subject to audit by the federal or state government or its designee

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

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Statement 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 as the performance indicator. Changes in unrestricted net assets, which are excluded from excess of revenue and gains over expenses and losses, consistent with generally accepted accounting principles and industry practice, include unrealized gains and losses on investments (other than those on which other-than-temporary losses are recognized), 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, held in the pension plans, are accounted for at fair value using net asset value as a practical expedient, based upon information provided by the fund managers.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 2013 and 2012, the Hospital reported realized losses of approximately \$31,000 and \$470,000, respectively, that related to declines in fair value that were judged to be other than temporary.

The Hospital held investments that had a fair value less than cost of approximately \$103,000 and \$129,000 at September 30, 2013 and 2012, respectively. The carrying amount of these investments was approximately \$3,142,000 and \$4,586,000 as of September 30, 2013 and 2012, respectively. 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, 2013 or 2012, respectively.

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.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 fair value.

Property and Equipment

Property and equipment are stated at cost or, if received by gift or donation, at fair 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.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 2013 and 2012, \$633,389 and \$4,068,216, respectively, of interest expense has been capitalized as part of the cost of acquiring capital assets. Capitalized interest expense for 2013 and 2012 is offset by \$5,246 and \$266,303, respectively, of interest income on bond funds. 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.

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 fair value.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Other Long-Term Assets

Other long-term assets include the Hospital's interest in a joint venture, split-dollar life insurance policies, the long-term portion of pledge receivables, note receivable, 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, 2013 and 2012, net debt issuance costs of \$2,301,542 and \$1,628,612, respectively, are reported net of accumulated amortization of \$236,009 and \$131,453, respectively.

Accounting for Defined Benefit Pension Plans

The Hospital recognizes the overfunded or underfunded status of its defined benefit pension plans as an asset or liability in the balance sheets. Changes in the funded status of the plans are reported as a change in unrestricted net assets presented in its statements of 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).

The Hospital has \$11,810,000 of net operating losses from unrelated business activities resulting in a deferred tax asset of approximately \$4,724,000 which is offset by a valuation allowance of the same amount. Due to the presence of the net operating loss carryforwards and an expected loss in the current year, 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 the year ended September 30, 2010.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Reclassifications

Certain amounts for the year ended September 30, 2012, have been reclassified to be consistent with the presentation of the amounts for the year ended September 30, 2013. Specifically, the net cash flows and change in fair value of interest rate swap of (\$839,227) was reclassified from operating expenses to nonoperating gains (losses). The reclassifications had no effect on the excess of revenues and gains over expenses and losses, or on total net assets as previously reported.

3. Acquisition of Saints Medical Center

As discussed in Note 1, as part of the agreement for Circle Health, Inc. and affiliates acquisition of Saints Health System, the Hospital acquired substantially all of the assets and assumed the liabilities of Saints Medical Center through an asset transfer agreement, dated July 1, 2012. The acquisition has been accounted for using the acquisition method of accounting with the excess of fair value of the assets acquired over the liabilities assumed recognized as a contribution received. The accompanying consolidated results of operations include the results of operations of Saints Health System from the date of acquisition.

During 2013, management completed the purchase accounting of the fair value of the assets acquired as a result of obtaining additional information about conditions that existed as of the acquisition date, primarily related to the net realizable value of accounts receivable, and as a result, made adjustments to current assets, liabilities assumed and contribution received. The adjustments had no effect on the previously reported results of operations or cash flows. The amounts previously reported as of September 30, 2012, have been revised to reflect these adjustments as follows (in thousands):

	Preliminary Amount Recorded	Measurement Period Adjustment	Revised Amounts Recorded
Current assets	\$ 27,799	\$ (3,979)	\$ 23,820
Other long-term assets	7,870	—	7,870
Property, plant, and equipment	66,017	—	66,017
Liabilities assumed	(91,426)	147	(91,279)
Contribution received	\$ 10,260	\$ (3,832)	\$ 6,428
Unrestricted net assets	\$ 125,489	\$ (3,832)	\$ 121,657

The Lowell General Hospital

Notes to Financial Statements (continued)

4. Discontinued Operations

On September 16, 2013, the Hospital sold all of the assets of its dialysis business through an asset purchase agreement. The business includes two outpatient dialysis centers providing chronic inpatient, outpatient, and home-based dialysis services. The purchase price was \$19,616,730, net of related fees. The revenues and expenses of the dialysis business are included in discontinued operations in the statements of operations and are summarized below for the years ended September 30.

	<u>2013</u>	<u>2012</u>
Patient service revenue	\$ 11,855,517	\$ 3,267,259
Expenses	(10,156,411)	(2,761,042)
Gain on sale	19,104,149	—
	<u>\$ 20,803,255</u>	<u>\$ 506,217</u>

5. Joint Venture

In 2012, the Hospital entered into a joint venture agreement consisting of two imaging centers. Under the terms of the joint venture, the Hospital shares 50% in the profits and losses of the business. The venture is accounted for under the equity method of accounting. The Hospital recognized income in other revenue of approximately \$845,000 and \$570,000 in 2013 and 2012, respectively, representing its share of the earnings in the venture. In addition, the Hospital loaned the venture \$4.3 million for capital in 2012, which is repayable in equal annual installments of \$950,000 through December 31, 2015. The balance outstanding was \$2,850,000 and \$3,800,000 as of September 30, 2013, and 2012, respectively. There is no interest charged on this loan receivable.

6. Charity Care, Health Safety Net and Community Benefit

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the patients that we serve. 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 Lowell General Hospital

Notes to Financial Statements (continued)

6. Charity Care, Health Safety Net and Community Benefit (continued)

During the registration, billing and collection process, a patient's eligibility for charity care is determined under the Hospital's charity care and financial aid policy. The Hospital obtains additional financial information for uninsured or under-insured patients who do or have not supplied requisite information to qualify for charity care. This additional information is used by the Hospital in determining whether to qualify patients for charity care and/or financial assistance in accordance with the Hospital's policies. For patients who were determined to have the ability to pay but did not, the uncollected amounts are reported as bad debt expense which totaled approximately \$14,144,000 and \$8,661,000, in 2013 and 2012, respectively. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay.

The costs of uncompensated care (other than bad debts) and community benefit activities are derived from various System records. Amounts for activities as reported below are based on estimated and actual data, subject to changes in estimates upon the finalization of the System's cost report, and other government filings. The amounts reported below are calculated in accordance with guidelines prescribed by the IRS. The net cost of charity includes the direct and indirect cost of providing charity care services and is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care.

During 2013 and 2012, the System provided approximately \$5,489,000 and \$3,986,000, respectively, in charity care. The equivalent percentage of charity care patients to all patients served was approximately 1.7% in 2013 and 1.4% in 2012. Such amounts are determined using the ratio of estimated direct and indirect costs to charges. In addition, the assistance to patients in accordance with the System's internal financial assistance program was approximately \$583,000 and \$567,000 in 2013 and 2012, respectively.

As the Hospital does not pursue collection of amounts determined to qualify as free care, they are not reported as net patient services revenue. The Hospital also supports the delivery of health care services to the indigent through payments to the Health Safety Net Trust ("HST"), which is administered by the Commonwealth of Massachusetts (the "Commonwealth"). The Commonwealth administers a Health Safety Net (HSN) to act as the "payor of last resort" for covered health care services provided by acute hospitals and community health centers in the Commonwealth. All hospitals 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

The Lowell General Hospital

Notes to Financial Statements (continued)

6. Charity Care, Health Safety Net and Community Benefit (continued)

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, 2013 and 2012

The amounts of HST assessment and receipts, provision for uncollectible accounts, and free care were as follows for the years ended September 30, 2013 and 2012, respectively (in thousands)

	2013	2012
HST assessment (net patient service revenue)	\$ 4,571	\$ 4,097
HST receipts (net patient service revenue)	(4,931)	(5,196)
Net receipts from HST	(360)	(1,099)
Provision for uncollectible accounts	14,144	8,661
Free care (at cost)	5,489	3,986
Hospital financial assistance	583	567
Total HST, provision and free care	\$ 19,856	\$ 12,115

7. Investments

Investments as of September 30, 2013 and 2012, consist of the following

	2013	2012
Cash and temporary cash investments	\$ 14,964,084	\$ 15,312,791
Marketable equity securities	12,458,559	13,153,590
Mutual funds	41,187,796	36,826,419
U S government securities	7,990,660	9,501,781
Marketable debt securities	274,807	256,996
Certificates of deposit	544,747	484,438
Beneficial interest in perpetual trusts	946,925	470,837
Total	\$ 78,367,578	\$ 76,006,852

The Lowell General Hospital

Notes to Financial Statements (continued)

7. Investments (continued)

Investments are reported in the accompanying balance sheets as of September 30, 2013 and 2012, as follows

	2013	2012
Short-term investments	\$ 5,165,623	\$ 5,076,532
Current portion of assets whose use is limited or restricted		
Assets held by trustee under indenture agreements	61,453	185,746
Workers' compensation trust fund	—	3,057
Other current assets	7,047,995	896,042
Board-designated funds	17,500,693	23,847,691
	29,775,764	30,009,068
Noncurrent portion of assets whose use is limited or restricted		
Assets held by trustee under indenture agreements	—	1,275,594
Board-designated funds	41,455,229	38,483,194
Donor-restricted investments for		
Temporarily restricted net assets	3,189,020	2,829,732
Permanently restricted net assets	3,947,565	3,409,264
	48,591,814	45,997,784
Total	\$ 78,367,578	\$ 76,006,852

The Lowell General Hospital

Notes to Financial Statements (continued)

7. Investments (continued)

Investment income and gains and losses from investments for the years ended September 30, 2013 and 2012, consist of the following

	<u>2013</u>	<u>2012</u>
Unrestricted		
Investment income in		
Nonoperating gains and losses	\$ 1,753,334	\$ 1,927,763
Net realized gains on investments	2,014,861	2,440,581
Change in net unrealized gains and losses on investments	960,150	3,298,933
	<u>4,728,345</u>	<u>7,667,277</u>
Temporarily restricted		
Net realized gains on investments	176,997	126,299
Change in net unrealized gains and losses on investments	125,011	344,161
	<u>302,008</u>	<u>470,460</u>
Permanently restricted		
Change in beneficial interest in perpetual trust	14,026	56,911
Total	<u>\$ 5,044,379</u>	<u>\$ 8,194,648</u>

8. Property and Equipment

Property and equipment as of September 30, 2013 and 2012, consist of the following

	<u>2013</u>	<u>2012</u>
Land and improvements	\$ 7,943,206	\$ 7,841,728
Buildings	261,030,292	192,289,400
Equipment	105,716,120	81,779,644
Equipment under capital lease	5,050,180	5,165,772
Total	<u>379,739,798</u>	<u>287,076,544</u>
Less accumulated depreciation and amortization	<u>147,946,972</u>	<u>126,651,332</u>
Total	<u>231,792,826</u>	<u>160,425,212</u>
Construction in progress	6,922,908	66,453,146
Property and equipment, net	<u>\$ 238,715,734</u>	<u>\$ 226,878,358</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

8. Property and Equipment (continued)

At September 30, 2013 and 2012, accumulated amortization of equipment under capital leases was \$4,460,190 and \$4,125,859, respectively

The Hospital had commitments for facility expansions totaling approximately \$2,160,174 at September 30, 2013

9. Pledges Receivable

Pledges receivable are reported in other assets at their present value, net of an allowance for uncollectible amounts when deemed necessary Pledges receivable as of September 30, 2013 and 2012, were as follows

	<u>2013</u>	<u>2012</u>
Due within one year	\$ 1,236,176	\$ 1,388,081
Due within two to five years	3,240,000	3,128,596
Due within six to ten years	1,200,000	1,800,000
Total receivable	<u>5,676,176</u>	<u>6,316,677</u>
Discount	(326,441)	(290,084)
Allowance for uncollectable amounts	(567,618)	(631,668)
Pledges receivable, net	<u>\$ 4,782,117</u>	<u>\$ 5,394,925</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt

Debt as of September 30, 2013 and 2012, consists of the following

	2013	2012
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%	\$ 13,155,000	\$ 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	–	47,025,000
Massachusetts Development Finance Agency (MDFA) Revenue Bonds		
MDFA Series E Bonds		
Term Bonds due 2013 through 2027, fixed rate 3.79% throughout term	25,000,000	25,000,000
MDFA Series F Bonds		
Term Bonds due 2013 through 2027, fixed rate 3.92% throughout term	12,500,000	12,500,000
MDFA Series G Bonds		
Term Bonds due 2029 through 2044, fixed rate 5.00% throughout term	61,005,000	–
	160,020,000	147,610,000
MHEFA construction project loan	359,477	674,197
Line-of-credit arrangements	1,821,657	2,099,433
Notes payable	7,777,778	6,221,851
Capital lease obligations	663,778	1,114,505
Total	170,642,690	157,719,986
Add unamortized original issue premium	4,611,106	–
Less unamortized original issue discount	783,417	841,336
Less current portion of debt	9,025,981	7,607,492
Long-term debt, net of current portion and unamortized original issue discount	\$ 165,444,398	\$ 149,271,158

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt (continued)

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 were 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

On December 29, 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, the interest rate on the Series D Bonds was reset weekly based on a percent of one-month London InterBank Offered Rate (“LIBOR”). The holder of the Series D Bonds had the option to put the Series D Bonds back to the Hospital on December 1, 2018.

The Series D Bonds were refunded with proceeds from the issuance of the Series G Bonds on May 1, 2013.

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt (continued)

2012 Bond Issuances

On September 1, 2012, the Hospital entered into an agreement with MDFA to issue MDFA Revenue Bonds, Lowell General Hospital Issue, Series E (2012) (“Series E Bonds”) in the amount of \$25,000,000 and MDFA Revenue Bonds, Lowell General Hospital Issue, Series F (2012) (“Series F Bonds”) in the amount of \$12,500,000. The proceeds from the Series E Bonds and Series F Bonds were used to refinance the 1993 Series A MEHFA Bonds which were issued by Saints Medical Center. The Series E Bonds and Series F Bonds are collateralized by a pledge of the Hospital’s gross receipts and certain properties owned by the Hospital. A loss of \$281,827 was recognized for an adjustment to accrued interest on the Series A Bonds.

2013 Bond Issuances

On May 1, 2013, the Hospital entered into an agreement with MDFA to issue MDFA Revenue Bonds, Lowell General Hospital Issue, Series G (2013) (“Series G Bonds”) in the amount of \$61,005,000. The proceeds from the Series G Bonds were used for new capital projects and equipment costs, to refund the Series D Bonds, and to terminate the interest rate swap which was entered into in conjunction with the issuance of the Series D Bonds in 2012. The costs of issuance were \$1,009,853 for the Series G Bonds. These costs included underwriters’ discount, legal, consulting and printing fees, bond insurance premium, and other associated issuance costs related to the bonds. A loss of \$231,997 was recognized from the write-off of unamortized issuance costs on the Series D Bonds.

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”)

	Fixed Payment Rate	Variable Rate Received	Initial Notional Amount	Termination Date	Counterparty
Series D Swap	3.220%	68% LIBOR	\$ 39,000,000	August 1, 2042	Deutsche Bank

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt (continued)

The Hospital used the floating-to-fixed interest-rate swap to manage interest rate risk associated with outstanding variable rate debt. With the conversion of the Series D Bonds to the Index Floating Rate Mode in 2012, the Series D swap no longer qualified for hedge accounting. Therefore, the unrealized loss of \$564,000 and net swap cash flows of \$275,000 was included in nonoperating gains (losses) in 2012. Net swap cash flows included in nonoperating gains (losses) for 2013 was \$606,000. The fair value of the Series D Swap at September 30, 2012, was a liability of \$1,214,000, which is included in other long-term liabilities in the accompanying balance sheets.

The Series D Swap was terminated on May 1, 2013 in connection with the issuance of the Series G Bonds.

Construction Project Loan

During October 1999, Saints Medical Center financed the cost of a new construction project through MHEFA. Under the terms of the agreement, the Medical Center received proceeds of \$3,532,000. The proceeds will be repaid over 15 years with interest of 5.09%.

Physician Loan Guarantees

The Hospital has entered into guarantee agreements during 2013 with a commercial bank that is providing a revolving line of credit facility for certain physicians. The maximum borrowings that could be guaranteed by the Hospital aggregated approximately \$570,000 as of September 30, 2013. As of September 30, 2013, approximately \$381,000 of physician borrowings were outstanding under these arrangements. At September 30, 2013, the Hospital recorded a liability related to these guarantees of approximately \$381,000, which is included in accounts payable and accrued expenses in the accompanying balance sheets. There were no open guarantee agreements at September 30, 2012.

Lines of Credit

The Hospital maintains two unsecured lines 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 \$1,073,527 and \$1,349,527 at September 30, 2013 and 2012, respectively. The lines of credit are payable on demand.

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt (continued)

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, 2013 and 2012). The balance outstanding on the revolving line of credit totaled \$748,130 and \$749,906 at September 30, 2013 and 2012, respectively. 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* (1.18% and 1.22% on September 30, 2013 and 2012, respectively). There was no balance outstanding under this line of credit at September 30, 2013 and 2012, 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.

Notes Payable

In August 2012, the Hospital entered into a \$10 million note payable with a bank for the purchase of equipment for use in the new six-story Hospital facility. The proceeds will be paid over three years, with interest of 3.00%. The balance outstanding on the note was \$7,777,778 and \$6,221,851 at September 30, 2013 and 2012, respectively.

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.

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Debt (continued)

Future Maturities

Future maturities of long-term debt (excluding the lines of credit) and total payments on capital lease obligations as of September 30, 2013, are as follows

	Long-Term Debt	Capital Lease Obligations
Years ending September 30		
2014	\$ 7,007,000	\$ 221,850
2015	6,916,000	213,196
2016	5,056,000	178,331
2017	4,101,000	59,727
2018	4,256,000	5,044
Thereafter	140,821,000	—
Total	\$ 168,157,000	678,148
Less amounts representing interest under capital lease obligations		14,370
Present value of minimum lease payments		\$ 663,778

11. Related-Party Transactions

During 2013 and 2012, the Hospital made net transfers to affiliates of approximately \$7,260,000 and \$356,860, 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 2013 and 2012, the Hospital made payments to noncontrolled affiliates, in support of their mission, in the amount of \$271,812 and \$243,915, 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 \$777,000 and \$703,000 for the years ended September 30, 2013 and 2012, respectively.

The Lowell General Hospital

Notes to Financial Statements (continued)

11. Related-Party Transactions (continued)

Amounts due from and to affiliates as of September 30, 2013 and 2012, are as follows

	2013	2012
Due from affiliates		
The Corporation	\$ 225,212	\$ 1,835
LGH Medical Group	1,624,108	1,012,545
LGH Medical	532,261	471,569
Cancercare	422,777	231,284
WomanHealth	651,457	563,050
MVC	2,630,213	2,078,253
Health Alliance	392,502	150,000
Foundation	–	135,405
Physician Associates	1,168,243	–
Total	\$ 7,646,773	\$ 4,643,941
Due to affiliates		
LGH Medical Group	\$ 1,316,587	\$ 1,436,874
LGH Medical	29,280	7,027
Cancercare	310,119	321,956
WomanHealth	1,053,525	1,058,264
MVC	1,807,316	1,535,566
Physician Associates	387,311	–
Total	\$ 4,904,138	\$ 4,359,687

12. Pension Plans

The Hospital manages two noncontributory defined benefit plans. The “LGH Plan” covers substantially all employees with at least one year of service who were employed at Lowell General Hospital as of October 15, 2003, and had or will satisfy the criteria for enrollment in the LGH Plan. Benefits are primarily based on the employees’ salary and the number of years of credited service. Annual contributions to the LGH Plan are at least equal to minimum amounts required by law. The LGH 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.

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

The “Saints Plan” covers substantially all employees with at least one year of service who were employed at Saints Medical Center as of October 1, 1993. The Saints Plan is categorized as a “church plan” and that status has been maintained subsequent to the acquisition. Benefits are primarily based on the employees’ salary and the number of years of credited service. The Saints Plan was frozen as of October 1, 1993. Employees hired after October 1, 1993, are eligible to participate in the 403(b) employer match program.

LGH Plan

Unrestricted net assets at September 30, 2013 and 2012, include unrecognized actuarial losses of \$23,610,827 and \$31,037,275, respectively. Of these amounts, \$2,709,240 was recognized in net periodic pension cost in 2013 and \$1,687,241 is expected to be recognized in net periodic pension cost in 2014.

Components of net periodic benefit costs for the years ended September 30, 2013 and 2012, are as follows:

	2013	2012
Service cost – benefits earned during the year	\$ 2,305,441	\$ 2,099,682
Interest cost on projected benefit obligation	3,351,007	3,655,342
Expected return on Plan assets	(4,479,850)	(3,792,655)
Amortization of net actuarial loss	2,709,240	2,376,539
Net periodic benefit cost	\$ 3,885,838	\$ 4,338,908

The LGH Plan’s funded status and the amounts recognized in the Hospital’s balance sheets as of September 30, 2013 and 2012, are as follows:

	2013	2012
Projected benefit obligation	\$ 84,578,330	\$ 87,673,255
Plan assets – at fair value	63,754,738	59,653,601
Projected benefit obligation in excess of Plan assets – accrued pension liability	\$ 20,823,592	\$ 28,019,654

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

Assumptions used in determining the benefit obligations were as follows

- Discount rate of 4.75% for 2013 and 3.90% for 2012
- Rate of increase in future salary levels of 3.0% for both 2013 and 2012

Assumptions used to determine expense were as follows

- Discount rate of 3.90% for 2013 and 5.05% for 2012
- Expected return on plan assets 7.5% for both 2013 and 2012
- Rate of increase in future salary levels of 3.0% for both 2013 and 2012

The LGH Plan assets target allocation as of September 30, 2013, and the LGH Plan asset allocations as of September 30, 2013, are as follows

	Target Allocation Percentage	Percentage of Plan Assets 2013
Equity	38% – 68%	54%
Fixed income	22 – 48	29
Alternative investments	8 – 23	15
Cash	0 – 10	2
Total		100%

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

Changes in the projected benefit obligation for the years ended September 30, 2013 and 2012, are as follows

	2013	2012
Benefit obligation – beginning of year	\$ 87,673,255	\$ 74,133,000
Service cost	2,305,441	2,099,682
Interest cost	3,351,007	3,655,342
Actuarial loss (gain)	(5,626,627)	9,982,399
Benefits paid	(3,124,746)	(2,197,168)
Benefit obligation – end of year	<u>\$ 84,578,330</u>	<u>\$ 87,673,255</u>
Accumulated benefit obligation – end of year	<u>\$ 78,764,521</u>	<u>\$ 81,888,389</u>

Changes in fair value of the LGH Plan assets for the years ended September 30, 2013 and 2012, are as follows

	2013	2012
Plan assets – at fair value – beginning of year	\$ 59,653,601	\$ 49,369,297
Actual gain on Plan assets	3,570,431	7,523,583
Employer contribution	3,655,452	4,957,889
Benefits paid	(3,124,746)	(2,197,168)
Plan assets – at fair value – end of year	<u>\$ 63,754,738</u>	<u>\$ 59,653,601</u>

Saints Plan

Unrestricted net assets at September 30, 2013 and 2012, include unrecognized actuarial gains (losses) of \$6,340,467 and (\$1,810,361), respectively. Of these amounts, (\$73,784) is expected to be recognized in net periodic pension cost in 2014.

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

Components of net periodic pension benefit costs for the year ended September 30, 2013, and three months ended September 30, 2012, are as follows

	<u>2013</u>	<u>2012</u>
Interest cost on projected benefit obligation	\$ 2,013,258	\$ 526,311
Expected return on plan assets	<u>(2,161,223)</u>	<u>(534,576)</u>
Net periodic pension credit	<u>\$ (147,965)</u>	<u>\$ (8,265)</u>

The Saints Plan's funded status and the amounts recognized in the Hospital's balance sheet as of September 30, 2013 and 2012, are as follows

	<u>2013</u>	<u>2012</u>
Projected benefit obligation	\$ 46,796,071	\$ 52,912,266
Plan assets – at fair value	<u>30,725,554</u>	<u>28,292,956</u>
Projected benefit obligation in excess of Plan assets – accrued pension liability	<u>\$ 16,070,517</u>	<u>\$ 24,619,310</u>

Assumptions used in determining the benefit obligations were as follows

- Discount rate of 4.75% for 2013 and 3.90% for 2012

Assumptions used to determine expense were as follows

- Discount rate of 3.90% for 2013 and 2012
- Expected return on plan assets of 8.0% for both 2013 and 2012

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

Changes in the projected benefit obligation for the year ended September 30, 2013, are as follows

	<u>2013</u>	<u>2012</u>
Benefit obligation – beginning of period	\$ 52,912,266	\$ 50,753,073
Interest cost	2,013,258	526,311
Actuarial (gain) loss	(5,803,599)	2,205,512
Benefits paid	(2,325,854)	(572,630)
Benefit obligation – end of year	<u>\$ 46,796,071</u>	<u>\$ 52,912,266</u>
Accumulated benefit obligation – end of year	<u>\$ 46,796,071</u>	<u>\$ 52,912,266</u>

Changes in fair value of the Saints Plan assets for the three months period ended September 30, 2013, are as follows

	<u>2013</u>	<u>2012</u>
Plan assets – at fair value – beginning of period	\$ 28,292,956	\$ 27,935,859
Actual gain on Plan assets	4,508,452	929,727
Employer contributions	250,000	–
Benefits paid	(2,325,854)	(572,630)
Plan assets – at fair value – end of year	<u>\$ 30,725,554</u>	<u>\$ 28,292,956</u>

The Saints Plan assets target allocation as of September 30, 2013, and the Saints Plan asset allocations as of September 30, 2013, are as follows

	<u>Target Allocation Percentage</u>	<u>Percentage of Plan Assets 2013</u>
Equity	50% – 80%	87%
Fixed income	20 – 50	7
Alternative investments	0 – 10	1
Cash	0 – 10	5
Total		<u>100%</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

12. Pension Plans (continued)

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 plans’ 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 plans’ asset managers will provide a modest premium to their respective benchmark indices.

The Hospital expects to contribute \$4,423,467 to the Circle Health Plan and \$1,333,333 to the Saints Plan during the year ended September 30, 2014. The estimated future benefit payments reflecting expected future service for the fiscal years ending after September 30, 2013, are as follows:

	<u>LGH Plan</u>	<u>Saints Plan</u>
September 30, 2014	\$ 4,587,410	\$ 2,684,189
2015	4,599,523	2,769,251
2016	4,906,915	2,836,332
2017	5,149,423	2,918,891
2018	5,488,750	3,005,439
2019–2023	31,490,587	15,729,691

13. 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 Lowell General Hospital

Notes to Financial Statements (continued)

13. Commitments and Contingencies (continued)

The Hospital records an estimated liability for asserted and unasserted claims and for claims incurred but not reported based on consideration of its prior experience, the advice of legal counsel, valuations of such estimates prepared by consulting actuaries and other factors. A liability for such claims of \$3,115,502 has been recorded in the accompanying financial statements at September 30, 2013, of which \$925,000 related to the incurred-but-not-reported claims. The Hospital has recorded insurance recoveries receivable of \$2,190,502 at September 30, 2013 in consideration of expected insurance recoveries for the portion of the professional liability for which the Hospital is not self-insured.

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, 2013 and 2012, the accrual for incidents reported and incurred but not yet reported was approximately \$572,000 and \$1,481,000, respectively, and are included in accounts payable and accrued expenses 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, 2013, are as follows:

	<u>Amount</u>
Years ending September 30	
2014	\$ 5,465,580
2015	4,112,132
2016	3,661,006
2017	2,948,171
2018	2,107,986
Thereafter	5,906,501
Total	<u>\$ 24,201,376</u>

Total rent expense incurred under operating leases for the years ended September 30, 2013 and 2012, was approximately \$6,381,000 and 6,713,000, respectively.

The Lowell General Hospital

Notes to Financial Statements (continued)

13. Commitments and Contingencies (continued)

Other Commitments

In July 2012, the Hospital entered into an agreement under which a vendor will provide high-level information technology support to the organization over a period of ten years. In addition to system support and maintenance, the agreement provides for the continuous upgrade of software and equipment which is being capitalized and depreciated over the contract term. Title to the software and equipment transfers to the Hospital at the end of the contract term. Future commitments under the agreement for the years ending after September 30, 2013, are as follows:

Years ending September 30	<u>Operations</u>	<u>Capital</u>
2014	\$ 11,456,364	\$ 3,026,568
2015	12,498,555	3,086,955
2016	13,263,711	3,258,552
2017	13,967,223	3,229,860
2018	14,350,896	3,229,860
Thereafter	57,415,248	12,111,975
Total	<u>\$ 122,951,997</u>	<u>\$ 27,943,770</u>

As a result of differences in the timing of the delivery of the software and equipment and the related capital contract payments, the agreement contains an embedded financing arrangement. As of September 30, 2013, \$6,845,000 was capitalized in property and equipment under this arrangement and an obligation of \$4,374,000 was recorded representing the discounted value of the related capital payments to be made.

Other Contingencies

The Hospital is contingently liable under an agreement, which guarantees debt and line of credit obligation of LGH Medical of approximately \$6,000,000 and \$2,531,000, respectively, at September 30, 2013. The corresponding balances at September 30, 2012, were approximately \$6,000,000 and \$2,722,000, respectively. In addition, LGH Medical's line of credit is secured by the Hospital's unrestricted investments.

The Lowell General Hospital

Notes to Financial Statements (continued)

13. Commitments and Contingencies (continued)

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.

14. 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, 2013 and 2012, is as follows:

	<u>2013</u>	<u>2012</u>
Blue Cross	15%	14%
Medicare	20	21
Medicaid	10	14
Other third-party payors	39	36
Patients	16	15
Total	<u>100%</u>	<u>100%</u>

A significant portion of the accounts receivable from third-party payors is derived from two Massachusetts managed care companies. Although management expects the amounts recorded as net accounts receivable at September 30, 2012, to be collectible, this concentration of credit risk is expected to continue in the near term.

The Lowell General Hospital

Notes to Financial Statements (continued)

14. Concentrations of Credit Risk (continued)

The Hospital's allowance for doubtful accounts represented 23% and 25% of accounts receivable at September 30, 2013 and 2012, respectively. The Hospital's self-pay and third-party payor write-offs were \$11,381,232 and \$8,514,431 for fiscal years 2013 and 2012, respectively, tracking consistently at 3% of patient services revenue for these periods. There were no significant changes in the allowance for doubtful accounts during 2013. The Hospital has not changed their charity care or uninsured discount policies during fiscal year 2013.

Revenues from third-party payors, the uninsured and other revenues for the fiscal years ended September 30, 2013 and 2012, are summarized in the following table:

	2013	Ratio	2012	Ratio
Medicare	\$ 120,099,380	30%	\$ 66,047,586	22%
Medicaid	34,469,815	8	15,652,619	5
Patients	14,188,384	4	9,418,247	3
Other commercial payors	236,407,457	58	211,534,031	70
Revenues before provision for uncollectible accounts	405,165,036	100	302,652,483	100
Provision for uncollectible accounts	(14,143,738)	(3)	(8,660,719)	(3)
Net patient services revenue	<u>\$ 391,021,298</u>	<u>97%</u>	<u>\$ 293,991,764</u>	<u>97%</u>

15. 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, 2013 and 2012, are as follows:

	2013	2012
Health care services	\$ 307,878,255	\$ 229,201,092
General and administrative	94,419,216	62,749,180
Total expenses	<u>\$ 402,297,471</u>	<u>\$ 291,950,272</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets as of September 30, 2013 and 2012, consist of the following

	2013	2012
Charity care	\$ 488,650	\$ 445,960
Capital campaign	4,858,217	5,394,925
Team walk	1,497,850	1,288,532
Pediatric care	88,309	81,139
Other health care services	1,038,112	1,014,101
Total	\$ 7,971,138	\$ 8,224,657

Temporarily restricted net assets include accumulated net gains on permanently restricted net assets of approximately \$835,000 and \$839,000 at September 30, 2013 and 2012, 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, 2013 and 2012, consist of the following

	2013	2012
Investments to be held in perpetuity – the income from which is expendable for the purposes designated by the donor	\$ 3,000,640	\$ 2,938,427
Beneficial interest in perpetual trusts	946,925	470,837
Total	\$ 3,947,565	\$ 3,409,264

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.

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Temporarily and Permanently Restricted Net Assets (continued)

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, expected total return on its investments, price-level trends, and general economic conditions. In 2013 and 2012, the Board appropriated \$306,000 and \$289,000, respectively, which has been included in net assets released from restriction used for operations in the accompanying statements of operations and changes in net assets.

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.

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Temporarily and Permanently Restricted Net Assets (continued)

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, 2013 and 2012, and the changes therein for the years then ended, is as follows:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets – September 30, 2011	\$ 667,109	\$ 3,285,404	\$ 3,952,513
Net appreciation	460,543	–	460,543
Contributions	–	66,949	66,949
Change in fair value of beneficial interest in perpetual trusts	–	56,911	56,911
Appropriations of endowment assets for expenditure	(289,000)	–	(289,000)
Endowment net assets – September 30, 2012	838,652	3,409,264	4,247,916
Net appreciation	302,007	–	302,007
Contributions	–	524,275	524,275
Change in fair value of beneficial interest in perpetual trusts	–	14,026	14,026
Appropriations of endowment assets for expenditure	(306,023)	–	(306,023)
Endowment net assets – September 30, 2013	\$ 834,636	\$ 3,947,565	\$ 4,782,201

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, 2013 or 2012.

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

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Temporarily and Permanently Restricted Net Assets (continued)

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 7% of the average market value over three years.

17. Fair Value 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 Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

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, 2013 and 2012, are as follows

2013	Level 1	Level 2	Level 3	2012 Total
Assets				
Cash and temporary cash investments	\$ 14,964,084	\$ -	\$ -	\$ 14,964,084
Marketable equity securities	12,458,559	-	-	12,458,559
Mutual funds				
Equity	13,597,897	-	-	13,597,897
Fixed income	16,058,621	-	-	16,058,621
International	11,531,278	-	-	11,531,278
U S government bonds	-	2,195,584	-	2,195,584
U S municipal bonds	-	5,795,076	-	5,795,076
U S corporate bonds	-	274,807	-	274,807
Certificates of deposit	-	544,747	-	544,747
Beneficial interest in perpetual trusts	-	946,925	-	946,925
Total assets	<u>\$ 68,610,439</u>	<u>\$ 9,757,139</u>	<u>\$ -</u>	<u>\$ 78,367,578</u>
2012	Level 1	Level 2	Level 3	2012 Total
Assets				
Cash and temporary cash investments	\$ 15,312,791	\$ -	\$ -	\$ 15,312,791
Marketable equity securities	13,153,590	-	-	13,153,590
Mutual funds				
Equity	8,265,026	-	-	8,265,026
Fixed income	21,132,088	-	-	21,132,088
International	7,429,305	-	-	7,429,305
U S government bonds	-	3,069,316	-	3,069,316
U S municipal bonds	-	6,432,465	-	6,432,465
U S corporate bonds	-	256,996	-	256,996
Certificates of deposit	-	484,438	-	484,438
Beneficial interest in perpetual trusts	-	470,837	-	470,837
Total assets	<u>\$ 65,292,800</u>	<u>\$ 10,714,052</u>	<u>\$ -</u>	<u>\$ 76,006,852</u>
Liabilities – Series D Swap	<u>\$ -</u>	<u>\$ (1,213,707)</u>	<u>\$ -</u>	<u>\$ (1,213,707)</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

The Hospital's pension plan assets that are measured at fair value on a recurring basis as of September 30, 2013 and 2012, are as follows

	Level 1	Level 2	Level 3	2013 Total
LGH Plan				
Cash and temporary cash investments	\$ 1,322,644	\$ -	\$ -	\$ 1,322,644
Mutual funds				
Equity	17,138,720	-	-	17,138,720
International equity	10,057,669	-	-	10,057,669
Fixed income	9,263,149	-	-	9,263,149
Blended	7,085,542	-	-	7,085,542
Emerging market debt securities	3,004,858	-	-	3,004,858
Common collective trust – fixed income	-	6,352,694	-	6,352,694
Limited liability corporations	-	-	9,529,462	9,529,462
Total pension investments	<u>\$ 47,872,582</u>	<u>\$ 6,352,694</u>	<u>\$ 9,529,462</u>	<u>\$ 63,754,738</u>
Saints Plan				
Cash and temporary cash investments	\$ 1,437,378	\$ -	\$ -	\$ 1,437,378
Marketable equity securities	-	-	-	-
Mutual funds				
Equity	21,575,932	-	-	21,575,932
International equity	3,669,792	-	-	3,669,792
Fixed income	2,155,796	-	-	2,155,796
Emerging market debt securities	510,374	-	-	510,374
Real estate	1,192,771	-	-	1,192,771
Limited liability partnerships	-	-	183,511	183,511
Total pension investments	<u>\$ 30,542,043</u>	<u>\$ -</u>	<u>\$ 183,511</u>	<u>\$ 30,725,554</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2012 Total</u>
LGH Plan				
Cash and temporary cash investments	\$ 2,113.633	\$ -	\$ -	\$ 2,113.633
Mutual funds				
Equity	14,330.722	-	-	14,330.722
International equity	8,561.485	-	-	8,561.485
Fixed income	10,605.312	-	-	10,605.312
Blended	6,927.784	-	-	6,927.784
Emerging market debt securities	3,032.770	-	-	3,032.770
Common collective trust – fixed income	-	6,806.864	-	6,806.864
Limited liability corporations	-	-	7,275.031	7,275.031
Total pension investments	<u>\$ 45,571.706</u>	<u>\$ 6,806.864</u>	<u>\$ 7,275.031</u>	<u>\$ 59,653.601</u>
Saints Plan				
Cash and temporary cash investments	\$ 2,380.460	\$ -	\$ -	\$ 2,380.460
Marketable equity securities	22,410.430	-	-	22,410.430
Mutual funds				
Equity	1,337.712	-	-	1,337.712
International equity	-	436.928	-	436.928
Fixed income	-	667.938	-	667.938
U S government bonds and notes	867.999	-	-	867.999
Limited liability partnerships	-	-	191.489	191.489
Total pension investments	<u>\$ 26,996.601</u>	<u>\$ 1,104.866</u>	<u>\$ 191.489</u>	<u>\$ 28,292.956</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

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, 2012 and 2013, is as follows

<u>Limited Liability Corporations</u>	<u>LGH Plan</u>	<u>Saints Plan</u>
Balance – September 30, 2011	\$ 6,702,670	\$ –
Change in fair value	602,078	8,511
Purchases	–	182,978
Sales	(29,717)	–
Balance – September 30, 2012	7,275,031	191,489
Change in fair value	2,279,906	18,618
Sales	(25,475)	(26,596)
Balance – September 30, 2013	<u>\$ 9,529,462</u>	<u>\$ 183,511</u>

There were no significant transfers to or from Levels 1 or 2 during the year ended September 30, 2013

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

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

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

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

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 System's investments with a reported NAV as of September 30, 2013 and 2012, are as follows:

	Fair Value		Redemptions		
	2013	2012	Frequency	Restrictions	Notice Period
Pension plan investments					
LGH Plan					
Common collective trust – fixed income (a)	\$ 6,352,694	\$ 6,806,865	Daily	None	2 days
Limited liability corporations					
Real estate (b)	3,257,002	2,799,571	Quarterly	*	90 days
Offshore fund (c)	6,272,460	4,475,460	Quarterly	None	90 days
Total	15,882,156	14,081,896			
Saints Plan					
Limited liability corporations					
Private equity (d)	183,511	191,489	n/a	n/a	n/a
Total	\$ 16,065,667	\$ 14,273,385			

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

- (a) 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.
 - (b) 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.
 - (c) 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.
 - (d) Includes investments in four major sectors of the private placement market: corporate buyout, venture capital, real estate, and energy. These investments represent direct placements in privately held, nonpublic companies, direct real estate or energy holdings, and other corporate action items as represented by the buyout category. As a private equity investment, the fund is illiquid until management decides upon a distribution of investor capital based on the market environment.
- * 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 and there are no unfunded commitments at September 30, 2013.

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:

The Lowell General Hospital

Notes to Financial Statements (continued)

17. Fair Value Measurements (continued)

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 ten-year U S Treasury notes are used to discount contributions receivable Pledges received during 2013 and 2012 were discounted at the following Treasury rates

One year	10%
Two years	34
Three years	64
Four years	1 02
Five years	1 40

Pledges received in 2013 and 2012, which have been recorded at fair value, totaled approximately \$158,000 and \$319,000, respectively

Long-Term Debt

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, 2013 and 2012, are as follows

	Level 1	Level 2	2013	2012
Carrying amount	\$ 122,520,000	\$ 37,500,000	\$ 160,020,000	\$ 147,610,000
Estimated fair value	\$ 120,366,000	\$ 38,219,000	\$ 158,585,000	\$ 151,032,000

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

The Lowell General Hospital

Notes to Financial Statements (continued)

18. Subsequent Events

The Hospital evaluated subsequent events through February 26, 2014 in connection with the original issuance of the financial statements and through July 31, 2014 in connection with the restatement disclosed in Note 19, which are the dates the respective consolidated financial statements were issued

19. Restatement of Previously Issued Financial Statements

The 2013 and 2012 Consolidated Statements of Operations and Changes in Net Assets have been restated to present discontinued operations as a change in unrestricted net assets separately from the performance indicator (excess of revenues over expenses) This change in presentation of discontinued operations resulted in a decrease in the excess of revenues over expenses of \$20,803,255 and \$506,217 for the years ended September 30, 2013 and 2012, respectively The following tables summarize the effect of the restatement by financial statement line item

	Years ended September 30,			
	2013		2012	
	As Previously Reported	As Restated	As Previously Reported	As Restated
Income from operations	\$ 23,123,701	\$ 2,320,446	\$ 13,269,491	\$ 12,763,274
Excess of revenues and gains over expenses and losses	24,309,143	3,505,888	24,818,582	24,312,365

The previously issued financial statements did not separately present a subtotal of changes in unrestricted net assets excluding the effects of discontinued operations which have been included in the restated financial statements on the Consolidated Statements of Operations and Changes in Net Assets as follows

	2013	2012
Increase in unrestricted net assets before discontinued operations	\$15,249,546	\$26,036,171

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