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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014



B Check if applicable <input type="checkbox"/> Address change <input checked="" 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		D Employer identification number	
	THE LOWELL GENERAL HOSPITAL		04-2103590	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	295 VARNUM AVENUE		(978) 937-6000	
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	LOWELL, MA 01854-2193		518,064,415.	
	F Name and address of principal officer: NORMAND DESCHENE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO MEET THE HEALTHCARE NEEDS OF COMMUNITIES SERVED THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT</u>		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3930
	6 Total number of volunteers (estimate if necessary)	6	556
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	536,797.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,469,174.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,453,307.	2,045,721.
	9 Program service revenue (Part VIII, line 2g)	405,165,036.	418,217,451.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,968,692.	12,397,701.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c-10c, and 11e)	32,759,791.	7,708,274.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,346,826.	440,369,147.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	987,427.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		203,012,024.	199,081,574.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		781,976.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		208,960,790.	209,451,329.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		412,960,241.	409,542,316.
19 Revenue less expenses. Subtract line 18 from line 12	33,386,585.	30,826,831.	
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)	485,461,294.	473,258,528.
	22 Net assets or fund balances. Subtract line 21 from line 20	315,833,147.	306,151,176.
		169,628,147.	167,107,352.

Part II	Signature Block
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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 		Date 8-5-15			
	NORMAND DESCHENE, PRESIDENT-BOARD & CEO-LOWELL GEN. H Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name JOSEPH M. GISO		Preparer's signature 	Date 07/21/15	Check if self-employed <input type="checkbox"/>	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

SCANNED SEP 02 2015

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

- 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
- 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 \$ 166,165,534. including grants of \$ 1,009,413.) (Revenue \$ 243,241,260.)
LGH'S OUTPATIENT AND ANCILLARY SERVICES INCLUDE EMERGENCY DEPARTMENT (LEVEL III TRAUMA SERVICES), IMAGING/RADIOLOGY (INCLUDING MRI, CT, ULTRASOUND, MAMMOGRAPHY), LABORATORY, CARDIAC TESTING AND CATHETERIZATION, ENDOSCOPY, SURGERY, REHABILITATION THERAPIES, RADIATION ONCOLOGY AND CHEMOTHERAPY, AND A NUMBER OF OTHER SERVICES NEEDED TO SUPPORT INPATIENT AND OUTPATIENT CARE.
- OUTPATIENT STATISTICS**
EMERGENCY ROOM VISITS: 100,729
OUTPATIENT VISITS: 427,610
OUTPATIENT SURGERIES: 10,558
RADIATION TREATMENTS: 11,350
- 4b (Code) (Expenses \$ 149,325,874. including grants of \$) (Revenue \$ 182,554,313.)
THE LOWELL GENERAL HOSPITAL'S PRIMARY SERVICE AREA ("PSA") IS COMPRISED OF THE FOLLOWING NINE COMMUNITIES: BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, LOWELL, TEWKSBURY, TYNGSBORO AND WESTFORD, MASSACHUSETTS, AND PELHAM, NEW HAMPSHIRE, WITH A TOTAL OF APPROXIMATELY 291,000 RESIDENTS. THE HOSPITAL'S SECONDARY SERVICE AREA ("SSA") HAS A POPULATION OF ALMOST 340,000 AND INCLUDES THE SURROUNDING MUNICIPALITIES OF ANDOVER, CARLISLE, GROTON, LAWRENCE, LITTLETON, METHUEN, NORTH ANDOVER, PEPPERELL AND WILMINGTON, MASSACHUSETTS, AND HOLLIS, HUDSON AND NASHUA, NEW HAMPSHIRE.
- THE HOSPITAL OFFERS THE LATEST TECHNOLOGY AND A FULL RANGE OF MEDICAL, SURGICAL AND CRITICAL CARE SERVICES FOR PATIENTS, FROM NEWBORNS TO**
- 4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)
- 4e Total program service expenses **315,491,408.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or 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	X
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 X	
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 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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	X
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	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	X
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	X
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	X
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	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
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 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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	X
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	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b Enter the number of voting members included in line 1a, above, who are independent	15	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ 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, SR VP AND CFO - (978)781-7143**
295 VARNUM AVENUE, LOWELL, MA 01854

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) RICK W. HANSON CHAIR	1.00 2.50	X		X				0.	0.	0.
(2) DANIEL J. MANSUR VICE CHAIR	1.00 4.50	X		X				0.	0.	0.
(3) RAYMOND ANSTISS, JR. CLERK	1.00 3.50	X		X				0.	0.	0.
(4) TUSHAR PATEL, M.D. PRESIDENT OF MEDICAL STAFF	1.00 0.00	X		X				0.	0.	0.
(5) MARY BENNETT PRESIDENT OF AUXILIARY	1.00 0.00	X		X				0.	0.	0.
(6) JACQUELINE MOLONEY BOARD MEMBER	1.00 2.50	X						0.	0.	0.
(7) DAVID WALLACE BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(8) GREGORY WERTHEIMER BOARD MEMBER	1.00 3.50	X						0.	0.	0.
(9) GARY CAMPBELL BOARD MEMBER	1.00 3.50	X						0.	0.	0.
(10) KIMBERLY OBERHAUSER BOARD MEMBER	1.00 3.50	X						0.	0.	0.
(11) MARGARET A. PALM BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(12) ANDREW TREINIS BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(13) JOHN CARSON BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(14) JACK CLANCY BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(15) JACK O'CONNOR BOARD MEMBER	1.00 3.50	X						0.	0.	0.
(16) BRUCE ROBINSON BOARD MEMBER	1.00 1.50	X						0.	0.	0.
(17) VICTOR POIRIER BOARD MEMBER	1.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) NORMAND DESCHENE PRES. OF BOARD&CEO-LOWELL GEN. HOSP	45.00 5.00	X		X				1,847,847.	0.	100,498.
(19) SUSAN GREEN SENIOR VP & CFO & TREASURER	46.00 4.00	X		X				667,590.	0.	37,627.
(20) WILLIAM WYMAN VP REVENUE SERVICES & ASST. CLERK	49.00 1.00	X		X				233,559.	0.	32,303.
(21) JOSEPH WHITE PRESIDENT-LOWELL GENERAL HOSP	47.00 3.00			X				1,099,825.	0.	44,029.
(22) WAYNE PASANEN VP MEDICAL AFFAIRS	29.00 1.00				X			244,754.	0.	29,779.
(23) AMY HOEY CHIEF OPERATING OFFICER	49.00 1.00				X			574,876.	0.	41,135.
(24) DAVID PICKUL CHIEF MEDICAL OFFICER	49.00 1.00				X			246,172.	0.	17,475.
(25) MICHELLE DAVIS VP EXTERNAL AFFAIRS	49.00 1.00				X			212,864.	0.	24,017.
(26) RICHARD MA PHYSICIAN	49.00 1.00					X		492,886.	0.	17,458.
1b Sub-total								5,620,373.	0.	344,321.
c Total from continuation sheets to Part VII, Section A								1,794,876.	0.	114,629.
d Total (add lines 1b and 1c)								7,415,249.	0.	458,950.

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 **217**

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

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
CERNER CORP., 2800 ROCKCREEK PARKWAY, NORTH KANSAS CITY, MO 64117	INFORMATION SYSTEMS PROVIDER	12,985,354.
GILBANE BUILDING SERVICES 7901 SANDY SPRING ROAD, LAUREL, MD 20707	BUILDING CONTRACTOR	8,575,843.
SODEXO INC. & AFFILIATES, 9801 WASHINGTONIAN BLVD., GAITHERSBURG, MD	FOOD & FACILITIES SERVICES	3,398,964.
ARUP LABORATORIES, 500 CHIPETA WAY, SALT LAKE CITY, UT 84108-1221	LABORATORY SERVICES	2,840,407.
PATRIOT MEDICAL TECH. OF OH, 7100 COMMERCE WAY, STE. 280, BRENTWOOD, TN 37027	FACILITIES MANAGEMENT SERVICES	1,379,530.

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 **99**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MONTU PATEL PHYSICIAN	49.00 1.00					X		333,348.	0.	17,675.
(28) OANA LUNGU PHYSICIAN	49.00 1.00					X		303,379.	0.	11,978.
(29) RAMYA PRABHAKAR PHYSICIAN	49.00 1.00					X		297,645.	0.	18,313.
(30) GERALDINE VAUGHAN PHO EXECUTIVE DIRECTOR	49.00 1.00					X		268,952.	0.	17,470.
(31) KAREN MCARDLE FORMER DIR, MEDICAL STAFF SERVICE	0.00 0.00						X	170,947.	0.	21,553.
(32) HELEN THIBODEAU FORMER VP OUTPATIENT SERVICES	0.00 0.00						X	246,417.	0.	12,560.
(33) PETER ZARILLA FORMER SECRETARY, ASST, CLERK	0.00 0.00						X	174,188.	0.	15,080.
Total to Part VII, Section A, line 1c								1,794,876.		114,629.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,023,558.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	548,679.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	473,484.			
	g Noncash contributions included in lines 1a-1f \$		172,995.			
	h Total. Add lines 1a-1f		2,045,721.			
	Program Service Revenue	2 a <u>PATIENT SVC., REVENUE</u>	Business Code 621500	418,217,451.	418,217,451.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			418,217,451.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,618,935.		520,745.	1,098,190.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 1,431,875.	(ii) Personal			
	b Less: rental expenses	1,154,487.				
	c Rental income or (loss)	277,388.				
	d Net rental income or (loss)			277,388.		277,388.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 86,653,301.	(ii) Other 180,463.			
	b Less: cost or other basis and sales expenses	75,730,265.	324,733.			
	c Gain or (loss)	10,923,036.	-144,270.			
	d Net gain or (loss)			10,778,766.		10,778,766.
	8 a Gross income from fundraising events (not including \$ 1,023,558. of contributions reported on line 1c) See Part IV, line 18	a 322,495.				
	b Less: direct expenses	b 485,783.				
	c Net income or (loss) from fundraising events			-163,288.		-163,288.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a <u>INCOME FROM JOINT VENTURES</u>	621500	7,578,122.	7,578,122.			
b						
c						
d All other revenue	621500	16,052.		16,052.		
e Total. Add lines 11a-11d		7,594,174.				
12 Total revenue. See instructions.		440,369,147.	425,795,573.	536,797.	11,991,056.	

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 or note to any line 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	985,556.	985,556.		
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	23,857.	23,857.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,136,202.		3,136,202.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,015,973.	113,181,034.	44,409,887.	425,052.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,917,295.	2,048,886.	860,714.	7,695.
9 Other employee benefits	23,458,956.	16,475,787.	6,921,294.	61,875.
10 Payroll taxes	11,553,148.	8,114,053.	3,408,623.	30,472.
11 Fees for services (non-employees):				
a Management				
b Legal	696,799.		696,799.	
c Accounting	358,880.		358,880.	
d Lobbying	41,953.		41,953.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	337,285.		337,285.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,958,140.	20,719,107.	9,211,551.	27,482.
12 Advertising and promotion	655,061.		653,104.	1,957.
13 Office expenses	81,036,883.	76,235,676.	4,703,843.	97,364.
14 Information technology	15,628,763.	11,582,191.	4,000,181.	46,391.
15 Royalties				
16 Occupancy	9,525,088.	6,743,709.	2,777,207.	4,172.
17 Travel	358,326.	161,755.	170,883.	25,688.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,188,315.	670,593.	481,732.	35,990.
20 Interest	7,598,460.		7,598,460.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,700,423.	19,440,080.	3,247,409.	12,934.
23 Insurance	1,213,720.	1,085,818.	127,391.	511.
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	29,697,610.	29,697,610.		
b UNCOMPENSATED CARE POOL	4,761,364.	4,761,364.		
c PROVISION FOR BAD DEBTS	3,236,514.	3,236,514.		
d TEMP RESTRICTED MISC EX	303,495.	303,495.		
e All other expenses	154,250.	24,323.	125,534.	4,393.
25 Total functional expenses. Add lines 1 through 24e	409,542,316.	315,491,408.	93,268,932.	781,976.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	57,510,221.	1	48,738,759.
	2 Savings and temporary cash investments	20,129,707.	2	20,393,975.
	3 Pledges and grants receivable, net	4,782,117.	3	3,830,268.
	4 Accounts receivable, net	67,230,244.	4	65,443,603.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,459,028.	8	8,080,892.
	9 Prepaid expenses and deferred charges	11,541,159.	9	7,327,838.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 399,894,265.		
	b Less: accumulated depreciation	10b 168,132,863.		
		238,715,734.	10c	231,761,402.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	63,403,494.	12	67,695,337.
	13 Investments - program-related. See Part IV, line 11		13	
Liabilities	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,689,590.	15	19,986,454.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	485,461,294.	16	473,258,528.
	17 Accounts payable and accrued expenses	89,876,722.	17	82,333,779.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	163,847,689.	20	160,401,603.
	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	
Net Assets or Fund Balances	24 Unsecured notes and loans payable to unrelated third parties	9,958,912.	24	6,214,504.
	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	52,149,824.	25	57,201,290.
	26 Total liabilities. Add lines 17 through 25	315,833,147.	26	306,151,176.
	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	157,709,444.	27	155,242,338.
	28 Temporarily restricted net assets	7,971,138.	28	7,403,816.
Net Assets or Fund Balances	29 Permanently restricted net assets	3,947,565.	29	4,461,198.
	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	169,628,147.	33	167,107,352.
	34 Total liabilities and net assets/fund balances	485,461,294.	34	473,258,528.

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	440,369,147.
2	Total expenses (must equal Part IX, column (A), line 25)	2	409,542,316.
3	Revenue less expenses Subtract line 2 from line 1	3	30,826,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169,628,147.
5	Net unrealized gains (losses) on investments	5	-8,486,117.
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	-24,861,509.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	167,107,352.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		X
b	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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE 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?

	Yes	No
(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)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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. 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).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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2013

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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.

Name of organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		41,593.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			41,593.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

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.

PART II-B, LINE 1(G), DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS,**GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY:**

A PORTION OF THE HOSPITAL'S MASSACHUSETTS HOSPITAL ASSOCIATION (MHA) DUES SUPPORTS LOBBYING ACTIVITIES. THE MHA WORKS ON BEHALF OF THE INDUSTRY TO INFLUENCE MATTERS OF IMPORTANCE TO MASSACHUSETTS HEALTHCARE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 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:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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	61,856,837.	64,886,695.	58,144,290.	59,304,368.	54,015,635.
b Contributions	42,029.	197,813.	238,209.	49,706.	53,548.
c Net investment earnings, gains, and losses	12,130,352.	4,926,706.	8,117,073.	-1,164,777.	5,276,856.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,255,028.	8,154,377.	1,612,877.	45,007.	41,671.
f Administrative expenses					
g End of year balance	65,774,190.	61,856,837.	64,886,695.	58,144,290.	59,304,368.

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

- a Board designated or quasi-endowment ☒ 96.10 %
 b Permanent endowment ☒ 3.90 %
 c Temporarily restricted endowment ☒ .00 %

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:

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		268,496,960.	83,666,223.	184,830,737.
c Leasehold improvements		2,326,029.	1,368,733.	957,296.
d Equipment		89,864,807.	64,837,756.	25,027,051.
e Other		33,828,705.	18,260,151.	15,568,554.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				231,761,402.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MARKETABLE EQUITY		
(B) SECURITIES	13,784,146.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	52,036,295.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT	487,095.	END-OF-YEAR MARKET VALUE
(E) BENEFICIAL INTEREST IN		
(F) PERPETUAL TRUSTS	1,387,801.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	67,695,337.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	9,591,180.
(2) DUE FROM CIRCLE HEALTH, INC.	347,588.
(3) DUE FROM LGH MEDICAL GROUP LLC	1,323,475.
(4) DUE FROM LGH MEDICAL	271,758.
(5) DUE FROM LGH CANCERCARE ASSOCIATES LLC	367,825.
(6) DUE FROM LGH WOMANHEALTH LLC	492,292.
(7) DUE FROM LGH MERRIMACK VALLEY CARDIOLOGY ASSOCIATES, LLC	2,153,795.
(8) DUE FROM CIRCLE HEALTH ALLIANCE	261,584.
(9) DUE FROM LGH PHYSICIAN ASSOCIATES, INC.	1,085,761.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	19,986,454.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	1,785,962.
(3) ACCRUED PENSION EXPENSE	39,134,847.
(4) OTHER LONG-TERM LIABILITIES	8,413,528.
(5) DUE TO LGH MEDICAL GROUP	1,666,652.
(6) DUE TO LGH CANCERCARE ASSOCIATES	
(7) LLC	275,403.
(8) DUE TO LGH WOMANHEALTH LLC	802,857.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,201,290.

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	430,704,474.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-8,486,117.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,033,943.	
e	Add lines 2a through 2d		2e	-3,452,174.
3	Subtract line 2e from line 1		3	434,156,648.
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	337,285.	
b	Other (Describe in Part XIII.)	4b	5,875,214.	
c	Add lines 4a and 4b		4c	6,212,499.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	440,369,147.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	433,225,269.
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	24,352,362.	
e	Add lines 2a through 2d		2e	24,352,362.
3	Subtract line 2e from line 1		3	408,872,907.
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	337,285.	
b	Other (Describe in Part XIII.)	4b	332,124.	
c	Add lines 4a and 4b		4c	669,409.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	409,542,316.

Part XIII Supplemental Information.

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.

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**

Part XIII Supplemental Information (continued)

DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: DURATION AND PRESERVATION OF THE FUND, PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, GENERAL ECONOMIC CONDITIONS, THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, OTHER RESOURCES OF THE HOSPITAL, AND THE INVESTMENT POLICIES OF THE HOSPITAL.

PART 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 2005.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE	1,154,487.
SPECIAL EVENT EXPENSE	485,784.
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS	1,199,815.
NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL	1,683,717.
TRANSFERS FROM AFFILIATES	493,199.
MISC ADJUSTMENT	16,941.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,033,943.

Part XIII Supplemental Information (continued)**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	-40,374.
CONTRIBUTIONS FROM 9000-664 LCHC	2,150.
PENSION-RELATED ADJUSTMENTS	6,057,708.
LOSS ON DISPOSAL OF ASSET NETTED ON LINE 7C (II)	-144,270.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	5,875,214.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	485,784.
TRANSFERS TO AFFILIATES	8,169,716.
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS	1,199,815.
NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL	1,683,717.
PROVISION FOR UNCOLLECTIBLE ACCOUNTS- PATIENTS	12,812,859.
MISC ADJUSTMENT	471.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	24,352,362.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASS	608,614.
LOSS ON DISPOSAL OF PROPERTY & EQUIPMENT	-144,270.
CONTRIBUTIONS FROM LCHC	2,150.
CONTRIBUTIONS TO NON-CONTROLLED AFFILIATES	-134,370.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	332,124.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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		13,662.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,085.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,308.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		802.
3 a Sub-total	0	0			23,857.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			23,857.

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

Schedule F (Form 990) 2013

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, Information 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 F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

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

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

THE 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. Form 990-EZ filers are not required to complete this part.

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

- a ☐ 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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

[illegible]**Total**

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

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 TEAM WALK FOR CANCER	(b) Event #2 GOLF TOURNAMENT	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	750,348.	329,050.	266,655.	1,346,053.
	2 Less: Contributions	610,698.	234,070.	178,790.	1,023,558.
	3 Gross income (line 1 minus line 2)	139,650.	94,980.	87,865.	322,495.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	31,263.	30,725.	5,995.	67,983.
	6 Rent/facility costs	8,801.	99,289.	39,395.	147,485.
	7 Food and beverages	4,727.		59,560.	64,287.
	8 Entertainment	1,975.		9,000.	10,975.
	9 Other direct expenses	152,707.	8,814.	33,532.	195,053.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				485,783.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-163,288.

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

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

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in.
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE 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 during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☒ **Applied uniformly to all hospital facilities** ☐ **Applied uniformly to most hospital facilities**
☐ **Generally tailored to individual hospital facilities**
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care.
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 400 %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			11,039,743.	5,372,041.	5,667,702.	1.38%
b Medicaid (from Worksheet 3, column a)			12,742,009.		12,742,009.	3.11%
c Costs of other means-tested government programs (from Worksheet 3, column b)			12,139,897.		12,139,897.	2.96%
d Total Financial Assistance and Means-Tested Government Programs			35,921,649.	5,372,041.	30,549,608.	7.45%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			695,185.	68,620.	626,565.	.15%
f Health professions education (from Worksheet 5)			1,058,115.		1,058,115.	.26%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			444,553.	21,409.	423,144.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			968,993.	97,381.	871,612.	.21%
j Total. Other Benefits			3,166,846.	187,410.	2,979,436.	.72%
k Total. Add lines 7d and 7j			39,088,495.	5,559,451.	33,529,044.	8.17%

	(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			820,707.		820,707.	.20%
9 Other			132,220.		132,220.	.03%
10 Total			952,927.		952,927.	.23%

2013.06000 THE LOWELL GENERAL HOSPITAL 18515 12

Part V	Facility Information
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Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 THE LOWELL GENERAL HOSPITAL
295 VARNUM AVENUE
LOWELL, MA 01854

2 THE LOWELL GENERAL HOSPITAL
1 HOSPITAL DRIVE
LOWELL, MA 01852

[illegible]

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)

Name of hospital facility or facility reporting group THE LOWELL GENERAL HOSPITALIf reporting on Part V, Section B for a single hospital facility 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	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>10</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
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) THE LOWELL GENERAL HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Section C the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Section C the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply).			
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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
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 on request		
g	<input type="checkbox"/> Other (describe in Section C)		
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?	X	
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 individual'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 Section C)		
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 individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged			
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 Section C)		

Schedule H (Form 990) 2013

Part V Facility Information (continued) **THE LOWELL GENERAL HOSPITAL**

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 individuals regarding the individuals' bills
- d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Section C)

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?

	Yes	No
19	X	

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 Section C)
- d ☐ Other (describe in Section C)

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 Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?

21 **X**

If "Yes," explain in Section C

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

22 **X**

If "Yes," explain in Section C.

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

THE LOWELL GENERAL HOSPITAL:

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.

SCHEDULE H-PART V:SECTION B. FACILITY POLICIES AND PRACTICES

PART V, LINE 4: THE LOWELL GENERAL HOSPITAL COLLABORATED WITH THE GREATER LOWELL HEALTH ALLIANCE AND THE UNIVERSITY OF MASSACHUSETTS LOWELL TO CONDUCT THE NEEDS ASSESSMENT.

Part V Facility Information (continued)**Section D. 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)
1 LGH - OFFICE SPACE OFF-SITE 10 RESEARCH PLACE CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
2 LGH - OFFICE SPACE OFF-SITE 4 MEETINGHOUSE RD., #13 CHELMSFORD, MA 01824	XRAY PROCEDURES
3 LGH - OFFICE SPACE OFF-SITE 1 MEETINGHOUSE RD., #5 CHELMSFORD, MA 01854	ANTICOAGULATION MANAGEMENT SERVICES (05/11)
4 LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE, STE. 100 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
5 LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE, #310 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
6 LGH - OFFICE SPACE OFF-SITE 3 MEETING HOUSE RD., #24 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
7 LGH - OFFICE SPACE OFF-SITE 45 PALMER ST. LOWELL, MA 01854	PATIENT AMBASSADOR & LAB OFFICE SPACE
8 LGH - OFFICE SPACE OFF-SITE 100 MILK ST. METHUEN, MA 01844	PROVIDE DIALYSIS SERVICES.
9 LGH - OFFICE SPACE OFF-SITE 203 TURNPIKE RD. NORTH ANDOVER, MA 01845	PROVIDE SERVICES TO THE PUBLIC
10 LGH - OFFICE SPACE OFF-SITE 37 VILLAGE SQUARE CHELMSFORD, MA 01854	PROVIDE BLOOD DRAWING SERVICES.

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Part V Facility Information (continued)**Section D. 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? _____

Name and address	Type of Facility (describe)
11 LGH - OFFICE SPACE OFF-SITE 600 CLARK RD. TEWKSBURY, MA 01876	PROVIDE BLOOD DRAWING AND RADIOLOGY SERVICES.
12 LGH - OFFICE SPACE OFF-SITE ONE MEETING HOUSE RD. CHELMSFORD, MA 01854	PROVIDE BLOOD DRAWING SERVICES.
13 LGH - OFFICE SPACE OFF-SITE 1230 BRIDGE ST. LOWELL, MA 01854	PROVIDE SERVICES TO THE PUBLIC IN NEED OF IMMEDIATE MEDICAL CARE.
14 LGH - OFFICE SPACE OFF-SITE 847 ROGERS ST. LOWELL, MA 01854	PROVIDE DIALYSIS SERVICES.
15 LGH - OFFICE SPACE OFF-SITE 85 PARKHURST RD. CHELMSFORD, MA 01854	PROVIDE SERVICES TO THE PUBLIC IN NEED OF IMMEDIATE MEDICAL CARE.
16 LGH - OFFICE SPACE OFF-SITE 3 MEETING HOUSE RD., #17 & 18 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
17 LGH - OFFICE SPACE OFF-SITE 161 JACKSON ST. LOWELL, MA 01852	LAB OFFICE SPACE
18 LGH - OFFICE SPACE OFF-SITE 10 ADAMS ST. CHELMSFORD, MA 01824	LAB OFFICE SPACE

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Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

SCHEDULE H-PART I

PART I, LINE 6A & B: THE ORGANIZATION PREPARES A COMMUNITY BENEFIT REPORT EVERY YEAR. THE COMMUNITY BENEFIT ANNUAL REPORT IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST. THE LOWELL GENERAL HOSPITAL CONDUCTED THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT WITH RESEARCHERS AND STUDENTS OF UNIVERSITY OF MASSACHUSETTS LOWELL (UML) AND THE GREATER LOWELL HEALTH ALLIANCE (GLHA).

PART II, COMMUNITY BUILDING ACTIVITIES:

THE 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, THE 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. THE LOWELL GENERAL PROVIDES BOTH FINANCIAL

Part VI Supplemental Information (Continuation)

AND PRACTICE MANAGEMENT SUPPORT TO THESE PHYSICIANS. THIS ENHANCES THE COMMUNITIES' ABILITY TO ACCESS EXCELLENT PRIMARY AND SPECIALTY CARE IN A LOCAL SETTING.

THE 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 THE LOWELL GENERAL'S FINANCIAL SUPPORT TO LCHC'S PENSION AND WORKER'S COMPENSATION PROGRAM, MANY OF THESE PROGRAMS WOULD NOT HAVE ADEQUATE FUNDING.

Part VI Supplemental Information (Continuation)**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

Part VI Supplemental Information (Continuation)

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.

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.

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.

Part VI Supplemental Information (Continuation)

PART VI, LINE 2:

ON BEHALF OF THE 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,

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 3:

FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)

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 MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT, AS OF DECEMBER 2014

Part VI Supplemental Information (Continuation)

INDICATES A 4.7% UNEMPLOYMENT RATE COMPARED TO 4.9% FOR THE STATE OF MASSACHUSETTS. HOWEVER, IT IS WORTH NOTING THAT LOWELL, MASSACHUSETTS, WHICH REPRESENTS APPROXIMATELY 39% OF THE POPULATION IN LOWELL GENERAL HOSPITAL'S SERVICE AREA, HAS 19% 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 MEMORIAL AUDITORIUM, THE TSONGAS CENTER AND LALACHEUR STADIUM.

IN 2010, THE GREATER LOWELL AREA, AS DEFINED HEREIN, HAD A POPULATION OF 275,000 RESIDENTS, INCLUDING AN ESTIMATED 106,000 PEOPLE IN THE CITY OF LOWELL ALONE. THUS, THE CITY OF LOWELL ITSELF ACCOUNTS FOR LESS THAN 50 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.

Part VI Supplemental Information (Continuation)

LOWELL GENERAL HOSPITAL'S PRIMARY SERVICE AREA (PSA) IS COMPRISED OF APPROXIMATELY 300,000 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 371,000 AND INCLUDES THE SURROUNDING TOWNS OF ANDOVER, CARLISLE, GROTON, LAWRENCE, LITTLETON, METHUEN, NORTH ANDOVER, PEPPERELL, WILMINGTON, AND HOLLIS, HUDSON AND NASHUA, NEW HAMPSHIRE.

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 & WELLNESS

THE 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

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)GREATER LOWELL HEALTH ALLIANCE

AS 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

Part VI Supplemental Information (Continuation)

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 INITIATIVES

WITH 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 2014, THE CIRCLE HEALTH BALL RAISED MORE THAN \$285,000 TO HELP FUND VITAL HEALTH AND WELLNESS PROGRAMS WHICH BENEFIT RESIDENTS OF THE GREATER LOWELL COMMUNITY. THREE LOCAL NON-PROFITS WERE AWARDED COMMUNITY HEALTH INITIATIVE GRANTS FOR 2014. THEY WERE THE INTERNATIONAL INSTITUTE OF LOWELL'S REFUGEE BEHAVIORAL HEALTH INITIATIVE, UTEC'S PREVENTING SUBSTANCE ABUSE TO HELP YOUTH SUCCEED PROGRAM, AND LOWELL TRANSITIONAL LIVING CENTER'S HEALTH CARE NAVIGATOR PROGRAM.

Part VI Supplemental Information (Continuation)

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 THE 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.

PART VI, LINE 6:

MEMBERS AND OFFICERS OF THE 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, THE 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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number
04-2103590

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A.M.S.I FOUNDATION 27 NORTHWESTERN DRIVE SALEM, MA 03079	77-0715241	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
AMERICAN HEART ASSOCIATION 1 UNION ST. ROBBINSVILLE, NJ 08691	13-5613797	501(C)(3)	52,083.	0.			SPONSOR VARIOUS EVENTS
AMERICAN TEXTILE HISTORY 491 DUTTON STREET LOWELL, MA 01854	04-2276089	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
BOYS & GIRLS CLUB OF GREATER LOWELL - 657 MIDDLESEX ST. - LOWELL, MA 01851	04-2014396	501(C)(3)	9,645.	0.			SPONSOR VARIOUS EVENTS
CITY OF LOWELL #11050 375 MERRIMACK ST LOWELL, MA 01852	04-6001396	501(C)(3)	16,667.	0.			DONATIONS
D'YOUVILLE FOUNDATION - STEWARDSHIP AGREEMENT - 981 VARNUM AVE. - LOWELL, MA 01854	04-2510563	501(C)(3)	118,750.	0.			STEWARDSHIP AGREEMENT, DONATION, AND SPONSORSHIPS

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

3 Enter total number of other organizations listed in the line 1 table

▶ **31.**
▶ **1.**

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LOWELL COMMUNITY FOUNDATION - 100 MERRIMACK ST. - LOWELL, MA 01852	04-3401997	501(C)(3)	5,600.	0.			DONATIONS AND SPONSORSHIP
GREATER LOWELL YMCA 35 YMCA DRIVE LOWELL, MA 01852	04-2104398	501(C)(3)	5,090.	0.			SPONSOR VARIOUS EVENTS
GREATER MERRIMACK VALLEY CONV. & VISITORS BUREAU - 40 FRENCH ST. - LOWELL, MA 01852	04-3158302	501(C)(6)	10,000.	0.			SPONSOR VARIOUS EVENTS
GREEN BIKES FOR LOWELL 92 ASH ST GARDNER, MA 01440	46-1411244	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
HAND HELP, INC P.O. BOX 208041 NEW HAVEN, CT 06520	27-3940034	501(C)(3)	7,500.	0.			DONATIONS
INDIAN HILL MUSIC 36 KING STREET, BOX 1484 LITTLETON, MA 01460	04-2867945	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
LOWELL CATHOLIC HIGH 530 STEVENS STREET LOWELL, MA 01851	04-2563657	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
LOWELL COMMUNITY HEALTH CENTER 161 JACOBSON ST LOWELL, MA 01852	04-2881348	501(C)(3)	5,000.	0.			DONATIONS
LOWELL SUN CHARITIES 491 DUTTON STREET, STE. 1 LOWELL, MA 01854	04-6004936	501(C)(3)	60,011.	0.			DONATIONS AND SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 112 TURNPIKE ROAD WESTBOROUGH, MA 01581	13-1846366	501(C)(3)	5,500.	0.			SPONSER VARIOUS EVENTS
MCC FOUNDATION, INC. P.O. BOX 716 BEDFORD, MA 01730	04-2973384	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
MERRIMACK REPERTORY 132 WARREN ST LOWELL, MA 01852	04-2664784	501(C)(3)	11,000.	0.			FUNDRAISER SPONSORSHIP
STONE BROOK SCHOOL 9 FARMER WAY WESTFORD, MA 18886	04-6001357	501(C)(3)	5,300.	0.			FUNDRAISER SPONSORSHIP
MITSS 830 BOYLSTON ST., SUITE 206 CHESTNUT HILL, MA 02467	68-0509491	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
THE LOWELL PLAN 660 SUFFOLK ST., STE. 120 LOWELL, MA 01854	04-2693109	501(C)(3)	10,000.	0.			DONATIONS
THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE - 205 PORTLAND ST., 6TH FLOOR - BOSTON, MA 02114	04-1564655	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
TUFTS FLOATING HOSPITAL 800 WASHINGTON ST., #231 BOSTON, MA 02111	04-3400617	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON ST., #231 BOSTON, MA 02111	04-3400617	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWLOHA 250 PAWTUCKET BLVD TYNGSBORO, MA 01879	26-0789229	501(C)(3)	5,000.	0.			DONATIONS
UNIVERSITY OF MASSACHUSETTS LOWELL 1 UNIVERSITY DRIVE LOWELL, MA 01852	04-3167352	501(C)(3)	15,000.	0.			SPONSOR VARIOUS EVENTS
UNITED WAY OF MASS BAY & MERRIMACK VALLEY - 51 SLEEPER STREET - BOSTON, MA 02210	04-2382233	501(C)(3)	5,000.	0.			DONATION
UNIVERSITY OF MASSACHUSETTS LOWELL 600 SUFFOLK ST., SUITE 160 LOWELL, MA 01854	04-3167352	501(C)(3)	10,000.	0.			DONATIONS AND SPONSORSHIP
UP WITH PEOPLE INCORPORATED 6830 BROADWAY, UNIT A DENVER, CO 80221	95-2563102	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
VETERANS ASSISTING VETERANS ONE PARKWAY HAVERHILL, MA 01830	45-5431821	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
VNA OF GREATER LOWELL 336 CENTRAL ST LOWELL, MA 01852	04-2103812	501(C)(3)	5,000.	0.			FUNDRAISER SPONSORSHIP
WESTFORD ROTARY CHARITABLE ENDOWMENT - P.O. BOX 231 - WESTFORD, MA 01886	04-3540698	501(C)(3)	10,000.	0.			FUNDRAISER SPONSORSHIP

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

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

Yes No

1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2013

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				
(1) NORMAND DESCHENE PRES. OF BOARD&CEO-LOWELL GEN. HOSP	(i) 702,891.	174,371.	970,585.	54,506.	45,992.	1,948,345.	0.
(ii) PRES. OF BOARD&CEO-LOWELL GEN. HOSP	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN GREEN SENIOR VP & CFO & TREASURER	(i) 367,961.	74,320.	225,309.	5,257.	32,370.	705,217.	0.
(ii) SENIOR VP & CFO & TREASURER	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM WYMAN VP REVENUE SERVICES & ASST. CLERK	(i) 201,869.	31,236.	454.	24,987.	7,316.	265,862.	0.
(ii) VP REVENUE SERVICES & ASST. CLERK	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH WHITE PRESIDENT-LOWELL GENERAL HOSP	(i) 494,532.	102,138.	503,155.	10,200.	33,829.	1,143,854.	0.
(ii) PRESIDENT-LOWELL GENERAL HOSP	0.	0.	0.	0.	0.	0.	0.
(5) WAYNE PASANEN VP MEDICAL AFFAIRS	(i) 188,568.	31,121.	25,065.	0.	29,779.	274,533.	0.
(ii) VP MEDICAL AFFAIRS	0.	0.	0.	0.	0.	0.	0.
(6) AMY HOEY CHIEF OPERATING OFFICER	(i) 299,687.	60,005.	215,184.	10,200.	30,935.	616,011.	0.
(ii) CHIEF OPERATING OFFICER	0.	0.	0.	0.	0.	0.	0.
(7) DAVID PICKUL CHIEF MEDICAL OFFICER	(i) 198,110.	29,167.	18,895.	0.	17,475.	263,647.	0.
(ii) CHIEF MEDICAL OFFICER	0.	0.	0.	0.	0.	0.	0.
(8) MICHELLE DAVIS VP EXTERNAL AFFAIRS	(i) 186,067.	26,376.	421.	2,420.	21,597.	236,881.	0.
(ii) VP EXTERNAL AFFAIRS	0.	0.	0.	0.	0.	0.	0.
(9) RICHARD MA PHYSICIAN	(i) 492,886.	0.	0.	0.	17,458.	510,344.	0.
(ii) PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(10) MONTU PATEL PHYSICIAN	(i) 333,348.	0.	0.	0.	17,675.	351,023.	0.
(ii) PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(11) OANA LUNGU PHYSICIAN	(i) 303,379.	0.	0.	0.	11,978.	315,357.	0.
(ii) PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(12) RAMYA PRABHAKAR PHYSICIAN	(i) 297,645.	0.	0.	0.	18,313.	315,958.	0.
(ii) PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(13) GERALDINE VAUGHAN PHO EXECUTIVE DIRECTOR	(i) 268,952.	0.	0.	0.	17,470.	286,422.	0.
(ii) PHO EXECUTIVE DIRECTOR	0.	0.	0.	0.	0.	0.	0.
(14) KAREN MCARDLE FORMER DIR. MEDICAL STAFF SERVICE	(i) 135,998.	26,670.	8,279.	0.	21,553.	192,500.	0.
(ii) FORMER DIR. MEDICAL STAFF SERVICE	0.	0.	0.	0.	0.	0.	0.
(15) HELEN THIBODEAU FORMER VP OUTPATIENT SERVICES	(i) 222,174.	8,117.	16,126.	0.	12,560.	258,977.	0.
(ii) FORMER VP OUTPATIENT SERVICES	0.	0.	0.	0.	0.	0.	0.
(16) PETER ZARILLA FORMER SECRETARY, ASST. CLERK	(i) 155,879.	0.	18,309.	0.	15,080.	189,268.	0.
(ii) FORMER SECRETARY, ASST. CLERK	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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.

PART I, LINE 1A:

THE HOSPITAL HAS ENTERED INTO RESTRICTIVE ENDORSEMENT BONUS

ARRANGEMENTS ("REBA'S") WITH NORMAND DESCHENE -PRES. OF BOARD &

CEO-LOWELL GEN. HOSP., JOSEPH WHITE-PRESIDENT-LOWELL GENERAL HOSPITAL, AMY

HOEY-CHIEF OPERATING OFFICER OF LOWELL GENERAL HOSPITAL AND SUSAN

GREEN-SENIOR VP & CFO & TREASURER 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-PRES. OF BOARD & CEO-LOWELL

GEN. HOSP. ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES

\$851,466 PAID IN 2013 IN CONNECTION WITH THE REBA ARRANGEMENT.

THE W-2 COMPENSATION REPORTED FOR MS. GREEN-SENIOR VP & CFO & TREASURER ON

FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$189,215 PAID IN 2013

Part III Supplemental Information

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.

IN CONNECTION WITH THE REBA ARRANGEMENT.

THE W-2 COMPENSATION REPORTED FOR MR. WHITE-PRESIDENT - LOWELL GENERAL HOSPITAL ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$446,388 PAID IN 2013 IN CONNECTION WITH THE REBA ARRANGEMENT.

THE W-2 COMPENSATION REPORTED FOR MS. HOEY-CHIEF OPERATING OFFICER ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$189,215 PAID IN 2013 IN CONNECTION WITH THE REBA ARRANGEMENT.

SOCIAL CLUB DUES ARE PROVIDED TO NORMAND DESCHENE, SUSAN GREEN, JOSEPH WHITE, AND AMY HOEY. 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 - PRES. OF BOARD & CEO-LOWELL GEN. HOSP..

PREMIUMS PAID IN CALENDAR 2013 WERE \$61,623. ALL PREMIUMS WILL BE REPAID TO

THE HOSPITAL.

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE PAID AS INDICATED ON SCHEDULE J, PART II. BONUS

PAID TO OFFICERS ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

OTHER BONUSES ARE APPROVED BY THE OFFICERS OF THE HOSPITAL.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number
04-2103590

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	MASS. HEALTH AND ED. A FACILITIES AUTHORITY SER04-245601157586EXB2			09/29/10	109,152,040.	CONSTRUCTION OF NEW BUILDING, EQUI		X		X		X
	MASS. DEVELOPMENT B FINANCE AGENCY SERIES E 04-3431814		NONE	09/27/12	37,500,000.	REFINANCE THE 1993 SERIES A MEH		X		X		X
	MASS. DEVELOPMENT C FINANCE AGENCY SERIES G 04-343181457583UVQ8			05/01/13	65,688,217.	NEW CAPITAL PROJECTS AND EQUI		X		X		X
D												

D

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue			62,127,040.		37,500,000.		65,688,217.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			695,354.				15,584,692.	
6 Proceeds in refunding escrows							47,025,000.	
7 Issuance costs from proceeds					400,000.		1,009,853.	
8 Credit enhancement from proceeds			1,037,285.					
9 Working capital expenditures from proceeds					1,350,928.			
10 Capital expenditures from proceeds			59,609,755.		35,585,500.		2,068,673.	
11 Other spent proceeds			784,646.		163,572.			
12 Other unspent proceeds								
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			

332121
10-09-13

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

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Schedule K (Form 990) 2013

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	2.53	%	2.62	%	2.19	%		%
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		%		%		%		%
6 Total of lines 4 and 5	2.53	%	2.62	%	2.19	%		%
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 non-governmental 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASS. HEALTH AND ED. FACILITIES AUTHORITY SERIES C

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION OF NEW BUILDING, EQUIP. ACQUISITIONS, PAY OFF COMMERCIAL DEBT

(A) ISSUER NAME: MASS. DEVELOPMENT FINANCE AGENCY SERIES E & F

(F) DESCRIPTION OF PURPOSE:

REFINANCE THE 1993 SERIES A MEHFA BONDS ISSUED BY SAINTS MEDICAL CENTER

(A) ISSUER NAME: MASS. DEVELOPMENT FINANCE AGENCY SERIES G

(F) DESCRIPTION OF PURPOSE:

NEW CAPITAL PROJECTS AND EQUIPMENT COSTS AND REFUND/TERMINATE SERIES D BOND

PART II:

LINE 3: TOTAL PROCEEDS OF ISSUE CONSISTS OF \$109,152,040 ORIGINAL PROCEEDS PLUS CAPITALIZED INVESTMENT EARNINGS OF \$387,317.

LINE 9A: WORKING CAPITAL EXPENDITURES FROM PROCEEDS CONSISTS OF \$11,042,852 FOR THE RETIREMENT OF SERIES B BONDS.

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

WITH RECOVERY PERIOD LESS THAN FIVE YEARS TOTALED \$163,572.

Blank lines for supplemental information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

THE 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	9	42,833.	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 ▶ (ITEMS FOR FUN)	X	159	130,162.	
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**

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

	Yes	No
30a		X

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?

31	X	
----	----------	--

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

32a		X
-----	--	----------

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.

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

Schedule M (Form 990) (2013)

Part II

Supplemental Information. 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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN (B) IS THE NUMBER OF
CONTRIBUTIONS OF STOCK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
04-2103590

THE LOWELL GENERAL HOSPITAL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO ARE MEDICALLY UNDERSERVED, AT RISK, OR FINANCIALLY DISADVANTAGED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SENIORS. IT IS CURRENTLY LICENSED BY THE MASSACHUSETTS DEPARTMENT OF
PUBLIC HEALTH TO OPERATE A TOTAL OF 434 ACUTE CARE BEDS (301 ADULT
MEDICAL/SURGICAL, 29 INTENSIVE CARE, 40 PEDIATRIC, 26 OBSTETRICAL, 10
LEVEL IIB SPECIAL CARE NURSERY BASSINETS AND 28 WELL-NEWBORN
BASSINETS).

INPATIENT STATISTICS

INPATIENT ADMISSIONS: 21,776

DELIVERIES: 2,296

OBSERVATION STAYS: 4,146

PATIENT DAYS: 82,975

SURGERIES: 14,597

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE LOWELL GENERAL HOSPITAL IS CIRCLE
HEALTH, INC.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

FORM 990, PART VI, SECTION A, LINE 7A:

CIRCLE HEALTH, INC., AS SOLE MEMBER OF THE 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 THE 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 FOR 990 AND WILL VOTE TO APPROVE IT FOR
FILING. THE FINALIZED FORM, AFTER COORRECTIONS AND MODIFICATIONS, IF ANY,
WILL THEN BE SIGNED BY EITHER THE CEO OR CFO AND FILED AS REQUIRED.

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

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, PRESIDENT, 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	40,374.
CONTRIBUTIONS TO NONCONTROLLED AFFILIATES	-134,370.
TRANSFERS TO AFFILIATES	-8,169,716.
TRANSFERS FROM AFFILIATES	493,199.
PENSION ADJUSTMENT	-6,057,708.
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	-12,812,859.

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number

04-2103590

NET MISC ADJUSTMENT	16,470.
FUNDRAISING EXPENSE RECLASS	608,614.
RENTAL EXP INCLUDED WITH REVENUE	1,154,487.
TOTAL TO FORM 990, PART XI, LINE 9	-24,861,509.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LOWELL GENERAL HOSPITAL

Employer identification number
04-2103590

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (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
CIRCLE HEALTH ALLIANCE, LLC - 80-0782682 295 VARNUM AVE. LOWELL, MA 01854	ACCOUNTABLE CARE ORGANIZATION	MASSACHUSETTS			CIRCLE HEALTH, INC.
LGH MEDICAL GROUP, LLC - 20-5671277 295 VARNUM AVE. LOWELL, MA 01854	MEDICAL SERVICES	MASSACHUSETTS			CIRCLE HEALTH PHYSICIANS, INC.
LGH CANCERCARE ASSOCIATES, LLC - 04-3483462 295 VARNUM AVE. LOWELL, MA 01854	MEDICAL SERVICES	MASSACHUSETTS			CIRCLE HEALTH PHYSICIANS, INC.
LGH WOMANHEALTH, LLC - 26-2057970 295 VARNUM AVE. LOWELL, MA 01854	MEDICAL SERVICES	MASSACHUSETTS			CIRCLE HEALTH PHYSICIANS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CIRCLE HEALTH, INC. - 22-2579798 295 VARNUM AVENUE LOWELL, MA 01854	PARENT/SUPPORTING ORGANIZATION	MASSACHUSETTS	501(C)(3)	LINE 11B, II N/A			X
CIRCLE HEALTH PHYSICIANS, INC. - 27-3902914 295 VARNUM AVENUE LOWELL, MA 01854	MEDICAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	CIRCLE HEALTH, INC.		X
LGH PHYSICIAN ASSOCIATES, INC. - 04-3190747 ONE HOSPITAL DRIVE LOWELL, MA 01852	MEDICAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	CIRCLE HEALTH PHYSICIANS, INC.		X
LOWELL GENERAL HOSPITAL SPECIAL SERVICES, INC. - 04-2749428, 295 VARNUM AVENUE, LOWELL, MA 01854	MEDICAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	LOWELL GENERAL HOSPITAL		X

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

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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)**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions	THE LOWELL GENERAL HOSPITAL	Employer identification number (EIN) or 04-2103590
	Number, street, and room or suite no. If a P.O. box, see instructions. 295 VARNUM AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOWELL, MA 01854-2193	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUSAN GREEN, SR VP AND CFO

- The books are in the care of ► **295 VARNUM AVENUE - LOWELL, MA 01854**
Telephone No. ► **(978) 781-7143** Fax No. ► **(978) 937-6819**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

- 2** If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE LOWELL GENERAL HOSPITAL	04-2103590
	Number, street, and room or suite no. If a P.O. box, see instructions. 295 VARNUM AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOWELL, MA 01854-2193	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SUSAN GREEN, CFO

• The books are in the care of **295 VARNUM AVENUE - LOWELL, MA 01854**

Telephone No **(978) 781-7143**

Fax No. **(978) 937-6819**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**

5 For calendar year **2013**, or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **J. M. B.**

Title **Director**

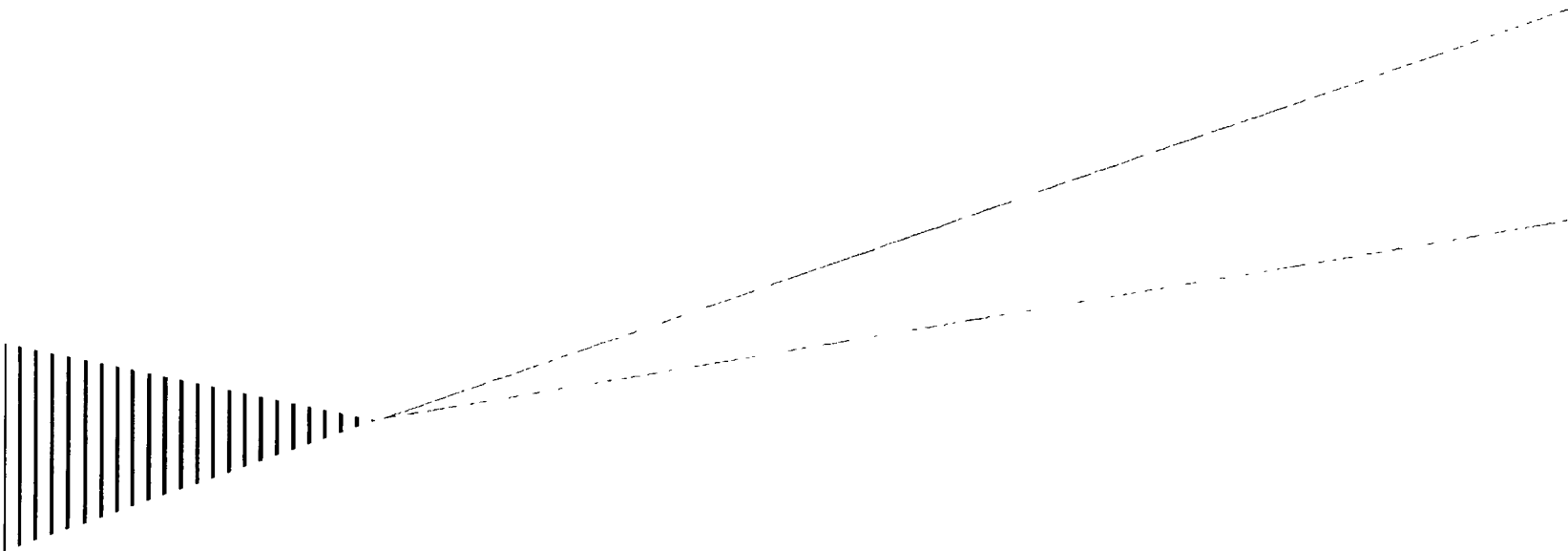
Date **5/15/15**

Form 8868 (Rev. 1-2014)

AUDITED FINANCIAL STATEMENTS

The Lowell General Hospital
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

The Lowell General Hospital

Audited Financial Statements

Years Ended September 30, 2014 and 2013

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Ernst & Young LLP
200 Clarendon Street
Boston, MA 02116

Tel +1 617 266 2000
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ey.com

Report of Independent Auditors

The Board of Trustees
The Lowell General Hospital

We have audited the accompanying financial statements of the Lowell General Hospital (the "Hospital"), which comprise the balance sheets as of September 30, 2014 and 2013, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



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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, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

February 18, 2015

The Lowell General Hospital

Balance Sheets

	September 30	
	2014	2013
Assets		
Current assets:		
Cash and cash equivalents	\$ 48,738,759	\$ 57,510,221
Short-term investments	15,312,338	5,165,623
Current portion of assets whose use is limited or restricted:		
Board-designated funds	14,253,006	17,500,693
Other	1,916,779	7,109,448
Patient accounts receivable, net of allowance for uncollectible accounts of approximately \$10,738,600 and \$14,888,000 in 2014 and 2013, respectively	47,684,478	50,964,338
Supplies	8,080,892	7,459,028
Estimated third-party payor settlements	17,759,125	16,265,906
Prepaid expenses and other current assets	7,327,838	11,541,159
Total current assets	161,073,215	173,516,416
Assets whose use is limited or restricted:		
Board-designated funds	48,572,443	41,455,229
Donor-restricted investments for temporarily restricted net assets	3,573,548	3,189,020
Donor-restricted investments for permanently restricted net assets	4,461,198	3,947,565
Total assets whose use is limited or restricted	56,607,189	48,591,814
Property and equipment, net	231,761,402	238,715,734
Other assets, net	17,479,232	16,990,557
Due from affiliates	6,337,490	7,646,773
Total assets	\$ 473,258,528	\$ 485,461,294
Liabilities		
Current liabilities:		
Accounts payable and accrued expenses	\$ 76,569,665	\$ 81,423,843
Construction projects payable	2,494,706	5,742,394
Estimated third-party payor settlements	3,269,408	2,710,485
Current portion of long-term debt	9,263,372	9,025,981
Other current liabilities	3,097,455	3,197,804
Due to affiliates	4,769,498	4,904,138
Total current liabilities	99,464,104	107,004,645
Long-term liabilities:		
Pension obligations	39,134,847	36,894,109
Other long-term liabilities	8,413,528	6,489,995
Long-term debt, net of current portion	159,138,697	165,444,398
Total long-term liabilities	206,687,072	208,828,502
Total liabilities	306,151,176	315,833,147
Commitments and contingencies (Note 12)		
Net assets:		
Unrestricted	155,242,338	157,709,444
Temporarily restricted	7,403,816	7,971,138
Permanently restricted	4,461,198	3,947,565
Total net assets	167,107,352	169,628,147
Total liabilities and net assets	\$ 473,258,528	\$ 485,461,294

See accompanying notes.

The Lowell General Hospital

Statements of Operations

	Year Ended September 30	
	2014	2013
Unrestricted revenue:		
Patient service revenue, net of contractual discounts	\$ 418,217,452	\$ 405,165,036
Provision for uncollectible accounts	(12,812,859)	(14,143,738)
Net patient service revenue	405,404,593	391,021,298
Other revenue	9,026,050	12,451,784
Net assets released from restrictions used for operations	1,199,815	1,144,835
Total unrestricted revenue	415,630,458	404,617,917
Expenses:		
Salaries and wages	160,768,894	160,694,440
Fringe benefits	37,938,539	37,273,813
Supplies and other	180,104,637	176,744,539
Depreciation and amortization	22,814,262	21,595,871
Interest	7,598,460	5,988,808
Total expenses	409,224,792	402,297,471
Income from operations	6,405,666	2,320,446
Nonoperating gains (losses):		
Contributions, net of development costs	(420,941)	154,438
Contributions to noncontrolled affiliates	(134,370)	(271,812)
Investment income	1,618,935	1,753,334
Net realized gains on investments	10,099,182	2,014,861
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)
Nonoperating gains, net	11,162,806	1,185,442
Excess of revenue and gains over expenses and losses	17,568,472	3,505,888
Other changes to unrestricted net assets:		
Transfers to affiliates	(8,169,716)	(7,260,000)
Grants designated for property and equipment	372,744	259,254
Net assets released from restrictions for capital	1,683,717	2,039,399
Pension-related adjustments	(6,057,708)	15,744,855
Change in net unrealized gains and losses on investments	(7,864,615)	960,150
(Decrease) increase in unrestricted net assets before discontinued operations	(2,467,106)	15,249,546
Discontinued operations:		
Operating income from discontinued business	—	1,699,106
Gain on sale of business	—	19,104,149
Operating income and gain from discontinued business	—	20,803,255
(Decrease) increase in unrestricted net assets	\$ (2,467,106)	\$ 36,052,801

See accompanying notes.

The Lowell General Hospital

Statements of Changes in Net Assets

	Year Ended September 30	
	2014	2013
Unrestricted net assets:		
Excess of revenue and gains over expenses and losses	\$ 17,568,472	\$ 3,505,888
Transfers to affiliates	(8,169,716)	(7,260,000)
Grants designated for property and equipment	372,744	259,254
Net assets released from restrictions for capital	1,683,717	2,039,399
Pension-related adjustments	(6,057,708)	15,744,855
Change in net unrealized gains and losses on investments	(7,864,615)	960,150
(Decrease) increase in unrestricted net assets before discontinued operations	(2,467,106)	15,249,546
Discontinued operations:		
Operating income from discontinued business	-	1,699,106
Gain on sale of business	-	19,104,149
Operating income and gain from discontinued business	-	20,803,255
(Decrease) increase in unrestricted net assets	(2,467,106)	36,052,801
Temporarily restricted net assets:		
Contributions	1,743,797	2,628,707
Transfers from affiliates	370,061	-
Net realized gains on investments	823,854	176,997
Change in net unrealized gains and losses on investments	(621,502)	125,011
Net assets released from restrictions for capital	(1,683,717)	(2,039,399)
Net assets released from restrictions used for operations	(1,199,815)	(1,144,835)
Decrease in temporarily restricted net assets	(567,322)	(253,519)
Permanently restricted net assets:		
Contributions	350,121	524,275
Transfers from affiliates	123,138	-
Change in beneficial interest in perpetual trusts	40,374	14,026
Increase in permanently restricted net assets	513,633	538,301
(Decrease) increase in net assets	(2,520,795)	36,337,583
Net assets at beginning of year	169,628,147	133,290,564
Net assets at end of year	<u>\$ 167,107,352</u>	<u>\$ 169,628,147</u>

See accompanying notes.

The Lowell General Hospital

Statements of Cash Flows

	Year Ended September 30	
	2014	2013
Operating activities		
(Decrease) increase in net assets	\$ (2,520,795)	\$ 36,337,583
Noncash and nonoperating activities included in (decrease) increase in net assets:		
Transfers to affiliates	8,169,716	7,260,000
Restricted fund transfers from affiliates	(493,200)	
Pension-related adjustments	6,057,708	(15,744,855)
Depreciation and amortization	22,814,262	21,870,996
Amortization of bond issuance discount and financing fees	27,672	121,935
Provision for bad debts	12,812,859	14,143,738
Gain on disposal of property and equipment	(144,270)	(23,500)
Restricted contributions	(2,093,918)	(3,152,982)
Net realized and unrealized gains on investments	(2,436,919)	(3,291,045)
Loss on extinguishment of debt	—	513,824
Gain on sale of business	—	(19,104,149)
Change in fair value of interest rate swap	—	(1,213,707)
(Decrease) increase in cash resulting from a change in:		
Patient accounts receivable	(9,532,999)	(22,203,818)
Supplies, prepaid expenses, and other current assets	3,591,457	(5,432,700)
Due to affiliates, net	1,174,643	(2,458,381)
Other assets	(1,582,433)	181,658
Accounts payable and accrued expenses	(11,449,903)	12,960,301
Estimated third-party payor settlements	(934,296)	(6,094,368)
Other liabilities	(1,893,437)	2,024,264
Net cash provided by operating activities	21,566,147	16,694,794
Investing activities		
Proceeds from sale of business	—	19,616,730
Proceeds from sale of property and equipment	180,463	394,918
Proceeds from note receivable	950,000	950,000
Purchase of property and equipment	(10,912,807)	(40,221,687)
Purchase of short-term investments	(10,146,715)	(89,091)
Purchase of long-term investments	(97,440,609)	(45,378,723)
Proceeds from sales of investments	100,302,509	46,398,133
Net cash used in investing activities	(17,067,159)	(18,329,720)
Financing activities		
Restricted contributions	2,093,918	3,152,982
Transfers to affiliates	(8,169,716)	(7,260,000)
Restricted fund transfers to affiliates	493,200	
Payments on capital lease obligations	(613,445)	(500,759)
Payments on lines of credit	(79,956)	(277,776)
Cash paid for debt issuance costs	—	(1,009,853)
Proceeds from issuance of long-term debt	—	69,466,366
Payments on long-term debt	(6,994,451)	(51,131,942)
Net cash (used in) provided by financing activities	(13,270,450)	12,439,018
Net (decrease) increase in cash and cash equivalents	(8,771,462)	10,804,092
Cash and cash equivalents at beginning of year	57,510,221	46,706,129
Cash and cash equivalents at end of year	\$ 48,738,759	\$ 57,510,221
Supplemental cash flow information – cash paid for interest	\$ 8,062,052	\$ 4,761,534
Supplemental schedule of noncash investing and financing activities		
Property and equipment financed through capital leases	\$ 1,735,628	\$ 50,030

See accompanying notes

The Lowell General Hospital

Notes to Financial Statements

September 30, 2014

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, 2014, 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"); Circle Health Alliance ("Alliance"); and Circle Health Urgent Care, LLC ("CH Urgent Care").

The following entities are noncontrolled affiliates of the Corporation: Lowell Community Health Center; Circle Home, Inc.; and CNS Nursing Home Care, Inc.

On October 1, 2014, Circle Health, Inc. closed a transaction which resulted in the creation of Wellforce, Inc. ("Wellforce"), a new parent organization. Wellforce is the common parent of Circle Health, Inc. and Tufts Medical Center Parent, Inc., which is the sole corporate member of Tufts Medical Center, Inc., Tufts Medical Center Real Estate Company, Inc., The Cameron M. Neely Foundation for Cancer Care, Inc., New England Quality Care Alliance, Inc., and New England Long-Term Care, Inc. As of September 30, 2014, the following entities are also controlled affiliates of Tufts Medical Center Parent, Inc., Liability Limited, Inc.; and Tufts Medical Center Physicians Organization, Inc.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been presented in conformity with accounting principles generally accepted in the United States ("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' 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 \$2,138,000 and \$2,253,000 in 2014 and 2013, respectively.

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 uncollectible accounts 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 (EHR) 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 approximately \$1,402,000 and \$4,538,000 in other operating revenue related to the program for fiscal years 2014 and 2013, 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)

Statements of Operations

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

Excess of Revenue and Gains Over Expenses and Losses

The statements of operations include excess of revenue and gains over expenses and losses 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 a 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 those in 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 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.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 2014 and 2013, the Hospital reported realized losses of approximately \$71,000 and \$31,000, 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 \$1,790,000 and \$103,000 at September 30, 2014 and 2013, respectively. The carrying amount of these investments was approximately \$50,226,000 and \$3,142,000 as of September 30, 2014 and 2013, 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, 2014 or 2013.

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

Assets Whose Use Is Limited or Restricted

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

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Perpetual Trusts

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

Gifts

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

Pledges Receivable

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

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 net 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 the amount expended towards property and equipment projects which have not been completed. No provision for depreciation has been recorded for these items.

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

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 2014 and 2013, \$217,744 and \$633,389, respectively, of interest expense has been capitalized as part of the cost of acquiring capital assets. Capitalized interest expense for 2014 and 2013 is offset by \$302 and \$5,246, 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.

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 pledges receivable, a 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, 2014 and 2013, net debt issuance costs of \$2,157,784 and \$2,301,542, respectively, are reported net of accumulated amortization of \$379,767 and \$236,009, 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.

The Lowell General Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 \$13,657,000 of net operating losses from unrelated business activities resulting in a deferred tax asset of approximately \$5,463,000 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, 2011.

New Accounting Pronouncement

In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required beginning October 1, 2017, and management is currently evaluating the effect of this guidance on the financial statements.

The Lowell General Hospital

Notes to Financial Statements (continued)

3. 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 changes in net assets and are summarized below for the year ended September 30, 2013:

Patient service revenue	\$ 11,855,517
Expenses	(10,156,411)
Gain on sale	<u>19,104,149</u>
	<u>\$ 20,803,255</u>

4. 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 \$1,150,000 and \$845,000 in 2014 and 2013, 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 \$1,900,000 and \$2,850,000 as of September 30, 2014 and 2013, respectively. There is no interest charged on this loan receivable.

5. 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 it serves. 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)

5. 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 not, 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 \$12,813,000 and \$14,144,000 in 2014 and 2013, 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 2014 and 2013, the System provided approximately \$3,393,000 and \$5,489,000, respectively, in charity care. The equivalent percentage of charity care patients to all patients served was approximately 1.6% in 2014 and 1.7% in 2013. 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 \$1,511,000 and \$583,000 in 2014 and 2013, 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)

5. 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, 2014 and 2013.

The amounts of HST assessment and receipts, provision for uncollectible accounts, and free care were as follows for the years ended September 30, 2014 and 2013 (in thousands):

	<u>2014</u>	<u>2013</u>
HST assessment (net patient service revenue)	\$ 4,761	\$ 4,571
HST receipts (net patient service revenue)	<u>(5,372)</u>	<u>(4,931)</u>
Net receipts from HST	(611)	(360)
Provision for uncollectible accounts	12,813	14,144
Free care (at cost)	3,393	5,489
Hospital financial assistance (at cost)	1,511	583
Total HST, provision, and free care	<u>\$ 17,106</u>	<u>\$ 19,856</u>

6. Investments

Investments as of September 30, 2014 and 2013, consist of the following:

	<u>2014</u>	<u>2013</u>
Cash and temporary cash investments	\$ 5,081,637	\$ 14,964,084
Marketable equity securities	13,784,146	12,458,559
Mutual funds	52,036,295	41,187,796
U.S. government securities	—	7,990,660
Marketable debt securities	—	274,807
Certificates of deposit	15,799,433	544,747
Beneficial interest in perpetual trusts	1,387,801	946,925
Total	<u>\$ 88,089,312</u>	<u>\$ 78,367,578</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

6. Investments (continued)

Investments are reported in the accompanying balance sheets as of September 30, 2014 and 2013, as follows:

	<u>2014</u>	<u>2013</u>
Short-term investments	\$ 15,312,338	\$ 5,165,623
Current portion of assets whose use is limited or restricted:		
Other	1,916,779	7,109,448
Board-designated funds	<u>14,253,006</u>	<u>17,500,693</u>
	<u>31,482,123</u>	<u>29,775,764</u>
Noncurrent portion of assets whose use is limited or restricted:		
Board-designated funds	48,572,443	41,455,229
Donor-restricted investments for:		
Temporarily restricted net assets	3,573,548	3,189,020
Permanently restricted net assets	<u>4,461,198</u>	<u>3,947,565</u>
	<u>56,607,189</u>	<u>48,591,814</u>
Total	<u>\$ 88,089,312</u>	<u>\$ 78,367,578</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

6. Investments (continued)

Investment income and gains and losses from investments for the years ended September 30, 2014 and 2013, consist of the following:

	2014	2013
Unrestricted:		
Investment income in:		
Nonoperating gains and losses	\$ 1,618,935	\$ 1,753,334
Net realized gains on investments	10,099,182	2,014,861
Change in net unrealized gains and losses on investments	(7,864,615)	960,150
	<u>3,853,502</u>	<u>4,728,345</u>
Temporarily restricted:		
Net realized gains on investments	823,854	176,997
Change in net unrealized gains and losses on investments	(621,502)	125,011
	<u>202,352</u>	<u>302,008</u>
Permanently restricted:		
Change in beneficial interest in perpetual trusts	40,374	14,026
Total	<u>\$ 4,096,228</u>	<u>\$ 5,044,379</u>

7. Property and Equipment

Property and equipment as of September 30, 2014 and 2013, consist of the following:

	2014	2013
Land and improvements	\$ 8,697,820	\$ 7,943,206
Buildings	270,822,989	261,030,292
Equipment	112,295,404	105,716,120
Equipment under capital lease	5,157,191	5,050,180
Total	<u>396,973,404</u>	<u>379,739,798</u>
Less accumulated depreciation and amortization	168,132,863	147,946,972
Total	<u>228,840,541</u>	<u>231,792,826</u>
Construction in progress	2,920,861	6,922,908
Property and equipment, net	<u>\$ 231,761,402</u>	<u>\$ 238,715,734</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

7. Property and Equipment (continued)

At September 30, 2014 and 2013, accumulated amortization of equipment under capital leases was \$3,784,277 and \$4,460,190, respectively.

The Hospital had commitments for facility expansions totaling \$2,473,724 at September 30, 2014.

8. 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, 2014 and 2013, were as follows:

	<u>2014</u>	<u>2013</u>
Due within one year	\$ 896,820	\$ 1,236,176
Due within two to five years	3,030,500	3,240,000
Due within six to ten years	600,000	1,200,000
Total receivables	<u>4,527,320</u>	<u>5,676,176</u>
Discount to present value	(244,320)	(326,441)
Allowance for uncollectable amounts	(452,732)	(567,618)
Pledges receivable, net	<u>\$ 3,830,268</u>	<u>\$ 4,782,117</u>

The Lowell General Hospital
Notes to Financial Statements (continued)

9. Debt

Debt as of September 30, 2014 and 2013, consists of the following:

	<u>2014</u>	<u>2013</u>
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%	\$ 11,710,000	\$ 13,155,000
Term Bonds due 2025 through 2035, fixed rates ranging from 4.750% to 5.125%	48,360,000	48,360,000
Massachusetts Development Finance Agency (MDFA) Revenue Bonds:		
MDFA Series E Bonds:		
Term Bonds due 2013 through 2027, fixed rate 3.79% throughout term	23,740,000	25,000,000
MDFA Series F Bonds:		
Term Bonds due 2013 through 2027, fixed rate 3.92% throughout term	11,875,000	12,500,000
MDFA Series G Bonds:		
Term Bonds due 2029 through 2044, fixed rate 5.00% throughout term	61,005,000	61,005,000
	<u>156,690,000</u>	<u>160,020,000</u>
MHEFA construction project loan	28,359	359,477
Line-of-credit arrangements	1,741,701	1,821,657
Notes payable	4,444,444	7,777,778
Capital lease obligations	1,785,962	663,778
Total	<u>164,690,466</u>	<u>170,642,690</u>
Add unamortized original issue premium	4,438,044	4,611,106
Less unamortized original issue discount	726,441	783,417
Less current portion of debt	9,263,372	9,025,981
Long-term debt, net of current portion and unamortized original issue discount	<u>\$ 159,138,697</u>	<u>\$ 165,444,398</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

9. 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 the 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)

9. 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 MHEFA 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.

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)

9. 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. Net swap cash flows included in nonoperating gains (losses) for 2013 were \$606,000.

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 at 5.09%.

Physician Loan Guarantees

The Hospital has entered into guarantee agreements 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 \$1,087,000 and \$570,000 as of September 30, 2014 and 2013, respectively. As of September 30, 2014 and 2013, approximately \$1,036,000 and \$381,000, respectively, of physician borrowings were outstanding under these arrangements. At September 30, 2014 and 2013, the Hospital recorded a liability related to these guarantees of approximately \$1,036,000 and \$381,000, which is included in accounts payable and accrued expenses in the accompanying balance sheets.

Lines of Credit

The Hospital maintains two unsecured line-of-credit agreements with total availability of \$2 million. The lines of credit bear interest at 3.25%. The balance outstanding on the lines of credit totaled \$993,571 and \$1,073,527 at September 30, 2014 and 2013, respectively. The lines of credit are payable on demand.

The Lowell General Hospital

Notes to Financial Statements (continued)

9. 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* (3.25% at September 30, 2014 and 2013). The balance outstanding on the revolving line of credit totaled \$748,130 at both September 30, 2014 and 2013. 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* (1.15% and 1.18% on September 30, 2014 and 2013, respectively). There was no balance outstanding under this line of credit at September 30, 2014 and 2013, 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 \$4,444,444 and \$7,777,778 at September 30, 2014 and 2013, 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)

9. 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, 2014, are as follows:

	Long-Term Debt	Capital Lease Obligations
Years ending September 30:		
2015	\$ 6,817,000	\$ 713,221
2016	5,036,000	671,705
2017	4,085,000	188,425
2018	4,235,000	133,566
2019	4,405,000	88,990
Thereafter	136,585,000	—
Total	<u>\$ 161,163,000</u>	<u>1,795,907</u>
Less amounts representing interest under capital lease obligations		<u>9,945</u>
Present value of minimum lease payments		<u>\$ 1,785,962</u>

10. Related-Party Transactions

During 2014 and 2013, the Hospital made net transfers to affiliates of approximately \$8,170,000 and \$7,260,000, respectively. The Hospital does not expect repayment of these amounts transferred to affiliates. These transfers are reported in the accompanying statements of operations and changes in net assets as decreases in unrestricted net assets and are excluded from the excess of revenue and gains over expenses and losses. Also during 2014 and 2013, the Hospital made payments to noncontrolled affiliates, in support of their mission, in the amount of \$134,370 and \$271,812, respectively. These payments are reported in the accompanying statements of operations as nonoperating gains (losses).

During 2014, transfers of restricted funds were made to the Hospital by the Corporation, which totaled approximately \$493,000.

The Lowell General Hospital

Notes to Financial Statements (continued)

10. Related-Party Transactions (continued)

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 \$963,000 and \$777,000 for the years ended September 30, 2014 and 2013, respectively.

Amounts due from and to affiliates as of September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Due from affiliates:		
The Corporation	\$ 347,588	\$ 225,212
LGH Medical Group	1,323,475	1,624,108
LGH Medical	271,758	532,261
Cancercare	367,825	422,777
WomanHealth	492,292	651,457
MVC	2,153,795	2,630,213
Health Alliance	261,584	392,502
Physician Associates	1,085,761	1,168,243
CH Urgent Care	33,412	—
Total	<u>\$ 6,337,490</u>	<u>\$ 7,646,773</u>
Due to affiliates:		
LGH Medical Group	\$ 1,666,652	\$ 1,316,587
LGH Medical	—	29,280
Cancercare	275,403	310,119
WomanHealth	802,857	1,053,525
MVC	1,324,706	1,807,316
Physician Associates	699,880	387,311
Total	<u>\$ 4,769,498</u>	<u>\$ 4,904,138</u>

11. 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.

The Lowell General Hospital

Notes to Financial Statements (continued)

11. Pension Plans (continued)

Employees hired after October 15, 2003, are eligible to participate in the 403(b) employer match program.

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 employee's 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, 2014 and 2013, include unrecognized actuarial losses of \$25,540,948 and \$23,610,827, respectively. Of these amounts, \$1,687,241 was recognized in net periodic pension cost in 2014 and \$1,819,697 is expected to be recognized in net periodic pension cost in 2015.

Components of net periodic benefit costs for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Service cost – benefits earned during the year	\$ 1,772,474	\$ 2,305,441
Interest cost on projected benefit obligation	3,908,522	3,351,007
Expected return on Plan assets	(4,765,268)	(4,479,850)
Amortization of net actuarial loss	1,687,241	2,709,240
Net periodic benefit cost	<u>\$ 2,602,969</u>	<u>\$ 3,885,838</u>

The LGH Plan's funded status and the amounts recognized in the Hospital's balance sheets as of September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Projected benefit obligation	\$ 92,994,791	\$ 84,578,330
Plan assets – at fair value	71,577,138	63,754,738
Projected benefit obligation in excess of Plan assets – accrued pension liability	<u>\$ 21,417,653</u>	<u>\$ 20,823,592</u>

The Lowell General Hospital
Notes to Financial Statements (continued)

11. Pension Plans (continued)

Assumptions used in determining the benefit obligations were as follows:

- Discount rate of 4.22% for 2014 and 4.75% for 2013
- Rate of increase in future salary levels of 3.0% for both 2014 and 2013

Assumptions used to determine expense were as follows:

- Discount rate of 4.75% for 2014 and 3.90% for 2013
- Expected return on plan assets of 7.50% for both 2014 and 2013
- Rate of increase in future salary levels of 3.0% for both 2014 and 2013

The LGH Plan assets target allocation as of September 30, 2014, and the LGH Plan asset allocations as of September 30, 2014, are as follows:

	Target Allocation Percentage	Percentage of Plan Assets 2014
Equity	38%–68%	48%
Fixed income	22–48	37
Alternative investments	8–23	13
Cash	0–10	2
Total		<u>100%</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

11. Pension Plans (continued)

Changes in the projected benefit obligation for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Benefit obligation – beginning of year	\$ 84,578,330	\$ 87,673,255
Service cost	1,772,474	2,305,441
Interest cost	3,908,522	3,351,007
Actuarial loss (gain)	5,911,959	(5,626,627)
Benefits paid	(3,176,494)	(3,124,746)
Benefit obligation – end of year	<u>\$ 92,994,791</u>	<u>\$ 84,578,330</u>
Accumulated benefit obligation – end of year	<u>\$ 87,196,449</u>	<u>\$ 78,764,521</u>

Changes in fair value of the LGH Plan assets for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Plan assets – at fair value – beginning of year	\$ 63,754,738	\$ 59,653,601
Actual gain on Plan assets	7,059,865	3,570,431
Employer contribution	3,939,029	3,655,452
Benefits paid	(3,176,494)	(3,124,746)
Plan assets – at fair value – end of year	<u>\$ 71,577,138</u>	<u>\$ 63,754,738</u>

Saints Plan

Unrestricted net assets at September 30, 2014 and 2013, include unrecognized actuarial gains of \$3,104,851 and \$6,340,467, respectively. Of these amounts, no loss is expected to be recognized in net periodic pension cost in 2015.

The Lowell General Hospital

Notes to Financial Statements (continued)

11. Pension Plans (continued)

Components of net periodic pension benefit credit for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Interest cost on projected benefit obligation	\$ 2,159,064	\$ 2,013,258
Expected return on plan assets	(2,340,886)	(2,161,223)
Amortization of net actuarial gain	(73,784)	—
Net periodic pension credit	<u>\$ (255,606)</u>	<u>\$ (147,965)</u>

The Saints Plan's funded status and the amounts recognized in the Hospital's balance sheet as of September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Projected benefit obligation	\$ 50,024,413	\$ 46,796,071
Plan assets – at fair value	<u>32,307,219</u>	<u>30,725,554</u>
Projected benefit obligation in excess of Plan assets – accrued pension liability	<u>\$ 17,717,194</u>	<u>\$ 16,070,517</u>

Assumptions used in determining the benefit obligations were as follows:

- Discount rate of 4.22% for 2014 and 4.75% for 2013

Assumptions used to determine expense were as follows:

- Discount rate of 4.75% for 2014 and 3.90% for 2013
- Expected return on plan assets of 7.75% for 2014 and 8.0% for 2013

The Lowell General Hospital

Notes to Financial Statements (continued)

11. Pension Plans (continued)

Changes in the projected benefit obligation for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Benefit obligation – beginning of period	\$ 46,796,071	\$ 52,912,266
Interest cost	2,159,064	2,013,258
Actuarial loss (gain)	3,554,311	(5,803,599)
Benefits paid	(2,485,033)	(2,325,854)
Benefit obligation – end of year	<u>\$ 50,024,413</u>	<u>\$ 46,796,071</u>
Accumulated benefit obligation – end of year	<u>\$ 50,024,413</u>	<u>\$ 46,796,071</u>

Changes in fair value of the Saints Plan assets for the years ended September 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Plan assets – at fair value – beginning of period	\$ 30,725,554	\$ 28,292,956
Actual gain on Plan assets	2,733,365	4,508,452
Employer contributions	1,333,333	250,000
Benefits paid	(2,485,033)	(2,325,854)
Plan assets – at fair value – end of year	<u>\$ 32,307,219</u>	<u>\$ 30,725,554</u>

The Saints Plan assets target allocation as of September 30, 2014, and the Saints Plan asset allocations as of September 30, 2014, are as follows:

	<u>Target Allocation Percentage</u>	<u>Percentage of Plan Assets 2014</u>
Equity	50%–80%	66%
Fixed income	20–50	19
Alternative investments	0–10	13
Cash	0–10	2
Total		<u>100%</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

11. 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 \$3,954,010 to the Circle Health Plan and \$1,000,000 to the Saints Plan during the year ended September 30, 2015. The estimated future benefit payments reflecting expected future service for the fiscal years ending after September 30, 2014, are as follows:

	<u>LGH Plan</u>	<u>Saints Plan</u>
September 30, 2015	\$ 4,905,290	\$ 2,799,706
2016	5,089,626	2,871,774
2017	5,290,350	2,974,043
2018	5,559,422	3,056,197
2019	5,972,819	3,102,747
2020-2024	32,928,085	16,199,475

12. 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)

12. 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 \$3,764,000 has been recorded in the accompanying financial statements at September 30, 2014, of which \$893,000 related to the incurred-but-not-reported claims. The Hospital has recorded insurance recoveries receivable of \$2,871,000 at September 30, 2014, 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, 2014 and 2013, the accrual for incidents reported and incurred but not yet reported was approximately \$696,000 and \$572,000, respectively, and is 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, 2014, are as follows:

	<u>Amount</u>
Years ending September 30:	
2015	\$ 5,719,631
2016	5,240,271
2017	4,462,298
2018	3,112,770
2019	1,378,592
Thereafter	5,079,104
Total	<u>\$ 24,992,666</u>

Total rent expense incurred under operating leases for the years ended September 30, 2014 and 2013, was approximately \$6,527,000 and \$6,381,000, respectively.

The Lowell General Hospital

Notes to Financial Statements (continued)

12. 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, 2014, are as follows:

	<u>Operations</u>	<u>Capital</u>
Years ending September 30:		
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
2019	14,743,623	3,229,860
Thereafter	42,671,625	8,882,115
Total	<u>\$ 111,495,633</u>	<u>\$ 24,917,202</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, 2014, \$10,829,181 was capitalized in property and equipment under this arrangement and an obligation of \$5,506,186 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 the debt and line of credit obligation of LGH Medical of approximately \$6,000,000 and \$2,333,000, respectively, at September 30, 2014. The corresponding balances at September 30, 2013, were approximately \$6,000,000 and \$2,531,000, 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)

12. 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.

13. 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, 2014 and 2013, is as follows:

	2014	2013
Blue Cross	16%	15%
Medicare	21	20
Medicaid	11	10
Other third-party payors	33	39
Patients	19	16
Total	100%	100%

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, 2014, 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)

13. Concentrations of Credit Risk (continued)

The Hospital's allowance for doubtful accounts represented 18% and 23% of accounts receivable at September 30, 2014 and 2013, respectively. The Hospital's self-pay and third-party payor write-offs were \$14,328,706 and \$11,381,232 for fiscal years 2014 and 2013, respectively, tracking at 3.5% and 3.0% of patient services revenue, respectively, for these periods. The decrease in doubtful accounts as a percentage of accounts receivable relates to an improvement in the aging with the transition of the billing system and a better coordination in the collection process. The Hospital has not changed its charity care or uninsured discount policies during fiscal year 2014.

Revenues from third-party payors, the uninsured, and other revenues for the fiscal years ended September 30, 2014 and 2013, are summarized in the following table:

	2014	Ratio	2013	Ratio
Medicare	\$ 122,022,169	29%	\$ 120,099,380	30%
Medicaid	28,848,714	7	34,469,815	8
Patients	13,809,585	3	14,188,384	4
Other commercial payors	253,536,984	61	236,407,457	58
Revenues before provision for uncollectible accounts	418,217,452	100	405,165,036	100
Provision for uncollectible accounts	(12,812,859)	(3)	(14,143,738)	(3)
Net patient services revenue	\$ 405,404,593	97%	\$ 391,021,298	97%

14. 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, 2014 and 2013, are as follows:

	2014	2013
Health care services	\$ 313,466,191	\$ 307,878,255
General and administrative	95,758,601	94,419,216
Total expenses	\$ 409,224,792	\$ 402,297,471

The Lowell General Hospital

Notes to Financial Statements (continued)

15. Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets as of September 30, 2014 and 2013, consist of the following:

	<u>2014</u>	<u>2013</u>
Charity care	\$ 522,871	\$ 488,650
Capital campaign	3,830,268	4,858,217
Team walk	1,717,429	1,497,850
Pediatric care	94,072	88,309
Other health care services	1,239,176	1,038,112
Total	<u>\$ 7,403,816</u>	<u>\$ 7,971,138</u>

Temporarily restricted net assets include accumulated net gains on permanently restricted net assets of approximately \$748,000 and \$835,000 at September 30, 2014 and 2013, 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, 2014 and 2013, consist of the following:

	<u>2014</u>	<u>2013</u>
Investments to be held in perpetuity – the income from which is expendable for the purposes designated by the donor	\$ 3,055,735	\$ 3,000,640
Beneficial interest in perpetual trusts	1,405,463	946,925
Total	<u>\$ 4,461,198</u>	<u>\$ 3,947,565</u>

Endowment Funds

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

The Lowell General Hospital

Notes to Financial Statements (continued)

15. 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 2014 and 2013, the Board appropriated \$325,000 and \$306,000, 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)

15. 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, 2014 and 2013, and the changes therein for the years then ended, is as follows:

	Temporarily Restricted	Permanently Restricted	Total
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
Net appreciation	238,031	–	238,031
Contributions	–	350,121	350,121
Transfers from affiliates	–	123,138	123,138
Change in fair value of beneficial interest in perpetual trusts	–	40,374	40,374
Appropriations of endowment assets for expenditure	(325,003)	–	(325,003)
Endowment net assets – September 30, 2014	<u>\$ 747,664</u>	<u>\$ 4,461,198</u>	<u>\$ 5,208,862</u>

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Hospital to retain as a fund of perpetual duration. There were no such deficiencies at September 30, 2014 or 2013.

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)

15. 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.

16. 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)

16. Fair Value Measurements (continued)

The Hospital's financial assets and liabilities that are measured at fair value on a recurring basis as of September 30, 2014 and 2013, are as follows:

2014	Level 1	Level 2	Level 3	2014 Total
Assets:				
Cash and temporary cash investments	\$ 5,081,637	\$ —	\$ —	\$ 5,081,637
Marketable equity securities	13,784,146	—	—	13,784,146
Mutual funds:				
Equity—U.S.	14,507,714	—	—	14,507,714
Equity—Foreign	3,329,588	—	—	3,329,588
Equity—Global	6,925,933	—	—	6,925,933
Fixed income—U.S.	22,101,527	—	—	22,101,527
Fixed income—Global	5,171,533	—	—	5,171,533
Certificates of deposit	—	15,799,433	—	15,799,433
Beneficial interest in perpetual trusts	—	1,387,801	—	1,387,801
Total assets	\$ 70,902,078	\$ 17,187,234	\$ —	\$ 88,089,312
2013	Level 1	Level 2	Level 3	2013 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	\$ 68,610,439	\$ 9,757,139	\$ —	\$ 78,367,578

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Fair Value Measurements (continued)

The Hospital's pension plan assets that are measured at fair value on a recurring basis as of September 30, 2014 and 2013, are as follows:

	Level 1	Level 2	Level 3	2014 Total
LGH Plan				
Cash and temporary cash investments	\$ 1,314,376	\$ -	\$ -	\$ 1,314,376
Mutual funds:				
Equity-U.S.	10,916,086	-	-	10,916,086
Equity-Foreign	8,672,596	-	-	8,672,596
Fixed income-U.S.	12,860,159	-	-	12,860,159
Fixed income-Foreign	-	6,763,695	-	6,763,695
Blended-Global	7,971,587	6,711,958	-	14,683,545
Common collective trust - fixed income	-	7,211,511	-	7,211,511
Limited liability partnerships	-	-	9,155,170	9,155,170
Total pension investments	<u>\$ 41,734,804</u>	<u>\$ 20,687,164</u>	<u>\$ 9,155,170</u>	<u>\$ 71,577,138</u>
Saints Plan				
Cash and temporary cash investments	\$ 437,887	\$ -	\$ -	\$ 437,887
Mutual funds:				
Equity-Foreign	-	1,599,835	-	1,599,835
Equity-Global	5,452,465	3,177,861	-	8,630,326
Fixed income-U.S.	3,174,513	-	-	3,174,513
Fixed income-Foreign	1,274,623	1,802,382	-	3,077,005
Blended-Global	3,254,176	6,425,055	-	9,679,231
Real assets-U.S.	1,356,198	-	-	1,356,198
Limited liability partnerships	-	-	4,352,224	4,352,224
Total pension investments	<u>\$ 14,949,862</u>	<u>\$ 13,005,133</u>	<u>\$ 4,352,224</u>	<u>\$ 32,307,219</u>

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Fair Value Measurements (continued)

	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 partnerships	—	—	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
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)

16. 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, 2013 and 2014, is as follows:

	<u>LGH Plan</u>	<u>Saints Plan</u>
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	9,529,462	183,511
Change in fair value	718,841	168,713
Purchases	9,000,000	4,000,000
Sales	(10,093,133)	–
Balance – September 30, 2014	<u>\$ 9,155,170</u>	<u>\$ 4,352,224</u>

There were no significant transfers to or from Levels 1 or 2 during the year ended September 30, 2014.

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 values of mutual funds are based on quoted market prices.

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Fair Value Measurements (continued)

U.S. Government and Municipal Securities

The fair value of U.S. government and municipal securities was 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 Deposit

The carrying value of certificates of deposit 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)

16. Fair Value Measurements (continued)

The System's investments with a reported NAV as of September 30, 2014 and 2013, are as follows:

	Fair Value		Redemptions		
	2014	2013	Frequency	Restrictions	Notice Period
Pension plan investments					
LGH Plan:					
Limited liability partnerships:					
Real estate ^(a)	\$ —	\$ 3,257,002	Quarterly	(A)	90 days
Offshore funds ^(b)	6,695,571	6,272,460	Mthly/Qtrly	(B)	20-90 days
Foreign private debt fund ^(c)	1,236,320	—	Quarterly	(C)	90 days
Global private debt fund ^(d)	1,223,279	—	Rolling 1 yr	(C)	45 days
Total	9,155,170	9,529,462			
Saints Plan:					
Limited liability partnerships:					
Private equity ^(e)	175,421	183,511	n/a	n/a	n/a
Offshore funds ^(b)	3,151,976	—	Mthly/Qtrly	(B)	20-65 days
Foreign private debt fund ^(c)	515,133	—	Quarterly	(C)	90 days
Global private debt fund ^(d)	509,694	—	Rolling 1 yr	(C)	45 days
Total	4,352,224	183,511			
Total	\$ 13,507,394	\$ 9,712,973			

The Lowell General Hospital

Notes to Financial Statements (continued)

16. Fair Value Measurements (continued)

- (a) 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.
 - (b) 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.
 - (c) Includes investments in privately negotiated credit-intensive investments primarily domiciled in the Asia/Pacific region.
 - (d) A global multi-strategy fund which invests in merger arbitrage, convertible/derivative arbitrage, corporate credit, structured credit, long/short equity special situations, and private instruments.
 - (e) 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.
- (A) 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.
- (B) 5% penalty for withdrawals within the first year.
- (C) Three-year initial lock-up.

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, 2014.

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)

16. 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 2014 and 2013 were discounted at the following Treasury rates:

One year	.10%
Two years	.58
Three years	1.06
Four years	1.43
Five years	1.78

There were no new pledges received in 2014. Pledges received in 2013, which have been recorded at fair value, totaled approximately \$158,000.

Long-Term Debt

The estimated fair values of the Hospital's long-term debt are 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, 2014 and 2013, are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>2014</u>	<u>2013</u>
Carrying amount	\$ 121,075,000	\$ 35,615,000	\$ 156,690,000	\$ 160,020,000
Estimated fair value	\$ 128,606,000	\$ 36,298,000	\$ 164,904,000	\$ 158,585,000

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)

17. Subsequent Events

The Hospital evaluated subsequent events through February 17, 2015, which is the date the financial statements were issued.

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