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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LANCASTER GENERAL HOSPITAL

% F JOSEPH BYORICK III CFO

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

555 NORTH DUKE STREET

City or town, state or province, country, and ZIP or foreign postal code

LANCASTER, PA 17604

F Name and address of principal officer

F JOSEPH BYORICK III

555 NORTH DUKE STREET

LANCASTER, PA 17604

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LGHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1893

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,703,563

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

F JOSEPH BYORICK III CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE REFER TO FORM 990, SCHEDULE H FOR ADDITIONAL DISCLOSURE REGARDING LANCASTER GANERAL HOSPITAL'S MISSION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$	125,735,034	including grants of \$	0)	(Revenue \$	221,110,360)
See Additional Data							

4b	(Code)	(Expenses \$	117,481,314	including grants of \$	0)	(Revenue \$	200,145,904)
See Additional Data							

4c	(Code)	(Expenses \$	92,418,111	including grants of \$	0)	(Revenue \$	95,611,227)
See Additional Data							

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	434,851,588	including grants of \$	3,765,665)	(Revenue \$	537,514,712)	

4e	Total program service expenses ▶	770,486,047					
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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	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
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	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	No
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	15	No
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	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
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? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
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? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV	28a 28b 28c	No Yes Yes
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2	35a 35b	Yes Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	1a	542
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,299
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	15	
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			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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, address, and telephone number of the person who possesses the organization's books and records.
 ► F JOSEPH BYORICK III CFO 555 NORTH DUKE STREET LANCASTER, PA 17604 (717) 544-4926

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								16,151,986	6,366,253	3,775,617

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 ▶ 599

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BENCHMARK CONSTRUCTION, PO BOX 806 BROWNSTOWN, PA 17508	CONSTRUCTION SRVCS	42,533,038
CORESOURCE, PO BOX 83301 LANCASTER, PA 176083301	HLTH BENEFITS ADMIN	4,808,333
EPIC SYSTEMS CORP, PO BOX 88314 MILWAUKEE, WI 532880314	SOFTWARE MAINTENANCE	3,527,424
MORRISON MGMT SPECIALISTS INC, PO BOX 102289 ATLANTA, GA 303682289	FOOD SERVICES	3,155,375
PULMONARY ASSOC OF LANCASTER, 540 N DUKE STREET SUITE 244 LANCASTER, PA 17602	PHYSICIAN SERVICES	2,554,650

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 ▶ 193

Part VIII

Statement of Revenue

Check 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	1a	Federated campaigns . . .	1a	152,945			
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	727,488			
	g	Noncash contributions included in lines 1a-1f \$ 8,782					
	h	Total. Add lines 1a-1f	880,433				
Program Service Revenue			Business Code				
	2a	OTHER NET PATIENT REVENUE	622110	602,670,854	600,263,610	2,407,244	
	b	MEDICARE/MEDICAID NET PATIENT REVENUE	622110	394,822,260	394,822,260		
	c	RENT REVENUE FROM AFFILIATES	531190	4,797,106	4,797,106		
	d	EQUITY IN EARNINGS	900099	273,105	273,105		
	e	MISC SALES	900099	590,309	589,743	566	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	1,003,153,634				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	2,035,096			2,035,096
	4		Income from investment of tax-exempt bond proceeds	0			
	5		Royalties	0			
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)		0			
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		60,977,776			
		b	Less cost or other basis and sales expenses	60,935,164			
		c	Gain or (loss)	42,612			
	d	Net gain or (loss)		42,612			42,612
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0		
		b	Less direct expenses	b	0		
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19		a	0		
		b	Less direct expenses	b	0		
c		Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances		a	0			
	b	Less cost of goods sold	b	0			
	c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code					
11a	SALE OF SERVICE	541990	19,710,463	16,785,307	2,925,156		
b	MANAGEMENT FEE REVENUE	541219	14,014,716	13,727,120	287,596		
c	CONVENIENCE PHARMACY REVENUE	446110	9,384,196	9,384,196			
d	All other revenue		21,295,706	11,331,946	62,775	9,900,985	
e	Total. Add lines 11a-11d		64,405,081				
12	Total revenue. See Instructions			1,070,516,856	1,051,974,393	5,683,337	11,978,693

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 domestic organizations and domestic governments. See Part IV, line 21.	3,740,965	3,740,965		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	24,700	24,700		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	12,947,304		12,947,304	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	352,215,086	295,113,039	56,902,864	199,183
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	46,558,464	37,574,736	8,958,294	25,434
9 Other employee benefits.	52,712,268	41,759,308	10,894,630	58,330
10 Payroll taxes.	25,071,172	20,454,212	4,595,597	21,363
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	1,079,648	8,270	1,071,378	
c Accounting.	40,755		40,755	
d Lobbying.	92,464	55	92,409	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	81,825		81,825	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,355,918	15,785,323	7,570,251	344
12 Advertising and promotion.	2,327,190	2,327,190		
13 Office expenses.	33,503,325	19,994,793	13,485,800	22,732
14 Information technology.	2,285,289	80,982	2,177,035	27,272
15 Royalties.	0			
16 Occupancy.	22,421,180	16,537,199	5,883,981	
17 Travel.	1,523,575	864,316	652,607	6,652
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	5,737,331	5,737,331		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	42,515,695	37,326,271	5,189,125	299
23 Insurance.	7,385,839	13,289	7,372,550	
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 MED/SURG SUPPLIES	197,933,809	192,428,627	5,497,909	7,273
b MANAGEMENT FEE	69,547,496	55,958,230	12,907,766	681,500
c PURCHASED SERVICES	45,826,329	24,739,024	20,434,124	653,181
d BAD DEBT (NON-PATIENT)	101,305	18,187	83,118	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	949,028,932	770,486,047	176,839,322	1,703,563
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		25,515	1	26,500
	2	Savings and temporary cash investments		118,685,167	2	98,876,798
	3	Pledges and grants receivable, net		515,441	3	427,361
	4	Accounts receivable, net		114,607,422	4	114,632,865
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		63,387,568	7	63,343,994
	8	Inventories for sale or use		13,301,572	8	16,575,632
	9	Prepaid expenses and deferred charges		11,937,596	9	13,835,649
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,244,546,605			
	b	Less: accumulated depreciation	10b 722,491,253	485,371,775	10c	522,055,352
	11	Investments—publicly traded securities		43,508,471	11	41,921,568
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		46,920,396	15	39,324,648
16	Total assets. Add lines 1 through 15 (must equal line 34)		898,260,923	16	911,020,367	
Liabilities	17	Accounts payable and accrued expenses		74,560,707	17	87,038,453
	18	Grants payable		0	18	0
	19	Deferred revenue		1,859,893	19	3,313,929
	20	Tax-exempt bond liabilities		286,904,653	20	277,841,651
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		47,947,404	25	31,782,313
	26	Total liabilities. Add lines 17 through 25		411,272,657	26	399,976,346
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		466,942,636	27	487,388,159
	28	Temporarily restricted net assets		11,086,447	28	13,056,890
	29	Permanently restricted net assets		8,959,183	29	10,598,972
	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		486,988,266	33	511,044,021
	34	Total liabilities and net assets/fund balances		898,260,923	34	911,020,367

Part XI Reconciliation of Net AssetsCheck 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	1,070,516,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	949,028,932
3	Revenue less expenses Subtract line 2 from line 1	3	121,487,924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	486,988,266
5	Net unrealized gains (losses) on investments	5	1,583,644
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	-99,015,813
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	511,044,021

Part XII Financial Statements and ReportingCheck 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		No
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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1365353

Name: LANCASTER GENERAL HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

SURGICAL SERVICES

Form 990, Part III, Line 4b:	
NURSING SERVICES	
<hr/>	

Form 990, Part III, Line 4c:	
<u>PHARMACY</u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John M Anderson PhD Trustee	2 0 53 0	X						0	0	0
Thomas T Baldrige Trustee	2 0 53 0	X						0	0	0
Thomas E Beeman PhD Trustee	2 0 53 0	X						0	1,527,033	221,349
Frederick C Beyer MD Trustee	2 0 53 0	X						0	448,924	38,445
Keith R Kuhlengel MD Trustee	2 0 4 0	X						0	0	0
C Clair McCormick Trustee	2 0 2 0	X						0	0	0
Ralph W Muller Trustee	2 0 53 0	X						0	2,477,764	503,454
Lori Pickell Trustee	2 0 2 0	X						0	0	0
Carolyn F Scanlan Trustee	2 0 2 0	X						0	0	0
Kim Smith Esq Trustee	2 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
D Michael Wege	2 0									
Trustee	2 0	X						0	0	0
Patrick D Whalen	2 0									
Trustee	2 0	X						0	0	0
Jan L Bergen	47 0									
President & CEO, LG Health	8 0	X		X				1,006,822	0	553,978
Joanne B Ladley	2 0									
Vice Chairperson	2 0	X		X				0	0	0
Philip R Wenger	2 0									
Chairperson	2 0	X		X				0	0	0
Kay Brady	53 0									
VP, Human Resources	2 0			X				242,516	0	22,775
F Joseph Byorick III	43 0									
SVP, CFO	12 0			X				888,937	0	16,266
Margaret F Costella Esq	41 0									
SVP, Legal Svcs, Gen Counsel	14 0			X				358,420	0	78,656
Gary Davidson	53 0									
SVP and CIO	2 0			X				603,362	0	97,947
Lee M Duke II MD	49 0									
SVP & Chief Physician Exec	6 0			X				686,999	0	280,504

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Geoffrey W Eddowes SVP, WBH	49 0 6 0			X				395,386	0	100,228
Norma J Ferdinand SVP,Quality & Perf Improvement	53 0 2 0			X				921,211	0	183,097
T Raymond Foley President, Physician Services	2 0 53 0			X				0	791,622	313,299
Jennifer L Groff VP, Organizational Advancement	2 0 53 0			X				0	186,259	15,570
Alexandra Jorgensen Chief HR Officer	53 0 2 0			X				145,717	0	7,243
Elizabeth D Katz VP,Risk Mgmt & Corp Compliance	53 0 2 0			X				205,224	0	19,554
Denise A Kennedy VP, Financial Services	53 0 2 0			X				231,046	0	18,051
Stephen C Lee VP, Facilities Planning	53 0 2 0			X				287,424	0	22,028
Robert P Macina Esq EVP, Chief Admin Officer	41 0 14 0			X				604,079	0	240,440
Edward Maloney VP, Information Tech Operation	53 0 2 0			X				293,677	0	26,091

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William McCune SVP, Hospital Operations	53 0 2 0			X				376,778	0	98,888
Tammy L Ober VP, Hospital Operations	53 0 2 0			X				290,371	0	28,748
Richard D Paoletti VP, Primary Care & Ambulatory	49 0 6 0			X				336,733	0	29,220
Douglas W Rinehart VP, Controller	51 0 4 0			X				260,162	0	26,766
Michael R Ripchinski Chief Clinical Officer	53 0 2 0			X				448,076	0	190,361
Lanyce A Roldan SVP & Chief Nursing Executive	53 0 2 0			X				315,623	0	74,826
Christine M Stabler MD VP, Academic Affairs	53 0 2 0			X				441,342	0	25,668
Cynthia J Stauffer VP,Epic Solutions/Clinical App	53 0 2 0			X				194,413	0	16,216
James A Stuccio SVP, Ambulatory & Phys Svcs	2 0 53 0			X				0	595,202	134,967
Susan Wynne SVP, Business Dev & Planning	53 0 2 0			X				531,068	0	20,764

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stacey G Youcis SVP Svc Lines/Population Hlth	49 0 6 0			X				374,396	0	96,149
Robert W Larkin Medical Director MFM	50 0 0 0					X		913,947	0	18,103
Jeffrey T Cope Cardiothoracic Surgeon	50 0 0 0					X		894,440	0	29,423
Mark Epler Cardiothoracic Surgeon	50 0 0 0					X		869,834	0	29,423
Christian R Macedonia Perinatologist	50 0 0 0					X		847,231	0	19,143
Philip M Bayliss Perinatologist	50 0 0 0					X		684,034	0	27,069
Lisa R Hess Former Officer	0 0 0 0						X	233,658	0	19,099
Regina M Mingle Former Officer	0 0 40 0						X	1,163,205	339,449	128,044
Dennis R Roemer Former Officer	0 0 0 0						X	105,855	0	3,765

SCHEDULE A (Form 990 or 990EZ)	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 2017 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization LANCASTER GENERAL HOSPITAL	Employer identification number 23-1365353

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 VI.)						
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** ☐**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990.</u>	OMB No 1545-0047 2017 Open to Public Inspection

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

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

Name of the organization LANCASTER GENERAL HOSPITAL	Employer identification number 23-1365353
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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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		18,909
e	Publications, or published or broadcast statements?	Yes		8,446
f	Grants to other organizations for lobbying purposes?	Yes		91,260
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		43,618
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		143,578
i	Other activities?	Yes		1,204
j	Total. Add lines 1c through 1i			307,015
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF LOBBYING ACTIVITIES LANCASTER GENERAL HOSPITAL ATTEMPTED 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 MAILINGS, PUBLICATIONS, GRANTS, DIRECT CONTACT, RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR OTHER SIMILAR MEANS

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As Filed Data -

DLN: 93493134046369

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

Name of the organization
LANCASTER GENERAL HOSPITAL

Employer identification number
23-1365353

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

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?

Yes

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?

Yes

No

Part II

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

1

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

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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

(i)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

► \$

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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" on 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, for escrow or custodial account liability? ☐ 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" on 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	9,549,827	8,019,870	8,091,376	8,361,415	7,281,454
b Contributions	732,131	826,789	191,769	108,879	130,679
c Net investment earnings, gains, and losses	1,129,038	979,494	-32,236	241,986	1,101,078
d Grants or scholarships					
e Other expenditures for facilities and programs	119,474	276,326	230,929	620,601	151,951
f Administrative expenses	3,182		110	303	-155
g End of year balance	11,288,340	9,549,827	8,019,870	8,091,376	8,361,415

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 60 000 %

c Temporarily restricted endowment ▶ 40 000 %
The percentages on 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

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

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

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" on 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		43,282,416		43,282,416
b Buildings		525,615,396	229,137,275	296,478,121
c Leasehold improvements		21,484,887	14,280,156	7,204,731
d Equipment		541,503,341	391,082,570	150,420,771
e Other		112,660,565	87,991,252	24,669,313
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				522,055,352

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on 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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
OTHER LONG-TERM LIABILITIES	20,195,657	
EST THIRD PARTY SETTLEMENTS	6,345,873	
INTEREST PAYABLE	2,936,383	
OTHER CURRENT LIABILITIES	2,304,400	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	31,782,313	

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

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	977,272,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,583,644
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-94,828,167
e	Add lines 2a through 2d	2e	-93,244,523
3	Subtract line 2e from line 1	3	1,070,516,856
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,070,516,856

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	953,216,579
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	4,269,472
e	Add lines 2a through 2d	2e	4,269,472
3	Subtract line 2e from line 1	3	948,947,107
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	81,825
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	81,825
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	949,028,932

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS LANCASTER GENERAL HOSPITAL UTILIZES THE ENDOWMENT FUNDS IN ACCORDANCE WITH THEIR TAX-EXEMPT PURPOSE AND AS SPECIFIED BY THE DONOR ----- -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>TEXT OF FIN 48 (ASC 740) FOOTNOTE THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE FIN 48 (ASC 740) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2018 FINANCIAL STATEMENTS OF THE UNIVERSITY THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS -----</p> <p>-----</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	DETAIL OF OTHER ITEMS LGH AND NOVASTREAM INTERCOMPANY TRANSACTIONS \$ 4,319,055 INVESTMENT MANAGER FEES (81,825) RELATED PARTY TRANSFERS (102,128,414) PERPETUAL TRUST DISTRIBUTIONS 85,056 TRANSFER OF NET ASSETS 2,774,078 OTHER NON-OPERATING INCOME 203,883 ----- \$ (94,828,167) -----

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2E	DETAIL OF OTHER ITEMS ELIMINATION OF INTERCOMPANY EXPENSES B/W LGH & NOVASTREAM \$4,269,472 -----

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h1 style="margin:0;">Hospitals</h1> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection
Name of the organization LANCASTER GENERAL HOSPITAL		Employer identification number 23-1365353

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,460,969		9,460,969	1 000 %
b Medicaid (from Worksheet 3, column a)			134,292,924	66,357,748	67,935,176	7 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			143,753,893	66,357,748	77,396,145	8 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,774,786	3,595,690	3,179,096	0 330 %
f Health professions education (from Worksheet 5)			13,062,868	2,045,451	11,017,418	1 160 %
g Subsidized health services (from Worksheet 6)			265,108	105,627	159,481	0 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			693,625		693,625	0 070 %
j Total. Other Benefits			20,796,387	5,746,768	15,049,620	1 580 %
k Total. Add lines 7d and 7j			164,550,280	72,104,516	92,445,765	9 740 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			476,400		476,400	0 %
8 Workforce development						
9 Other			1,500,000		1,500,000	0 %
10 Total			1,976,400		1,976,400	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	40,520,000	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	340,479,808
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	431,374,747
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-90,894,939
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

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 letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCH H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE SCH H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCH H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 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(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C

24 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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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? **17**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C - FEDERAL POVERTY GUIDELINES	LANCASTER GENERAL HOSPITAL FOLLOWS THE FEDERAL POVERTY GUIDELINES FOR FREE CARE AND DISCOUNTED CARE -----
PART I, LINE 5B - FREE OR DISCOUNTED CARE BUDGET	LANCASTER GENERAL HOSPITAL PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$27,337,073 UNDER THE GUIDELINES OF ITS CHARITY CARE POLICY THIS AMOUNT EXCEEDED ITS BUDGETED AMOUNT OF \$26,580,845 BY \$756,228 THE PRIOR YEAR FINANCIAL ASSISTANCE TOTAL WAS \$25,192,477 -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6B - COMMUNITY BENEFIT REPORT	LANCASTER GENERAL HOSPITAL MAKES AVAILABLE TO THE PUBLIC AN ANNUAL REPORT WHICH INCLUDES INFORMATION ABOUT COMMUNITY BENEFIT AND HEALTH EFFORTS BENEFIT AND HEALTH EFFORTS -----
PART I, LINE 7A - EXPLANATION OF COSTING METHODOLOGY	A BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) OF \$101,305 WAS RELATED TO NON-PATIENT BAD DEBTS FOR THE YEAR ENDED JUNE 30, 2018 CONSISTENT WITH PRIOR YEAR, PATIENT SERVICE BAD DEBTS ARE TREATED AS A CONTRA-REVENUE LINE ITEM ON THE STATEMENT OF REVENUE A COST ACCOUNTING SYSTEM WAS USED TO CALCULATE THE COST TO CHARGE RATIO BY CALCULATING TOTAL PATIENT CHARGES AND THE COSTS RELATED TO THESE CHARGES THIS SYSTEM ADDRESSES ALL PATIENT SEGMENTS ----- PART I, LINE 7A(C) FINANCIAL ASSISTANCE AT COST WAS CALCULATED USING THE COST ACCOUNTING SYSTEM COST TO CHARGE RATIO -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	SUBSIDIZED HEALTH SERVICES REPORTED INCLUDES A COMPREHENSIVE CARE CLINIC ----- -----
PART I, LINE 7 - PERCENT OF TOTAL EXPENSE	THE PERCENT OF TOTAL EXPENSE IS CALCULATED USING THE FUNCTIONAL EXPENSE FROM FORM 990, PART IX, LINE 25 -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, LINE 7 - DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES	COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES SALARIES FOR FINANCIAL COUNSELORS WHO DISCUSS ELIGIBILITY AND REGISTER PATIENTS FOR ALL GOVERNMENTAL AND FINANCIAL ASSISTANCE PROGRAMS ----- PART II, LINE 9 OTHER INCLUDES PAYMENTS TO THE SCHOOL DISTRICT OF LANCASTER (EIN# 23-1726414) WHICH PROVIDES FUNDING FOR SCHOOL BASED HEALTH CLINICS AS WELL AS NURSING STAFF TO PROMOTE THE HEALTH AND WELL-BEING OF SCHOOL AGED CHILDREN -----
PART III, LINE 2 - METHODOLOGY TO ESTIMATE BAD DEBT	THE PROVISION FOR BAD DEBT EXPENSE IS BASED ON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING NOT COVERED BY INSURANCE, AND HISTORY OF CASH COLLECTIONS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT EXPENSE TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND IS RECORDED IN THE PERIOD OF SERVICE NO SIGNIFICANT MODIFICATIONS WERE MADE FOR FISCAL YEARS 2018 AND 2017 AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, UPHS FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY UPHS ACCOUNT RECEIVABLES ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH UPHS' POLICY -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3 - FAP ELIGIBLE BAD DEBT CALCULATION	AMOUNT IS ZERO BECAUSE THESE ACCOUNTS WOULD NOT BE INCLUDED AS BAD DEBT BUT WOULD BE INCLUDED AS CHARITY CARE -----
PART III, LINE 4 - BAD DEBT FOOTNOTE IN FINANCIALS	BAD DEBT IS EXPLAINED WITHIN THE PROVISION FOR BAD DEBT SECTION OF THE NOTES TO COMBINED FINANCIAL STATEMENTS ON PAGE 19 OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ATTACHED AUDITED FINANCIAL STATEMENTS -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - COMMUNITY BENEFIT METHOD-MEDICARE	A COST ACCOUNTING SYSTEM WAS USED IN ORDER TO ATTAIN MORE PRECISE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART III, SECTION B, LINES 5 AND 6 RATHER THAN AMOUNTS FROM LANCASTER GENERAL HOSPITAL'S MEDICARE COST REPORT FOR FISCAL YEAR 2017 THE \$90,894,939 REPORTED AS A SHORTFALL ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT AS IT REPRESENTS COSTS NOT RECOVERED AS A RESULT OF SERVING THE MEDICARE POPULATION IF LANCASTER GENERAL HOSPITAL WOULD NOT SERVE THIS POPULATION, THE SHORTFALL WOULD BE ALLOCATED WITHIN THE COMMUNITY IN AREAS DEEMED A PRIORITY BY THE MISSION & COMMUNITY BENEFIT COMMITTEE THE TOTAL REVENUE REPORTED ON THE MEDICARE COST REPORT WAS \$186,910,316 AND INCLUDES BAD DEBT, INDIRECT MEDICAL EDUCATION (IME) PAYMENTS, COINSURANCES, AND DEDUCTIBLES DIRECT GRADUATE MEDICAL EDUCATION (GME) REVENUE IS REPORTED ON SCHEDULE H, PART I, LINE 7F, HEALTH PROFESSIONS EDUCATION AND THEREFORE IS EXCLUDED FROM THIS AMOUNT THE TOTAL EXPENSE REPORTED ON THE MEDICARE COST REPORT WAS \$155,172,290 PHYSICIAN, CRNA, AND LABORATORY SERVICES REVENUE AND EXPENSE RELATED TO THESE SERVICES ARE REMOVED FROM THE MEDICARE COST REPORT PHYSICIAN, CRNA, AND LABORATORY SERVICES REVENUE AND EXPENSE ARE INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE H, PART III, SECTION B, LINE 7 DERIVED FROM THE COST ACCOUNTING SYSTEM ----- -----
PART III, LINE 9B - COLLECTION PRACTICES	LANCASTER GENERAL HOSPITAL'S CURRENT COLLECTION POLICY DOES NOT CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO FOLLOW FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>AT LANCASTER GENERAL HOSPITAL, WE ARE WORKING TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES WE SERVE BY IDENTIFYING AND ADDRESSING COMMUNITY HEALTH PRIORITIES. THE MISSION & COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF TRUSTEES PROVIDES OVERSIGHT FOR ALL OF OUR COMMUNITY BENEFIT ACTIVITIES, ESTABLISHES OUR LOCAL HEALTH PRIORITIES, AND MONITORS THE HEALTH STATUS OF THE COMMUNITIES WE SERVE. SINCE WE CANNOT ADDRESS ALL OF OUR COMMUNITY'S NEEDS ALONE, WE AND OTHER MEMBERS OF THE LIVWELL LANCASTER COUNTY COALITION (FORMERLY THE LANCASTER HEALTH IMPROVEMENT PARTNERSHIP) REGULARLY ANALYZE FEDERAL, STATE, AND LOCAL DATA TO IDENTIFY OUR COMMUNITY'S MOST PRESSING HEALTH CONCERNS. LANCASTER GENERAL HOSPITAL CONTRACTS WITH HEALTHY COMMUNITIES INSTITUTE (HCI) TO PROVIDE DEMOGRAPHIC AND SECONDARY DATA ON HEALTH, HEALTH DETERMINANTS, AND QUALITY OF LIFE TOPICS FOR OUR COMMUNITY THAT IS PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC HEALTH SOURCES. FROM THIS DATA, WE SELECT THOSE ISSUES THAT AFFECT THE MOST PEOPLE, AND COST (OR WILL COST) SOCIETY THE MOST IN EITHER DOLLARS OR QUALITY OF LIFE. AS WE BUILD ACTION PLANS FOR EACH OF OUR PRIORITY AREAS, WE CONSIDER PROGRAMS AND ACTIVITIES THAT INFLUENCE THE INDIVIDUAL, FAMILY, COMMUNITY AND WORKPLACE, AS WELL AS SUPPORT POLICIES THAT INFLUENCE POSITIVE HEALTH OUTCOMES. WE STRIVE TO INFLUENCE HEALTH WHERE PEOPLE LIVE, WORK, PLAY, AND LEARN. LANCASTER GENERAL HOSPITAL WORKS TO CREATE COMMUNITY BENEFIT ACTIVITIES THAT EXCEED INDUSTRY STANDARDS, WHETHER WE ARE BEING A ROLE MODEL FOR ENVIRONMENTALLY-FRIENDLY POLICIES OR ADVOCATING FOR HEALTH LEGISLATION THAT BENEFITS ALL RESIDENTS. WE DO THIS NOT ONLY BECAUSE IT'S OUR MISSION, BUT ALSO BECAUSE IT'S THE RIGHT THING TO DO. IN ADDITION, THE LANCASTER GENERAL HOSPITAL MARKETING DEPARTMENT CREATED A "LISTENS 2U" ONLINE CONSUMER COMMUNITY WHERE PARTICIPANTS PROVIDE FEEDBACK TO THE HEALTH SYSTEM ON HOW TO IMPROVE THE PATIENT/CONSUMER EXPERIENCE THROUGH SHORT SURVEYS WITHIN THE "LISTENS 2U" PORTAL. -----</p>
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>NOTICES OF AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE ARE POSTED AT PATIENT REGISTRATION POINTS THROUGHOUT THE ORGANIZATION AND PRESENTED TO CUSTOMERS UPON REQUEST AS WELL AS LISTED ON THEIR BILL. SUMMARY INFORMATION IS ALSO AVAILABLE ON THE LANCASTER GENERAL HEALTH WEBSITE. A FINANCIAL COUNSELOR WILL ATTEMPT TO VISIT ALL INPATIENTS WHO PRESENT AS UNINSURED TO DISCUSS ELIGIBILITY FOR ALL GOVERNMENTAL PROGRAMS AND FINANCIAL ASSISTANCE PROGRAMS. -----</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	LANCASTER GENERAL HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS COMPRISE ALL OF LANCASTER COUNTY, PENNSYLVANIA LGH ALSO SERVES PATIENTS IN BERKS, CHESTER, DAUPHIN, LEBANON, AND YORK COUNTIES LOCATED IN SOUTH CENTRAL PENNSYLVANIA, LANCASTER COUNTY IS 950 SQUARE MILES IN SIZE AND IS HOME TO 540,957 PEOPLE ABOUT 16 7% OF THE POPULATION IS OVER THE AGE OF 64, 51 1% OF THE POPULATION IS FEMALE THE MEDIAN INCOME IS \$59,378, AND 10 7% OF THE POPULATION LIVES BELOW THE FEDERAL POVERTY LEVEL LANCASTER GENERAL HOSPITAL'S MARKET SHARE IN LANCASTER COUNTY IS APPROXIMATELY 57 1% -----
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	LANCASTER GENERAL HOSPITAL IS GOVERNED BY A BOARD OF FIFTEEN (15)TRUSTEES, MOST OF WHOM ALL RESIDE IN OUR PRIMARY OR SECONDARY SERVICE AREAS THEY VOLUNTEER THEIR PROFESSIONAL TIME AND EXPERTISE TO GUIDE THE HOSPITAL ALL TRUSTEES ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT TO ENSURE THEIR OBJECTIVITY THE BOARD OF TRUSTEES OPERATES SEVEN COMMITTEES COMPRISED OF AN ADDITIONAL 30+ COMMUNITY MEMBERS THE COMMITTEES INCLUDE QUALITY, MISSION & COMMUNITY BENEFIT, PROFESSIONAL AFFAIRS, FINANCE/CAPITAL ALLOCATIONS, AUDIT & COMPLIANCE, EXECUTIVE, AND INVESTMENT SUBCOMMITTEE SURPLUS FUNDS GENERATED BY LANCASTER GENERAL HOSPITAL ARE ANNUALLY REINVESTED INTO IMPROVING ITS FACILITIES, PROVIDING NEW HEALTHCARE SERVICES AND ENHANCING THE PROFESSIONAL ABILITIES OF ITS WORKFORCE IN FISCAL YEAR 2018, THE HOSPITAL COMMITTED \$125 MILLION TO SPENDING FOR PROPERTY, PLANT AND EQUIPMENT -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - DESCRIPTION OF AFFILIATED SYSTEM	<p>LANCASTER GENERAL HOSPITAL IS UNDER THE CONTROL OF ITS PARENT ORGANIZATION LANCASTER GENERAL HEALTH. LANCASTER GENERAL HEALTH (EIN# 23-2250941) IS A NOT-FOR-PROFIT ORGANIZATION, WHICH PROVIDES MANAGERIAL AND FINANCIAL SUPPORT TO ITS CONTROLLED ORGANIZATION AND IS ALSO RESPONSIBLE FOR UNDERTAKING ACTIVITIES TO IMPROVE THE HEALTH OF THE COMMUNITY. THE MULTIPLE AFFILIATES UNDER THE CONTROL OF LANCASTER GENERAL HEALTH IN ADDITION TO LANCASTER GENERAL HOSPITAL ARE LANCASTER GENERAL HEALTH-COLUMBIA CENTER (EIN# 23-0485650) WHICH IS A HEALTH CARE CLINIC THAT PROVIDES PRIMARY AND SPECIALTY MEDICAL SERVICES WHERE SERVICES ARE PROVIDED BY LICENSED PHYSICIANS AND OFFICE SPACE IS LEASED TO HEALTH CARE PROVIDERS AND OTHERS. IN ADDITION, LANCASTER GENERAL HEALTH-COLUMBIA CENTER OFFERS PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC MEDICAL SERVICES TO PATIENTS ON AN OUTPATIENT BASIS. LANCASTER GENERAL HEALTH FOUNDATION (EIN# 20-5767147) EXISTS TO ADVANCE THE CULTURE OF PHILANTHROPY WITHIN THE LANCASTER GENERAL HEALTH SYSTEM. PENNSYLVANIA COLLEGE OF HEALTH SCIENCES (EIN# 06-1645496) EDUCATES COMPETENT, CARING AND SOCIALLY RESPONSIBLE INDIVIDUALS WHO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY. MRI GROUP, LLP (EIN# 33-1011386) WHICH PROVIDES MEDICAL SERVICES RELATING TO MAGNETIC RESONANCE IMAGING AND COMPUTER TOMOGRAPHY. LANCASTER PET PARTNERSHIP, LLP (EIN# 23-3102793) WHICH PROVIDES MEDICAL SERVICES RELATING TO POSITRON EMISSION TOMOGRAPHY. LANCASTER GENERAL HEALTH HOLDINGS INC 'S (EIN# 20-4943109) EXEMPT PURPOSE IS AN INVESTMENT IN A REHABILITATION HOSPITAL. LANCASTER GENERAL MEDICAL GROUP (EIN# 23-2777286) WAS ORGANIZED TO DEVELOP, OWN, AND OPERATE OUTPATIENT HEALTHCARE PRACTICES WHERE PRIMARY AND SPECIALTY MEDICAL SERVICES ARE PROVIDED BY LICENSED PHYSICIANS. THE HEART GROUP OF LANCASTER GENERAL HEALTH (EIN# 30-0634510) PROVIDES SPECIALTY CARDIOLOGY HEALTHCARE SERVICES. LG HEALTH COMMUNITY CARE COLLABORATIVE, LLC (EIN# 45-5542179) IS AN ACCOUNTABLE CARE ORGANIZATION. NOVASTREAM, LLC (47-5202972) WHOSE PRIMARY ACTIVITY IS TELECOMMUNICATIONS. OTHER AFFILIATES OF LANCASTER GENERAL HEALTH INCLUDE LANCASTER GENERAL INSURANCE COMPANY, LTD. AND LANCASTER GENERAL BUSINESS TRUST AND ITS SUBSIDIARIES. IN ADDITION, LANCASTER GENERAL HOSPITAL IS AN AFFILIATE OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. -----</p>
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT	<p>LANCASTER GENERAL HOSPITAL ISSUES AN ANNUAL REPORT WHICH INCLUDES INFORMATION ABOUT COMMUNITY BENEFIT AND HEALTH EFFORTS. THIS REPORT IS NOT FILED WITH THE STATE OF PENNSYLVANIA. -----</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI - ADDITIONAL EXPLANATION	LANCASTER GENERAL HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE CITY OF LANCASTER (EIN 23-6001904) IN THE AMOUNT OF \$1,500,000 THESE FUNDS PROVIDED ASSISTANCE TO THE CITY FOR SPECIAL EVENTS AND ITS POLICE, FIRE, AND PUBLIC WORKS SERVICES LANCASTER GENERAL HOSPITAL ALSO MADE PILOT PAYMENTS TO THE FOLLOWING HEMPFIELD SCHOOL DISTRICT (EIN 23-6050540) IN THE AMOUNT OF \$40,000, CITY OF LANCASTER (EIN 23-6001904) IN THE AMOUNT OF \$8,010, AND EAST HEMPFIELD TOWNSHIP (EIN 23-6000356) IN THE AMOUNT OF \$2,830 ----- -----

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	LANCASTER GENERAL HOSPITAL 555 NORTH DUKE STREET PO BOX 3555 LANCASTER, PA 176043555 WWW.LGHEALTH.ORG LICENSE# 120801	X	X		X		X	X			A
2	WOMEN AND BABIES HOSPITAL 690 GOOD DRIVE PO BOX 3750 LANCASTER, PA 176043750 WWW.LGHEALTH.ORG LICENSE# 120801	X	X		X						A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY	ON DECEMBER 16, 2015, LIVEWELL, LANCASTER GENERAL HEALTH/PENN MEDICINE, AND WELLSPAN EPHRATA COMMUNITY HOSPITAL HOSTED A COMMUNITY HEALTH STAKEHOLDER FORUM TO ENGAGE COMMUNITY LEADERS REPRESENTING VULNERABLE POPULATIONS IN LANCASTER COUNTY A TOTAL OF 53 PEOPLE ATTENDED THE EVENT, A LISTING OF ATTENDEES CAN BE FOUND IN APPENDIX C OF THE CHNA THE FORUM CONSISTED OF A REVIEW OF THE SECONDARY DATA ANALYSIS CONTAINED IN THE CHNA AND A RAPID GAPS AND ASSETS ANALYSIS A FOLLOW-UP SURVEY WAS SENT TO ALL FORUM ATTENDEES, AS WELL AS REGISTERED NON-ATTENDEES THE SURVEY WAS AVAILABLE FOR COMPLETION FROM DECEMBER 16-31, 2015 A TOTAL OF 26 RESPONSES WERE OBTAINED STAKEHOLDERS REPRESENTED THE FOLLOWING ORGANIZATIONS BAKER TILLY, BOYS & GIRLS CLUB OF LANCASTER, COCALICO SCHOOL DISTRICT, COLUMBIA BOROUGH SCHOOL DISTRICT, COMMUNITY ACTION PROGRAM/WIC, COMMUNITY LIFE NETWORK, COMMUNITY SERVICES GROUP, DOMESTIC VIOLENCE SERVICES OF LANCASTER, ELIZABETHTOWN AREA SCHOOL DISTRICT, EPHRATA AREA SCHOOL DISTRICT, I'M ABLE FOUNDATION, LANCASTER COUNTY BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES, LANCASTER COUNTY BUSINESS GROUP ON HEALTH, LANCASTER COUNTY CHILDREN AND YOUTH AGENCY, LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION, LANCASTER COUNTY IMMUNIZATION COALITION, LANCASTER GENERAL HEALTH/PENN MEDICINE, LANCASTER GENERAL RESEARCH INSTITUTE, LANCASTER OSTEOPATHIC HEALTH FOUNDATION, LANCASTER REGIONAL MEDICAL CENTER, LIGHTEN UP LANCASTER COUNTY, MENTAL HEALTH AMERICA OF LANCASTER COUNTY, MORAVIAN CENTER ADULT DAY, NONPROFIT RESOURCE NETWORK @ MILLERSVILLE UNIVERSITY, PALCO, PENNSYLVANIA IMMUNIZATION COALITION, SCHOOL DISTRICT OF LANCASTER, SOUTHEAST LANCASTER HEALTH SERVICES, TOBACCO FREE COALITION OF LANCASTER COUNTY, UNITED HEALTH CARE, WATER STREET HEALTH SERVICES, WELLSPAN EPHRATA COMMUNITY HOSPITAL, WELLSPAN HEALTH, WELSH MOUNTAIN HEALTH CENTERS, WHITE DEER RUN, YWCA LANCASTER -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 6a - JOINT CHNA	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH WELLSPAN EPHRATA COMMUNITY HOSPITAL AND LANCASTER REHABILITATION HOSPITAL LLC -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6b - CHNA CONDUCTED WITH NON-HOSPITAL FACILITIES	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN PARTNERSHIP WITH THE LIVEWELL LANCASTER COUNTY (FORMERLY THE LANCASTER HEALTH IMPROVEMENT PARTNERSHIP) THIS ORGANIZATION INCLUDES VOLUNTEER DRIVEN ACTION TEAMS WHICH STUDY THE DATA AND IDENTIFY AVAILABLE RESOURCES AROUND ISSUES THAT OUR STAKEHOLDERS HAVE IDENTIFIED AS COMMUNITY PRIORITIES THEY THEN BRING TOGETHER COLLABORATIVES AROUND SPECIFIC PROJECTS THAT ADVANCE UPSTREAM SOLUTIONS -----

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING NEEDS	<p>ENGAGED STAKEHOLDERS AND COMMUNITY HEALTH LEADERSHIP FROM BOTH HEALTH SYSTEMS USED THE FOL LOWING CRITERIA FOR DETERMINING HEALTH PRIORITIES SCOPE OF PROBLEM, SERIOUSNESS OF PROBLE M AND ABILITY TO IMPACT LOCALLY BASED ON THE IDENTIFIED NEEDS FOR LANCASTER COUNTY FROM T HE 2016 CHNA AND THE VALUABLE INPUT RECEIVED FROM COMMUNITY HEALTH STAKEHOLDERS, THE BOARD OF TRUSTEES FOR LG HEALTH/PENN MEDICINE APPROVED THE DEVELOPMENT OF A 2017-2019 IMPLEMENT ATION STRATEGY FOCUSED ON IMPROVING OBESITY, MENTAL WELL-BEING, AND SUBSTANCE ABUSE, WHILE ADDRESSING DISPARITIES, POVERTY, AND ACCESS WITHIN EACH HEALTH TOPIC BOARD APPROVAL WAS OBTAINED ON MARCH 10, 2016 THESE PRIORITIES HAVE BEEN ADOPTED INTO LG HEALTHS ANNUAL OPER ATING PLAN AND BUDGET ALTHOUGH ACCESS TO CARE HAS BEEN AN ORGANIZATIONAL PRIORITY AT LG H EALTH FOR MANY YEARS, THIS TARGETED AND SYSTEMIC APPROACH TO IMPACT THE SOCIAL DETERMINANT S OF HEALTH ILLUSTRATES A SHIFT IN HEALTH IMPROVEMENT THIS APPROACH TO BOTH CARE DELIVERY AND COMMUNITY HEALTH IMPROVEMENT IS VALIDATED BY FEDERALLY DEVELOPED PROGRAMS SUCH AS THE ACCOUNTABLE HEALTH COMMUNITIES MODEL (CENTERS FOR MEDICARE AND MEDICAID SERVICES) AND THE HI-5 HEALTH IMPACT IN 5 YEARS INITIATIVE (CENTERS FOR DISEASE CONTROL AND PREVENTION) TO APPROPRIATELY ADDRESS THE NEEDS OF OUR FRIENDS AND NEIGHBORS IN LANCASTER COUNTY, THE 201 7-2019 STRATEGIES FOR COMMUNITY HEALTH IMPROVEMENT WILL BE DEPLOYED AT 3 LEVELS ENGAGEMEN T OF PATIENTS THAT WE SEE WITHIN OUR ENTITIES, UNDER RESOURCED COMMUNITIES THAT HAVE BEEN IDENTIFIED AS THOSE WITH THE HIGHEST SOCIOECONOMIC NEED BASED ON HIGH POVERTY, LOW EDUCATI ONAL ATTAINMENT, AND LIMITED ACCESS TO CARE ENGAGEMENT OF PATIENTS THAT WE SEE WITHIN OUR ENTITIES ARE THE IDENTIFIED COMMUNITIES LANCASTER CITY (SOUTH OF KING STREET), COLUMBIA, PEQUEA VALLEY SCHOOL DISTRICT, AND SOLANCO SCHOOL DISTRICT AS WELL AS THE COMMUNITY AT LA RGE (LANCASTER COUNTY) PARTNERSHIPS WITHIN THE UNDER RESOURCED COMMUNITIES AS WELL AS THE COUNTY AT LARGE, ARE VITAL TO ACHIEVING LASTING IMPACT ON HEALTH OUTCOMES WE WILL WORK C OLLABORATIVELY WITH SPECIFIC KEY PARTNERS THAT HAVE COMMITTED TO ADDRESS SOCIAL AND ENVIR ONMENTAL DETERMINANTS OF HEALTH, AGREED TO A COMMON AGENDA TO ADDRESS ROOT CAUSES OF HEALT H PROBLEMS AND HEALTH DISPARITIES IN LANCASTER COUNTY, AGREED TO MEASURE HEALTH RELATED IN DICATORS AND REGULARLY REPORT PROGRESS TOWARDS IMPROVING THESE INDICATORS, DEMONSTRATED OR GANIZATIONAL CAPACITY TO ACHIEVE GOALS EVIDENCE-BASED TACTICS TO ADDRESS OBESITY, MENTAL WELL-BEING, AND SUBSTANCE MISUSE/ABUSE ARE ADDRESSED AND WILL BE OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN THAT WILL BE RELEASED PUBLICALLY AT THE END OF 2016 THESE TACTIC S WILL ADDRESS EACH LEVEL OF THE SOCIO-ECOLOGICAL MODEL AND ARE FOCUSED SPECIFICALLY ON A WARENESS, EDUCATION, BEHAVIORAL CHANGE, SYSTEMS CHANGE, POLICY CHANGE (BOTH ORGANIZATIONAL /LOCAL POLICIES, AS WELL AS LEGISLATIVE CHANGE), AND ENVIRONMENTAL CHANGE THIS TARGETED A ND SYSTEMIC APPROACH HAS BEEN</p>

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING NEEDS	VETTED THROUGH OUR BOARD OF TRUSTEES, PHYSICIAN LEADERS, KEY PARTNERS, AND COMMUNITY NURSE S AT VARIOUS MEETINGS DURING JUNE, JULY, AND AUGUST OF 2016 THE HEALTH NEED NOT BEING ADDRESSED IS ASTHMA LANCASTER COUNTYS POOR AIR QUALITY IS NOT ENTIRELY A RESULT OF THE ACTIVITIES OF THOSE WHO WORK AND LIVE IN LANCASTER COUNTY POOR AIR QUALITY IS ALSO A RESULT OF THE PROXIMITY OF SIGNIFICANT SOURCES AND THE PREVAILING WINDS FROM THOSE SOURCES IN ADDITION TO THE AIR POLLUTION THAT IS PRODUCED IN THE COUNTY, POLLUTION TRAVELS ON THE WIND FROM NEARBY CITIES SUCH AS THE BALTIMORE-WASHINGTON METRO AREA AND LARGE INDUSTRIAL NEIGHBOR COUNTIES SUCH AS YORK COUNTY, AS WELL AS FROM MORE DISTANT UPWIND AREAS SUCH AS WESTERN PENNSYLVANIA AND THE OHIO RIVER VALLEY LANCASTER COUNTY IS NOT DIRECTLY RESPONSIBLE FOR ITS POOR AIR QUALITY AND CANNOT CHANGE THE LAND OR WIND PATTERNS, ENCOURAGING RESIDENTS TO ADOPT MORE ENVIRONMENTALLY FRIENDLY LIFESTYLES MAY MAKE A SUBTLE DIFFERENCE LG HEALTH DOES NOT PLAN TO INCLUDE AIR QUALITY AND ENVIRONMENTAL CHANGE AS A KEY PRIORITY HOWEVER, LG HEALTH PLANS TO ADDRESS CHRONIC DISEASES THROUGH ADDRESSING OBESITY AND TOBACCO BY ADDRESSING THESE KEY PRIORITIES, LG HEALTH WILL HELP TO REDUCE THE NUMBER OF INDIVIDUALS IN LANCASTER COUNTY WHO DEVELOP A CHRONIC DISEASE, THUS REDUCING THE NUMBER OF INDIVIDUALS IN LANCASTER COUNTY WHO ARE AT A HIGHER RISK FOR COMPLICATIONS DUE TO POOR AIR QUALITY LG HEALTH WILL ALSO INCLUDE ADDRESSING ASTHMA AND LUNG DISEASE AS PART OF THE TOBACCO HEALTH IMPROVEMENT PLAN AND WILL CONTINUE TO MONITOR THIS INDICATOR IF THIS INDICATOR WERE TO CHANGE FOR THE WORSE, LG HEALTH WILL REASSESS ANNUAL PARTICLE POLLUTION AND TAKE APPROPRIATE ACTIONS -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A - CHNA AVAILABILITY	THE CHNA REPORT CAN BE FOUND AT http //www lancastergeneralhealth org/LGH/About-Lancaster-General-Health/C ommunity-Health-Involvement/Community-Health-Involvement/Community-Needs-A sssessment.aspx -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A - IMPLEMENTATION PLAN AVAILABILITY	THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE FOUND AT http //www lancastergeneralhealth org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A,B,C - FINANCIAL ASSISTANCE POLICY AVAILABILITY	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT http //www lancastergeneralhealth org/LGH/Resources/Billing---Insurance/Financial-Assistance-Program-Summary.aspx -----

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)
1 SUBURBAN OUTPATIENT PAVILION 2100 HARRISBURG PIKE PO BOX 3200 LANCASTER, PA 17604	OUTPATIENT SERVICES
1 DOWNTOWN OUTPATIENT PAVILION 540 NORTH DUKE STREET LANCASTER, PA 17604	OUTPATIENT SERVICES
2 KISSEL HILL OUTPATIENT CENTER 51 PETERS ROAD LITITZ, PA 17543	OUTPATIENT SERVICES
3 WILLOW LAKES OUTPATIENT CENTER 212 WILLOW VALLEY LAKES DRIVE WILLOW STREET, PA 17584	OUTPATIENT SERVICES
4 NORLANCO OUTPATIENT CENTER 424 CLOVERLEAF ROAD ELIZABETHTOWN, PA 17022	OUTPATIENT SERVICES
5 COLUMBIA OUTPATIENT CENTER 306 NORTH SEVENTH STREET PO BOX 92 COLUMBIA, PA 17512	OUTPATIENT SERVICES
6 WOMEN'S OUTPATIENT CENTER 690 GOOD DRIVE LANCASTER, PA 17604	OUTPATIENT SERVICES
7 LANCASTER GENERAL HEALTH CTR-PARKESBURG 950 S OCTORARA TRAIL PARKESBURG, PA 19365	OUTPATIENT SERVICES
8 LANCASTER GENERAL HEALTH CENTER LEBANON 1701 CORNWALL ROAD LEBANON, PA 17042	OUTPATIENT SERVICES
9 WALTER L AUMENT FAMILY HEALTH CENTER 317 SOUTH CHESTNUT STREET QUARRYVILLE, PA 17566	OUTPATIENT SERVICES
10 EPHRATA URGENT CARE & OUTPATIENT SERVICE 895 EAST MAIN STREET EPHRATA, PA 17522	OUTPATIENT SERVICES
11 FAMILY MEDICINE MANHEIM 700 LANCASTER ROAD MANHEIM, PA 17545	OUTPATIENT SERVICES
12 ANN B BARSHINGER CANCER INSTITUTE 2102 HARRISBURG PIKE LANCASTER, PA 17604	OUTPATIENT SERVICES
13 CROOKED OAK OUTPATIENT CENTER 1671 CROOKED OAK DRIVE LANCASTER, PA 17601	OUTPATIENT SERVICES
14 EDEN PHYSICAL THERAPY 730 EDEN ROAD LANCASTER, PA 17601	OUTPATIENT SERVICES

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

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)
16 FAMILY MEDICINE COUNTY LINE 5360 LINCOLN HIGHWAY GAP, PA 17527	OUTPATIENT SERVICES
1 LG SPECIALTY CENTER AT EPHRATA 1261 DIVISION HIGHWAY SUITE 2 EPHRATA, PA 17522	OUTPATIENT SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LANCASTER GENERAL HOSPITAL

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

Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

Employer identification number
23-1365353

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

15

3

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

2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AWARDED	26	24,700			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2	PROCEDURES FOR MONITORING GRANT FUNDS CONTRIBUTIONS MADE BY LANCASTER GENERAL HOSPITAL MUST MEET THE FOLLOWING CRITERIA SET FORTH BY THE MISSION AND COMMUNITY BENEFIT COMMITTEE 1) GAPS IN HEALTHCARE SERVICES WILL BE REDUCED, 2) RESOURCES WILL BE DIRECTED TO DESIGNATED PRIMARY AND SECONDARY HEALTH PRIORITIES, HEALTH PROMOTION, AND PREVENTION INITIATIVES, 3) INITIATIVES WILL DRIVE COST-EFFECTIVE, COMMUNITY CARE/INTERVENTIONS THAT PROMOTE HEALTH AND WELL-BEING OF OUR COMMUNITY, 4) INITIATIVES WILL BE RESPONSIVE TO THE NEEDS OF SPECIAL/DISPARATE POPULATIONS, 5) ENDOWMENT OR CAPITAL CAMPAIGN REQUESTS WILL NOT BE FINANCIALLY SUPPORTED, 6) ONLY TAX EXEMPT ORGANIZATIONS AND GOVERNMENTAL INITIATIVES AT THE LOCAL LEVEL THAT RELATE TO LANCASTER HOSPITAL'S MISSION WILL BE SUPPORTED, AND 7) ONGOING DEFICIT FUNDING WILL NOT BE PROVIDED UNLESS FUNDAMENTAL TO A LANCASTER GENERAL HOSPITAL HEALTH PRIORITY AND/OR THE CARE OF THE MEDICALLY UNDERSERVED SCHOLARSHIPS AND LOANS ARE AWARDED TO STUDENTS AT THE PENNSYLVANIA COLLEGE OF HEALTH SCIENCES ON A NON-DISCRIMINATORY BASIS THE SCHOLARSHIPS AND LOANS ARE BASED ON FINANCIAL NEED, ACADEMIC PROGRESS, AND CLINICAL PERFORMANCE

Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER, PA 17603	13-5613797	501(C)(3)	33,333				SUPPORT PROGRAM SERVICE
CITY OF LANCASTER 39 W CHESTNUT STREET PO BOX 1020 LANCASTER, PA 17608	23-6001904	GOV ENTITY	1,509,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY ACTION PROGRAM 601 S QUEEN STREET LANCASTER, PA 17603	23-1667311	501(C)(3)	10,000				SUPPORT PROGRAM SERVICE
EDWARD HAND MEDICAL HERITAGE FOUNDATION PO BOX 10302 LANCASTER, PA 17603	22-2464097	501(C)(3)	10,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FOUNDATION OF THE LANCASTER CHAMBER PO BOX 1558 LANCASTER, PA 176051558	22-2608944	501(C)(3)	100,000				SUPPORT PROGRAM SERVICE
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	27-0200927	501(C)(3)	6,750				SUPPORT PROGRAM SERVICE REVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LANCASTER CITY ALLIANCE 354 N PRINCE STREET 110 LANCASTER, PA 17603	46-3353021	501(C)(3)	160,000				SUPPORT PROGRAM SERVICE
LANCASTER MEDICAL SOCIETY FOUNDATION 480 NEW HOLLAND AVENUE SUITE 8202 LANCASTER, PA 17602	23-2633979	501(C)(3)	10,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEBANON VALLEY COLLEGE 101 N COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501(C)(3)	50,000				SUPPORT PROGRAM SERVICE
ROHRERSTOWN FIRE COMPANY 500 ELIZABETH STREET LANCASTER, PA 17603	23-7197558	501(C)(3)	10,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTHEAST LANCASTER HEALTH SERVICES 333 N ARCH STREET LANCASTER, PA 17603	23-2160896	501(C)(3)	15,000				SUPPORT PROGRAM SERVICE
THE HEALTHCARE IMPROVEMENT FOUNDATION 1801 MARKET STREET SUITE 710 PHILADELPHIA, PA 19103	23-2152039	501(C)(3)	40,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET SUITE 300 PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	12,600				SUPPORT PROGRAM SERVICE
SCHOOL DISTRICT OF LANCASTER 1020 LEHIGH AVENUE LANCASTER, PA 17602	23-1726414	501(C)(3)	1,500,000				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEMPFIELD SCHOOL DISTRICT PO BOX 7596 LANCASTER, PA 17604	23-6050540	501(C)(3)	40,000				SUPPORT PROGRAM SERVICE
COUNTY OF LANCASTER 39 W CHESTNUT STREET LANCASTER, PA 17608	23-6001904	GOV ENTITY	8,010				SUPPORT PROGRAM SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF LANCASTER COUNTY 630 JANET AVENUE LANCASTER, PA 17601	23-1352093	501(C)(3)	193,142				SUPPORT PROGRAM SERVICE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization LANCASTER GENERAL HOSPITAL	Employer identification number 23-1365353
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 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)		
<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 type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	No								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
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. <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on 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?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on 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?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on 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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

For each individual whose compensation must be reported on 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.

[illegible]

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.

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 1A	DETAIL OF ADDITIONAL BENEFITS PROVIDED TAX IDERNIFICATION AND GROSS UP PAYMENTS LANCASTER GENERAL HOSPITAL PROVIDES GROSS-UP PAYMENTS TO EMPLOYEES WHEN THEY RECEIVE HOLIDAY GIFT CARDS AS TO PROVIDE TAX ASSISTANCE IN THAT NO TAX BURDENS ARE CREATED WITH THE INTENDED GIFT. HOLIDAY GIFT CARDS IN THE AMOUNT OF \$15 PER EMPLOYEE WERE GIVEN DURING THE 2017 TAX YEAR. F. JOSEPH BYORICK III RECEIVED A GROSS UP PAYMENT IN THE AMOUNT OF \$125,548 RELATING TO A PAYOUT OF A LIFE INSURANCE CONTRACT WITH LANCASTER GENERAL HOSPITAL DURING THE 2017 TAX YEAR. -----
SCHEDULE J, PART 1, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES THERE ARE CURRENTLY NO WRITTEN POLICIES IN PLACE FOR GROSS UP PAYMENTS, TRAVEL FOR COMPANIONS OR HOUSING ALLOWANCE. -----
SCHEDULE J, PART 1, LINE 3	COMPENSATION LANCASTER GENERAL HEALTHS EXECUTIVE COMPENSATION PROCESS INCLUDES THE FOLLOWING REVIEW AND ACTION BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT TRUSTEES. AN EVALUATION OF PERFORMANCE AGAINST GOALS IS CONDUCTED AT THE CLOSE OF A FISCAL YEAR TO DETERMINE THE LEVEL OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OF THE CEO AND SENIOR EXECUTIVES AS TO DETERMINE MERIT AND INCENTIVE PAY ACTIONS. MARKET DATA FOR BASE SALARY, TOTAL CASH COMPENSATION AND TOTAL COMPENSATION IS PROVIDED BY AN INDEPENDENT THIRD PARTY TO THE COMMITTEE AND REFLECTS A MARKET BASKET OF SIMILARLY SIZED ORGANIZATIONS WITH COMPARABLE EXECUTIVE POSITIONS. UPON REVIEW AND DISCUSSION OF THE RELATED DATA AND INFORMATION THE COMMITTEE TAKES ACTION WHICH IS RECORDED IN THE MEETING MINUTES WHICH ARE THEN FILED FOR FUTURE REFERENCE. -----
SCHEDULE J, PART 1, LINE 4A	SEVERANCE AND CHANGE OF CONTROL PAYMENTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED SEVERANCE PAYMENTS DURING THE 2017 CALENDAR YEAR. ROEMER, DENNIS R. \$109,620. -----
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE LANCASTER GENERAL HEALTH SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR. BERGAN, JAN L. NO DISTRIBUTION. COSTELLA, MARGARET F. NO DISTRIBUTION. DAVIDSON, GARY. NO DISTRIBUTION. DUKE, LEE M. II. NO DISTRIBUTION. EDDOWES, GEOFFREY W. NO DISTRIBUTION. FERDINAND, NORMA J. \$442,525. FOLEY, T. RAYMOND. NO DISTRIBUTION. MACINA, ROBERT P. NO DISTRIBUTION. MCCUNE, WILLIAM. NO DISTRIBUTION. MINGLE, REGINA M. \$939,304. RIPCCHINSKI, MICHAEL R. NO DISTRIBUTION. ROLDAN, LANYCE A. NO DISTRIBUTION. STUCCIO, JAMES A. NO DISTRIBUTION. WYNNE, SUSAN. \$80,477. YOUNG, STACEY G. NO DISTRIBUTION. THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (THE "HEALTH SYSTEM") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE CONTRIBUTIONS ARE MADE. VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 65, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE"). CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE FULLY VESTED WHEN MADE. UPON REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME. PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE BALANCE IN THEIR ACCOUNTS. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE HEALTH SYSTEM SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR. BEEMAN, THOMAS E. NO DISTRIBUTION. MULLER, RALPH W. NO DISTRIBUTION. BYORICK, F. JOSEPH, III RECEIVED A SPLIT DOLLAR LIFE INSURANCE PLAN PAYOUT IN THE AMOUNT OF \$146,849. -----
SCHEDULE J, PART 1, LINE 7	NON FIXED PAYMENTS THE PURPOSE OF THE LANCASTER GENERAL HEALTH (LG) ANNUAL INCENTIVE PLAN (THE PLAN) IS TO REINFORCE STRATEGIC PERFORMANCE PRIORITIES FOR SENIOR MANAGEMENT AND MANAGEMENT EMPLOYEES AND TO ENCOURAGE THE HIGHEST LEVEL OF PERFORMANCE IN THE DELIVERY OF HEALTHCARE SERVICES. AS A REWARD FOR EMPLOYEES CONTRIBUTIONS TO LANCASTER GENERAL HEALTHS SUCCESS, THE PLAN PROVIDES THE OPPORTUNITY TO EARN MEANINGFUL INCENTIVE COMPENSATION BASED ON THE PERFORMANCE OF LANCASTER GENERAL HEALTH AND THE INDIVIDUAL PARTICIPANTS. SPECIFICALLY, THE PLAN IS DESIGNED TO: *FOCUS PARTICIPANTS ON THE ACHIEVEMENT OF ORGANIZATION GOALS RELATED TO PEOPLE, SERVICE, QUALITY/SAFETY, FINANCIAL AND GROWTH, *PROMOTE AND FOSTER A TEAM ORIENTED CULTURE, *STRENGTHEN LANCASTER GENERAL HEALTHS ABILITY TO ATTRACT AND RETAIN SUPERIOR TALENT, RECOGNIZE AND REWARD ACCOMPLISHMENTS THAT CLEARLY ADVANCE THE ORGANIZATIONS MISSION, AND DRIVE STRATEGIES, *PROVIDE INCENTIVE AWARDS THAT CAN BE ADJUSTED ANNUALLY FOR DIFFERENT BUSINESS CONDITIONS AND BUSINESS PLAN PRIORITIES WITHOUT CHANGING BASIC DESIGN FEATURES OF THE PLAN, AND *PROVIDE ANNUAL INCENTIVE OPPORTUNITIES WITH DUE CONSIDERATION TO THE REQUIREMENTS OF THE INTERMEDIATE SANCTIONS LAW AND THE REGULATIONS THERE UNDER. -----

Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Thomas E Beeman PhD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,030,311	471,240	25,482	204,004	17,345	1,748,382	0
1Frederick C Beyer MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	392,184	47,506	9,234	24,600	13,845	487,369	0
2Ralph W Muller Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,659,654	784,318	33,792	490,715	12,739	2,981,218	0
3Jan L Bergen President & CEO, LG Health	(i)	733,278	236,579	36,965	540,319	13,659	1,560,800	0
	(ii)	0	0	0	0	0	0	0
4Kay Brady VP, Human Resources	(i)	192,029	45,495	4,992	9,618	13,157	265,291	0
	(ii)	0	0	0	0	0	0	0
5F Joseph Byorick III SVP, CFO	(i)	459,241	100,000	329,696	9,052	7,214	905,203	0
	(ii)	0	0	0	0	0	0	0
6Margaret F Costella Esq SVP, Legal Svcs, Gen Counsel	(i)	267,459	86,041	4,920	76,557	2,099	437,076	0
	(ii)	0	0	0	0	0	0	0
7Gary Davidson SVP and CIO	(i)	444,582	143,364	15,416	82,024	15,923	701,309	0
	(ii)	0	0	0	0	0	0	0
8Lee M Duke II MD SVP & Chief Physician Exec	(i)	517,457	150,000	19,542	266,796	13,708	967,503	0
	(ii)	0	0	0	0	0	0	0
9Geoffrey W Eddowes SVP, WBH	(i)	296,510	93,956	4,920	84,440	15,788	495,614	0
	(ii)	0	0	0	0	0	0	0
10Norma J Ferdinand SVP,Quality & Perf Improvement	(i)	334,559	99,819	486,833	174,341	8,756	1,104,308	368,212
	(ii)	0	0	0	0	0	0	0
11T Raymond Foley President, Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	613,896	158,134	19,592	297,426	15,873	1,104,921	0
12Jennifer L Groff VP, Organizational Advancement	(i)	0	0	0	0	0	0	0
	(ii)	185,050	0	1,209	9,018	6,552	201,829	0
13Alexandra Jorgensen Chief HR Officer	(i)	65,463	60,000	20,254	2,371	4,872	152,960	0
	(ii)	0	0	0	0	0	0	0
14Elizabeth D Katz VP,Risk Mgmt & Corp Compliance	(i)	172,110	31,860	1,254	10,199	9,355	224,778	0
	(ii)	0	0	0	0	0	0	0
15Denise A Kennedy VP, Financial Services	(i)	193,791	35,210	2,045	11,398	6,653	249,097	0
	(ii)	0	0	0	0	0	0	0
16Stephen C Lee VP, Facilities Planning	(i)	241,077	45,074	1,273	12,349	9,679	309,452	0
	(ii)	0	0	0	0	0	0	0
17Robert P Macina Esq EVP, Chief Admin Officer	(i)	457,251	117,211	29,617	226,732	13,708	844,519	0
	(ii)	0	0	0	0	0	0	0
18Edward Maloney VP, Information Tech Operation	(i)	244,870	44,563	4,244	12,646	13,445	319,768	0
	(ii)	0	0	0	0	0	0	0
19William McCune SVP, Hospital Operations	(i)	285,106	70,786	20,886	83,128	15,760	475,666	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Tammy L Ober VP, Hospital Operations	(i)	248,893	37,861	3,617	9,271	19,477	319,119	0
	(ii)	0	0	0	0	0	0	0
1Richard D Paoletti VP, Primary Care & Ambulatory	(i)	269,721	52,010	15,002	13,500	15,720	365,953	0
	(ii)	0	0	0	0	0	0	0
2Douglas W Rinehart VP, Controller	(i)	211,283	41,146	7,733	11,339	15,427	286,928	0
	(ii)	0	0	0	0	0	0	0
3Michael R Ripchinski Chief Clinical Officer	(i)	335,478	105,022	7,576	174,438	15,923	638,437	0
	(ii)	0	0	0	0	0	0	0
4Lanyce A Roldan SVP & Chief Nursing Executive	(i)	244,067	66,975	4,581	59,411	15,415	390,449	0
	(ii)	0	0	0	0	0	0	0
5Christine M Stabler MD VP, Academic Affairs	(i)	344,117	76,632	20,593	11,960	13,708	467,010	0
	(ii)	0	0	0	0	0	0	0
6Cynthia J Stauffer VP,Epic Solutions/Clinical App	(i)	173,179	18,054	3,180	9,562	6,654	210,629	0
	(ii)	0	0	0	0	0	0	0
7James A Stuccio SVP, Ambulatory & Phys Svcs	(i)	0	0	0	0	0	0	0
	(ii)	436,870	138,771	19,561	119,044	15,923	730,169	0
8Susan Wynne SVP, Business Dev & Planning	(i)	328,982	96,642	105,444	13,500	7,264	551,832	0
	(ii)	0	0	0	0	0	0	0
9Stacey G Youcis SVP Svc Lines/Population Hlth	(i)	286,192	83,284	4,920	82,599	13,550	470,545	0
	(ii)	0	0	0	0	0	0	0
10Robert W Larkin Medical Director MFM	(i)	232,521	0	681,426	11,955	6,148	932,050	0
	(ii)	0	0	0	0	0	0	0
11Jeffrey T Cope Cardiothoracic Surgeon	(i)	650,000	191,800	52,640	13,500	15,923	923,863	0
	(ii)	0	0	0	0	0	0	0
12Mark Epler Cardiothoracic Surgeon	(i)	642,806	200,300	26,728	13,500	15,923	899,257	0
	(ii)	0	0	0	0	0	0	0
13Christian R Macedonia Perinatologist	(i)	216,266	0	630,965	12,995	6,148	866,374	0
	(ii)	0	0	0	0	0	0	0
14Philip M Bayliss Perinatologist	(i)	622,019	29,173	32,842	13,410	13,659	711,103	0
	(ii)	0	0	0	0	0	0	0
15Lisa R Hess Former Officer	(i)	167,396	39,682	26,580	11,529	7,570	252,757	0
	(ii)	0	0	0	0	0	0	0
16Regina M Mingle Former Officer	(i)	213,850	0	949,355	73,963	7,387	1,244,555	597,716
	(ii)	194,908	134,917	9,624	41,000	5,694	386,143	0
17Dennis R Roemer Former Officer	(i)	0	0	105,855	0	3,765	109,620	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LANCASTER GENERAL HOSPITAL

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-1365353

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LANCASTER COUNTY HOSPITAL AUTHORITY- SERIES 2012A	23-6648018	xxxxxxxxx	06-01-2012	25,250,000	REFUNDING A PORTION OF SERIES 2008		X		X		X

Part II		Proceeds									
				A		B		C		D	
1	Amount of bonds retired			2,475,000							
2	Amount of bonds legally defeased			0							
3	Total proceeds of issue			25,250,000							
4	Gross proceeds in reserve funds			0							
5	Capitalized interest from proceeds			0							
6	Proceeds in refunding escrows			0							
7	Issuance costs from proceeds			194,497							
8	Credit enhancement from proceeds			0							
9	Working capital expenditures from proceeds			0							
10	Capital expenditures from proceeds			0							
11	Other spent proceeds			25,055,503							
12	Other unspent proceeds			0							
13	Year of substantial completion			2012							
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X							
15	Were the bonds issued as part of an advance refunding issue?				X						
16	Has the final allocation of proceeds been made?			X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 088 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 002 %							
6 Total of lines 4 and 5	0 089 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
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?		X						
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BOAML							
c Term of hedge	35 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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						
b Name of provider	0							
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS	FORM 990, SCHEDULE K LANCASTER GENERAL HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B OF 2016 BOND ISSUE FROM THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (EIN 23-1352685) ("UNIVERSITY"), A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A&B OF 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUSTANDING BALANCE FOR LANCASTER GENERAL HOSPITAL WAS \$184,084,000 AS OF JUNE 30, 2018

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Andrea C Byorick	Family Member of F Joseph Byorick, Officer	85,312	Employment		No
(2) Megan E Byorick	Family Member of F Joseph Byorick, Officer	48,793	Employment		No
(3) Cathy J Byorick	Family Member of F Joseph Byorick, Officer	40,236	Employment		No
(4) Keith R Kuhlengel MD	Trustee	435,600	Limited Partnership Agreement		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 4	ADDITIONAL DETAILS REGARDING TRANSACTIONS INVOLVING INTERESTED PERSONS KEITH R KUHLENGEL, MD IS A TRUSTEE OF LANCASTER GENERAL HOSPITAL AND THE PRESIDENT OF LANCASTER NEUROSCIENCE AND SPINE ASSOCIATES LANCASTER NEUROSCIENCE AND SPINE ASSOCIATES, LLC AND LANCASTER GENERAL HOSPITAL ARE LIMITED PARTNERS OF THE NEUROSPINE CENTER, LP LANCASTER GENERAL HOSPITAL HAS A 49 5% PARTNERSHIP INTEREST AND MADE AN INITIAL CAPITAL CONTRIBUTION OF \$435,600

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
LANCASTER GENERAL HOSPITAL

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

2017

Open to Public Inspection

Employer identification number

23-1365353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES ALL OTHER PROGRAM SERVICES, INCLUDING BUT NOT LIMITED TO, LABORATORY, RADIOLOGY, EMERGENCY MEDICINE, EDUCATION AND PHYSICAL MEDICINE AND REHABILITATION LGH OPERATES AN EMERGENCY ROOM (ER) THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THE EMERGENCY ROOM HAD A TOTAL OF 117,699 VISITS DURING FISCAL YEAR 2018 TOTAL PATIENT DAYS FOR THE FISCAL YEAR WERE 172,148 MEDICARE AND MEDICAID PATIENTS CONTRIBUTED 16,940 AND 6,490, RESPECTIVELY, TOWARDS THE 36,130 TOTAL INPATIENT DISCHARGES DURING THE FISCAL YEAR -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>EXEMPT PURPOSE ACHIEVEMENTS LANCASTER GENERAL HOSPITAL WILL IDENTIFY COMMUNITY HEALTH NEEDS, HELP REACH COMMUNITY CONSENSUS ON HEALTH CARE PRIORITIES, DEVELOP PROGRAMS (WHERE POSSIBLE TOGETHER WITH OTHER COMMUNITY ORGANIZATIONS) TO ADDRESS THESE NEEDS, DEVELOP AND MAINTAIN METRICS TO MEASURE OUR PROGRESS, AND REPORT OUT ACTIVITY TO THE BOARD OF TRUSTEES AND THE COMMUNITY AT LARGE FINANCIAL MEANS SHOULD NOT PREVENT ANYONE FROM ACCESSING HEALTHCARE SERVICES TO THAT END, LANCASTER GENERAL HOSPITAL HAS ESTABLISHED FINANCIAL ASSISTANCE PROGRAMS FOR THOSE WITH LITTLE OR NO INSURANCE, OR LIMITED FINANCIAL MEANS LANCASTER GENERAL HOSPITAL INCURRED UNPAID COSTS OF \$77.4M TO CARE FOR FINANCIALLY DISADVANTAGED PERSONS LANCASTER GENERAL HOSPITAL ENGAGES IN MEDICAL RESEARCH PROGRAMS LANCASTER GENERAL HOSPITAL ENGAGES IN TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONAL AT AN UNPAID COST OF \$11.0M -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4A	FILING REQUIREMENTS FOR FORM TD-90-22 1 LANCASTER GENERAL HOSPITAL HAS AUTHORITY OVER A FI NANCIAL ACCOUNT IN A FOREIGN COUNTRY HOWEVER, THEY HAVE NO FINANCIAL INTEREST WITHIN THE FOREIGN ACCOUNT FORM TD-90-22 1 WAS FILED WITH THE PARENT COMPANY, LANCASTER GENERAL HEAL TH (EIN # 23-2250941) -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF LANCASTER GENERAL HOSPITAL IS LANCASTER GENERAL HEALTH THE SOLE MEMBER MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, AMENDMENT OF CHARTER, CERTIFICATE OF ARTICLES OF INCORPORATION OR BYLAWS, SALE, PURCHASE, LEASE OR ENCUMBRANCE WITH DEBT, THE TRANSFER OF ANY ASSETS OF THE CORPORATION, EXCLUDING EQUIPMENT, ELECTION OR REMOVAL OF THE BOARD OF TRUSTEES OF THE CORPORATION, THE APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, THE APPROVAL OF INVESTMENT ADVISORS, OUTSIDE LEGAL COUNSEL, AND AUDITORS OF THE CORPORATION, AND THE APPROVAL OF NON-BUDGETED EXPENDITURES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY LANCASTER GENERAL HEALTH ELECTS THE BOARD OF TRUSTEES OF LANCASTER GENERAL HOSPITAL -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF LANCASTER GENERAL HOSPITAL IS LANCASTER GENERAL HEALTH THE SOLE MEMBER MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, AMENDMENT OF CHARTER, CERTIFICATE OF ARTICLES OF INCORPORATION OR BYLAWS, SALE, PURCHASE, LEASE OR ENCUMBRANCE WITH DEBT, THE TRANSFER OF ANY ASSETS OF THE CORPORATION, EXCLUDING EQUIPMENT, ELECTION OR REMOVAL OF THE BOARD OF TRUSTEES OF THE CORPORATION, THE APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, THE APPROVAL OF INVESTMENT ADVISORS, OUTSIDE LEGAL COUNSEL, AND AUDITORS OF THE CORPORATION, AND THE APPROVAL OF NON-BUDGETED EXPENDITURES ----- ----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY INFORMATION RELATED TO THIS ORGANIZATIONS FORM 990 FI LING IS GATHERED AND THE RETURN IS PREPARED BY FINANCE STAFF THE VICE PRESIDENT-CONTROLLE R AND THE DIRECTOR OF ACCOUNTING REVIEWED THE FORM 990 AND IT WAS THEN PROVIDED TO PRICEWA TERHOUSECOOPERS LLP FOR THEIR REVIEW IN ADDITION, THE MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO VIEW THE 990 ONLINE VIA THE BOARD PORTAL SYSTEM PRIOR TO THE FILI NG -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>CONFLICT OF INTEREST POLICY IN ORDER TO ASCERTAIN AND EVALUATE ACTUAL OR POTENTIAL CONFLICTS, CERTAIN INTERESTED PERSONS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ENTERING EMPLOYMENT OR BECOMING A TRUSTEE OF LANCASTER GENERAL HOSPITAL OR AN AFFILIATE, AND OTHERS ARE ALSO REQUIRED TO FILL OUT SUCH A STATEMENT ON AN ANNUAL BASIS</p> <p>IN ADDITION TO THIS REQUIREMENT, ALL OFFICERS AND TRUSTEES, REGARDLESS OF WHETHER OR NOT THEY HAVE FILLED OUT OR HAVE BEEN ASKED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT, HAVE AN ONGOING AFFIRMATIVE DUTY TO BRING TO THE ATTENTION OF LANCASTER GENERAL HOSPITAL SITUATIONS WHICH MAY GIVE RISE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS DESCRIBED IN THE POLICY -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 14	DOCUMENTATION RETENTION AND DESTRUCTION POLICY THE ORGANIZATION HAS THE POLICIES AND PROCESSES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B, LINES 14 & 16B HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BODY -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL LANCASTER GENERAL HEALTHS EXECUTIVE COMPENSATION PROCESS INCLUDES THE FOLLOWING REVIEW AND ACTION BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT TRUSTEES AN EVALUATION OF PERFORMANCE AGAINST GOALS IS CONDUCTED AT THE CLOSE OF A FISCAL YEAR TO DETERMINE THE LEVEL OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OF THE CEO AND SENIOR EXECUTIVES AS TO DETERMINE MERIT AND INCENTIVE PAY ACTIONS MARKET DATA FOR BASE SALARY, TOTAL CASH COMPENSATION AND TOTAL COMPENSATION IS PROVIDED BY AN INDEPENDENT THIRD PARTY TO THE COMMITTEE AND REFLECTS A MARKET BASKET OF SIMILARLY SIZED ORGANIZATIONS WITH COMPARABLE EXECUTIVE POSITIONS UPON REVIEW AND DISCUSSION OF THE RELATED DATA AND INFORMATION THE COMMITTEE TAKES ACTION WHICH IS RECORDED IN THE MEETING MINUTES WHICH ARE THEN FILED FOR FUTURE REFERENCE -</p> <p>-----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE POLICY THE ORGANIZATION HAS THE POLICIES AND PROCEDURES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B, LINES 14 & 16B HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BODY -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC LANCASTER GENERAL HOSPITAL DOES NOT MAKE THE GO VERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THE FINANCIAL ST ATEMENTS ARE AVAILABLE TO THE PUBLIC, AS THEY ARE REQUIRED TO BE INCLUDED WITH FORM 990, S CHEDULE H -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES THE HOURS NOTED IN COLUMN (B) RELATE TO THE HOURS DEDICATED TO THE FILING ORGANIZATION AND/OR TO OTHER ORGANIZATIONS WITHIN THE LANCASTER GENERAL HEALTH SYSTEM DURING THE TIME PERIOD IN WHICH THEY SERVED THE HOURS DISCLOSED RELATE TO TIME SERVED ON A BOARD AND/OR FOR SERVICES PROVIDED RESULTING IN COMPENSATION PAID MEMBERS OF THE BOARD ARE NOT COMPENSATED FOR THEIR POSITION ON THE BOARD COMPENSATION DISCLOSED RELATES TO OTHER SERVICES PERFORMED THE LANCASTER GENERAL HOSPITAL BOARD TERM RUNS SEPTEMBER THRU SEPTEMBER WHILE THE ORGANIZATIONS FISCAL YEAR RUNS JULY THRU JUNE THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A EITHER STARTED OR TERMED DURING THE JUNE 30, 2018 FISCAL YEAR LEE M DUKE II, MD (TERMED 6/29/18) JENNIFER L GROFF (STARTED 9/1/17) ALEXANDRA JORGENSEN (STARTED 9/1/17) CYNTHIA STAUFFER (STARTED 9/1/17) MICHAEL RIPCHINSKI, MD (STARTED 9/1/17) -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 20	TAX EXEMPT BOND LIABILITIES THE AMOUNT OF ISSUE OUTSTANDING FOR THE SERIES 2016 BOND ALSO INCLUDES THE BOND PREMIUM THE BALANCE OF THE 2016 BOND PREMIUM AT 6/30/18 WAS \$19,544,231 -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES OTHER NON-OPERATING INCOME \$ 203,883 TRANSFER OF NET ASSETS 2,241,028 RELATED PARTY TRANSFERS (102,128,414) PERPETUAL TRUST DISTRIBUTIO N 85,056 CHANGE IN INTEREST IN NET ASSETS OF LANCASTER GENERAL 533,050 LGH AND NOVASTREAM INTERCOMPANY ELIMINATIONS 49,584 ----- TOTAL \$ (99,015,813) ----- -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	AUDITED FINANCIAL STATEMENTS THE FINANCIAL INFORMATION FOR LANCASTER GENERAL HEALTH AND ITS AFFILIATES, INCLUDING LANCASTER GENERAL HOSPITAL WAS INCLUDED IN THE UNIVERSITY OF PENNSYLVANIA'S COMBINED FINANCIAL STATEMENTS AND AUDITED ON A CONSOLIDATED BASIS ----- -----

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
LANCASTER GENERAL HOSPITAL

Employer identification number
23-1365353

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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
(1) NOVASTREAM LLC 555 NORTH DUKE STREET LANCASTER, PA 17604 47-5202972	TELECOMM	PA	4,676,570	1,346,875	LG HOSPITAL

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.

See Additional Data Table

(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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	TRANSACTIONS WITH RELATED ORGANIZATIONS ALL ARRANGEMENTS ARE NEGOTIATED AT ARM'S LENGTH AND FOR FAIR VALUE IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AFFILIATES PERFORM INTER-COMPANY TRANSACTIONS AS PART OF THE NORMAL COURSE OF BUSINESS



Additional Data

Software ID:
Software Version:
EIN: 23-1365353
Name: LANCASTER GENERAL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1086 PENLLYN BLUE BELL PIKE BLUE BELL, PA 19422 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA		No
C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		No
250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(c)(3)	10	TRUSTEES		No
3451 WALNUT STREET PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(c)(3)	12, II	PA HOSPITAL		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES		No
306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL	Yes	
555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147	FUNDRAISING	PA	501(C)(3)	12, I	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1525 W WT HARRIS BLVD CHARLOTTE, NC 28262 23-6210940	SUPPORT TRUST	PA	501(C)(3)	12, III-FI	NA		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-1986931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3609 CHESTNUT STREET PHILADELPHIA, PA 19104 23-2422635	HEALTHCARE	PA	501(c)(3)	3	PMC		No
30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	NA		No
210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES		No
850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
800 SPRUCE STREET PHILADELPHIA, PA 19107 31-1538725	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		No
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501(c)(3)	12, I	NA		No
3001 MARKET STREET 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573	SUPPORT ORG	PA	501(c)(3)	12, I	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501(c)(3)	10	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501(c)(3)	12, I	PMC		No
3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325	EDU SUPPORT	PA	501(c)(3)	12, I	NA		No
1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464	BUS TRUST	PA	501(c)(3)	8	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		No
217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	4	LG HEALTH		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868	SUPPORT ORG	PA	501(C)(3)	10	NA		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508	FAC CLUB	PA	501(c)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744	BENEFITS	PA	501(c)(3)	12, I	TRUSTEES		No
150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662	HOSPICE CARE	PA	501(c)(3)	10	TRUSTEES		No
700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956	HEALTHCARE	PA	501(c)(3)	3	PA HOSPITAL		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 21-0635009	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	HOLDING CO	NJ	501(C)(3)	12,I	TRUSTEES		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HOMECARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HLTHCARE SVCS	NJ	501(C)(3)	10	PCHS HOLDING		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ARI 1740 FUND N SETSON AVE STE 5500 CHICAGO, IL 60601 32-0472404	INVESTMENT	IL	NA	N/A							No	
DVG 1740 FUND LP ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539	INVESTMENT	CT	NA	N/A							No	
EAST MARSHALL STREET PARTNERSHIP LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-2902742	INVESTMENT	PA	NA	N/A							No	
FERN HILL PARTNERSHIP III LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 30-0409614	RENTAL	PA	NA	N/A							No	
FERN HILL LLC 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-3005147	RENTAL	PA	NA	N/A							No	
GALLOPAVO LP 2000 McKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967	INVESTMENT	TX	NA	N/A							No	
LANCASTER PET PARTNERSHIP LLP PO BOX 4216 LANCASTER, PA 17604 23-3102793	MEDICAL SERVICES	PA	NA	N/A							No	
LG HEALTH COMMUNITY CARE COLLABORATIVE 555 NORTH DUKE STREET LANCASTER, PA 17604 45-5542179	ACO	PA	LG HOSPITAL	RELATED	-111,908	817,033		No	0	Yes		97 000 %
LIONVILLE MED OFFICE BLDG PARTNERSHIP 929 SOUTH HIGH STREET WEST CHESTER, PA 19383 16-1640799	INVESTMENT	PA	NA	N/A							No	
MRI GROUP LLP PO BOX 4216 LANCASTER, PA 17604 33-1011386	MEDICAL SERVICES	PA	NA	N/A							No	
NEIGHBRHD PRES & DEV FUND LP 240 NEW YORK DR STE 1 FORT WASHINGTON, PA 19034 23-3037919	RENTAL	PA	NA	N/A							No	
OAKLANDS WAY MEDICAL BUILDING ASSOCIATES 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 83-0490251	RENTAL	PA	NA	N/A							No	
SISU CAP PRIV EQUITY FUND B 96 HIGH STREET KENSINGTON LONDON W8 4SG UK	INVESTMENT	UK	NA	N/A							No	
SISU CAP PRIV EQUITY FUND E 96 HIGH STREET KENSINGTON LONDON W8 4SG UK	INVESTMENT	UK	NA	N/A							No	
SRP INVESTORS FUND A LP 2001 ROSS AVE SUITE 2800 DALLAS, TX 75201 61-1748291	INVESTMENT	TX	NA	N/A							No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JOG V C LIMITED PARTNERSHIP 2300-440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA	N/A							No	
TURK'S HEAD SURGERY CENTER LLC 915 OLD FERN HILL ROAD BLDG B PHILADELPHIA, PA 19106	MEDICAL SERVICES	PA	NA	N/A							No	
CYRUS 1740 MASTER FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1361754	INVESTMENTS	CJ	NA	N/A							No	
JOG VI C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENTS	CA	NA	N/A							No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BARGE GANSE VENACARE BUS TRUST 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017	HEALTHCARE	PA	LGS Inc	C-Corp					No
CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 190875220 23-2865181	PHYS MGMT	PA	CCA	C-CORP					No
DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP					No
FRANKLIN CASUALTY INSURANCE CO PO BOX 530 BURLINGTON, VT 054020530 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
LANCASTER GENERAL SERVICESINC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128	PROPERTY SVCS	PA	LG HEALTH	C-Corp					No
NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-2812573	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No
PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST, BEIJING 100004 CH	BUS CONSULTING	CH	UPENN INT'L	C-CORP					No
PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991	HEALTHCARE	PA	PMC	C-CORP					No
PROFESSIONAL PROVIDERS INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-3076589	PHYSICIAN SRVCS	PA	CCH&HS	C-CORP					No
QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST ROOM 329 PHILADELPHIA, PA 19104 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
THE PAM 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KYI-1102 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
TURK'S HEAD HEALTH SERVICES 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SRVCS	PA	CCH&HS	C-CORP					No
LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	TRUST	PA	LG HEALTH	TRUST					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ACRM 1740 FUND LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					No
PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899	INACTIVE	NJ	PHCS HOLDING	C-CORP					No

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Lancaster General Health-Columbia Center	b	2,077,670	FMV
Lancaster General Health-Columbia Center	k	399,461	FMV
Lancaster General Health-Columbia Center	l	401,187	FMV
Lancaster General Health-Columbia Center	o	72,107	FMV
Lancaster General Health-Columbia Center	q	1,179,521	FMV
Lancaster General Health-Columbia Center	r	1,904,962	FMV
Pennsylvania College of Health Sciences	b	1,777,459	FMV
Pennsylvania College of Health Sciences	l	524,880	FMV
Pennsylvania College of Health Sciences	m	1,360,094	FMV
Pennsylvania College of Health Sciences	o	421,670	FMV
Pennsylvania College of Health Sciences	q	3,246,672	FMV
LG Health-Community Care Collaborative	a	195,379	FMV
LG Health-Community Care Collaborative	b	2,921,670	FMV
LG Health-Community Care Collaborative	l	384,117	FMV
LG Health-Community Care Collaborative	o	3,604,873	FMV
LG Health-Community Care Collaborative	p	243,532	FMV
LG Health-Community Care Collaborative	q	232,081	FMV
LG Health-Community Care Collaborative	s	413,862	FMV