

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2018
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Form 990 header section including: A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019; B Check if applicable; C Name of organization LANCASTER GENERAL HEALTH; D Employer identification number 23-2250941; E Telephone number (717) 544-5398; F Name and address of principal officer F JOSEPH BYORICK, III; G Gross receipts \$ 134,712,727; H(a) Is this a group return for subsidiaries? Yes X No; H(b) Are all subsidiaries included? Yes; I Tax-exempt status X 501(c)(3); J Website WWW.LGHEALTH.ORG; K Form of organization X Corporation; L Year of formation 1983; M State of legal domicile PA

Part I Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes rows for mission statement, governance, revenue, expenses, and net assets.

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
Date: 6/18/2020
Type or print name and title: CFO

Paid Preparer Use Only
Print/Type preparer's name: ANTONIO C RUSSO
Preparer's signature: Antonio C Russo
Date: 06/10/2020
Check self-employed: []
PTIN: P00858539
Firm's name: PRICEWATERHOUSECOOPERS LLP
Firm's EIN: 13-4008324
Firm's address: 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103
Phone no: 267-330-3000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

SCANNED AUG 06 2021

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
PROVIDES MANAGERIAL AND FINANCIAL SUPPORT TO ITS CONTROLLED
ORGANIZATIONS AND IS ALSO RESPONSIBLE FOR UNDERTAKING ACTIVITIES
DESIGNED TO ADVANCE THE GENERAL HEALTH OF THE COMMUNITY.

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 \$ -128,041 including grants of \$ 0) (Revenue \$ 4,155,463)
PROVIDES MANAGERIAL AND FINANCIAL SUPPORT TO ITS CONTROLLED
ORGANIZATIONS AND IS ALSO RESPONSIBLE FOR UNDERTAKING ACTIVITIES
DESIGNED TO ADVANCE THE GENERAL HEALTH OF THE COMMUNITY.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► -128,041.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with checkboxes for 'Yes' and 'No'.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with columns for line number, question, Yes, and No. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9 regarding governing body members and documentation.

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

Table with columns for line number, question, Yes, and No. Includes questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM H. ADAMS, MD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(2) THOMAS T. BALDRIGE TRUSTEE	2.00 2.00	X					0.	0.	0.	
(3) KEITH KASPER TRUSTEE	2.00 53.00	X					0.	1,350,555.	182,342.	
(4) FRANCIS J. MANNING, MD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(5) C. CLAIR MCCORMICK TRUSTEE	2.00 2.00	X					0.	0.	0.	
(6) EDWARD MONBORNE TRUSTEE	2.00 2.00	X					0.	0.	0.	
(7) RALPH W. MULLER TRUSTEE	2.00 53.00	X					0.	2,601,584.	524,692.	
(8) LORI PICKELL TRUSTEE	2.00 2.00	X					0.	0.	0.	
(9) NEAL SALERNO TRUSTEE	2.00 2.00	X					0.	0.	0.	
(10) CAROLYN F. SCANLAN TRUSTEE	2.00 2.00	X					0.	0.	0.	
(11) KIM SMITH, ESQ TRUSTEE	2.00 2.00	X					0.	0.	0.	
(12) JORDAN SPACE TRUSTEE	2.00 2.00	X					0.	0.	0.	
(13) PATRICK D. WHALEN TRUSTEE	2.00 2.00	X					0.	0.	0.	
(14) JAN L. BERGEN PRESIDENT & CEO, LG HEALTH	2.00 53.00	X		X			0.	2,244,631.	170,666.	

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			
(15) JOANNE B. LADLEY VICE CHAIRPERSON	2.00 2.00	X		X				0.	0.	0.
(16) D. MICHAEL WEGE CHAIRPERSON	2.00 2.00	X		X				0.	0.	0.
(17) PHILIP R. WENGER CHAIRPERSON	2.00 2.00	X		X				0.	0.	0.
(18) FREDERICK C. BEYER, III MD TRUSTEE	2.00 2.00	X						0.	421,208.	38,463.
(19) JOHN M. ANDERSON, PHD TRUSTEE	2.00 2.00	X						0.	0.	0.
(20) KEITH R. KUHLENGEL, MD TRUSTEE	2.00 2.00	X						0.	0.	0.
(21) KAY BRADY VP, HUMAN RESOURCES	2.00 53.00			X				0.	248,637.	23,470.
(22) F. JOSEPH BYORICK III SVP, CFO	2.00 53.00			X				0.	637,160.	17,627.
(23) MARGARET F. COSTELLA, ESQ SVP, LEGAL SVCS, GEN COUNSEL	2.00 53.00			X				0.	362,322.	15,219.
(24) BRIAN M. CRIMMINS VP, FACILITIES PLANNING	2.00 53.00			X				0.	115,099.	14,435.
(25) GARY DAVIDSON SVP AND CIO	2.00 53.00			X				0.	616,982.	48,824.
1b Sub-total								0.	6,196,770.	877,700.
c Total from continuation sheets to Part VII, Section A								0.	17,871,286.	835,087.
d Total (add lines 1b and 1c)								0.	24,068,056.	1,712,787.

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 **0.**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(26) GEOFFREY W. EDDOWES SVP, WBH	2.00 53.00			X				0. 388,725.	30,227.	
(27) NORMA J. FERDINAND SVP, QUALITY & PERF IMPROVEMEN	2.00 53.00			X				0. 708,578.	22,560.	
(28) T. RAYMOND FOLEY PRESIDENT, PHYSICIAN SERVICES	2.00 53.00			X				0. 1,705,108.	26,698.	
(29) JENNIFER L. GROFF VP ORGANIZATIONAL ADVANCEMENT	2.00 53.00			X				0. 208,359.	15,835.	
(30) ALEXANDRA JORGENSEN CHIEF HR OFFICER	2.00 53.00			X				0. 329,537.	26,561.	
(31) ELIZABETH D. KATZ VP, RISK MGMT & CORP COMPLIANC	2.00 53.00			X				0. 207,318.	19,824.	
(32) DENISE A. KENNEDY VP, FINANCIAL SERVICES	2.00 53.00			X				0. 244,951.	19,117.	
(33) ROBERT P. MACINA, ESQ EVP, CHIEF ADMIN OFFICER	2.00 53.00			X				0. 622,069.	28,056.	
(34) EDWARD MALONEY VP, INFO TECHNOLOGY OPERATIONS	2.00 53.00			X				0. 302,561.	26,894.	
(35) WILLIAM MCCUNE SVP HOSPITAL OPERATIONS	2.00 53.00			X				0. 469,265.	30,117.	
(36) TAMMY L. OBER VP, HOSPITAL OPERATIONS	2.00 53.00			X				0. 304,296.	33,974.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0.**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(37) RICHARD D. PAOLETTI VP, PRIMARY CARE & AMBULATORY	2.00 53.00			X				0.	334,964.	30,110.
(38) SEAN P. REYNOLDS VP, OPERATIONS PHYSICIAN SVCS	2.00 53.00			X				0.	237,099.	25,691.
(39) DOUGLAS W. RINEHART VP, CONTROLLER	2.00 53.00			X				0.	265,583.	27,625.
(40) MICHAEL R. RIPCHINSKI CHIEF CLINICAL OFFICER	2.00 53.00			X				0.	488,966.	30,324.
(41) LANYCE A. ROLDAN SVP & CHIEF NURSING EXECUTIVE	2.00 53.00			X				0.	330,885.	27,259.
(42) CHRISTINE M. STABLER, MD VP, ACADEMIC AFFAIRS	2.00 53.00			X				0.	431,440.	26,225.
(43) CYNTHIA J. STAUFFER VP, EPIC & CLINICAL APPS	2.00 53.00			X				0.	222,557.	17,886.
(44) JAMES A. STUCCIO SVP, AMBULATORY & PHYS SVCS	2.00 53.00			X				0.	615,410.	30,324.
(45) SUSAN WYNNE SVP, BUSINESS DEV & PLANNING	2.00 53.00			X				0.	446,544.	20,136.
(46) STACEY G. YOUCIS SVP SVC LINES/POPULATION HLTH	2.00 53.00			X				0.	383,854.	27,931.
(47) THOMAS E. BEEMAN, PHD FORMER OFFICER	0. 0.						X	0.	3,132,750.	17,818.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0.**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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				
	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				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶			0		
Program Service Revenue			Business Code			
	2a MANAGEMENT FEE REVENUE	541200	997,483	987,608	9,875	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶			997,483		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶		31,538,633			31,538,633
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		99,018,631				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	99,018,631				
	d Net gain or (loss) ▶			99,018,631		99,018,631
	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 CHANGE IN RETROSPECTIVE ADJUSTMENT	900099		3,095,480	3,095,480		
b EQUITY IN EARNINGS	900099		44,150	44,150		
c MISCELLANEOUS	900099		18,350	18,350		
d All other revenue						
e Total. Add lines 11a-11d ▶			3,157,980			
12 Total revenue. See instructions ▶			134,712,727	4,145,588	9,875	130,557,264

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	0.			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
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	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)	0.			
a Management	0.			
b Legal	105,084.	105,084.		
c Accounting	189,527.	189,527.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	4,217,779.		4,217,779.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0.			
12 Advertising and promotion	0.			
13 Office expenses	166,099.	165,964.	135.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	41,371.	41,371.		
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 RETIREMENT EXPENSE	-12,581,924.	-12,581,924.		
b MANAGEMENT FEE	9,915,809.	9,915,809.		
c EQUITY IN EARNINGS-AFFILIA	2,036,128.	2,036,128.		
d _____				
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	4,089,873.	-128,041.	4,217,914.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	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	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	34,041.	9	36,680.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
	b	Less accumulated depreciation	0.	10b	0.
	11	Investments - publicly traded securities	998,686,467.	11	1,066,639,462.
	12	Investments - other securities See Part IV, line 11	39,661,318.	12	21,373,644.
	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	21,124,444.	15	18,332,010.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,059,506,270.	16	1,106,381,796.	
Liabilities	17	Accounts payable and accrued expenses	443,802.	17	51,000.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	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	163,438,992.	25	222,025,597.
	26	Total liabilities. Add lines 17 through 25	163,882,794.	26	222,076,597.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	893,466,255.	27	882,152,125.
	28	Temporarily restricted net assets	1,738,219.	28	1,738,219.
	29	Permanently restricted net assets	419,002.	29	414,855.
	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	895,623,476.	33	884,305,199.	
34	Total liabilities and net assets/fund balances	1,059,506,270.	34	1,106,381,796.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,712,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,089,873.
3	Revenue less expenses Subtract line 2 from line 1	3	130,622,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	895,623,476.
5	Net unrealized gains (losses) on investments	5	-70,128,814.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-71,812,317.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	884,305,199.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: LANCASTER GENERAL HEALTH
Employer identification number: 23-2250941

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)

B

(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		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %.

- 19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on 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? 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.	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		X
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?		X
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in Part VI .		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
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))? If "Yes," provide detail in Part VI .		X
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? If "Yes," provide detail in Part VI .		X
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? If "Yes," provide detail in Part VI .		X
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)? If "Yes," answer 10b below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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	X
b A family member of a person described in (a) above?	11b	X
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	X

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	X

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)		
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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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)

FORM 990, SCHEDULE A, PART IV, SECTION C

DESCRIPTION OF CONTROL

WHILE AN OVERLAP OF A MAJORITY OF THE DIRECTORS OR TRUSTEES DOES NOT EXIST, LG HEALTH EXERTS CONTROL OVER ITS SUPPORTED ORGANIZATIONS THROUGH THE BYLAWS AND RESERVE POWER.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
			YES	NO		
LANCASTER GENERAL HOSPITAL	23-1365353	3	X		0	0
LANCASTER GENERAL HEALTH-COLUMBIA CENTER	23-0485650	3	X		0	0
LANCASTER GENERAL MEDICAL GROUP	23-2777286	3	X		0	0
PENNSYLVANIA COLLEGE OF HEALTH SCIENCES	06-1645496	2	X		0	0
LANCASTER GENERAL HEALTH FOUNDATION	20-5767147	10	X		0	0
THE HEART GROUP OF LANCASTER GENERAL HEALTH	30-0634510	3	X		0	0
AFFILIA HOME HEALTH	23-1352572	7	X		0	0
TOTAL AMOUNT OF SUPPORT					<u>0</u>	<u>0</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

2018

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization: LANCASTER GENERAL HEALTH; Employer identification number: 23-2250941

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year (2a-2d), and various questions (3-9).

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

Form with questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures, including dollar amounts.

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

Schedule D (Form 990) 2018

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?

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?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
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 %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

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	
(2) PENSION LIABILITY	219,616,043.
(3) SUPP. EXEC. RETIREMENT PENSION	2,174,116.
(4) PRESENT VALUE OF LIFE ANNUITY	235,438.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	222,025,597.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART XI & XII

PART XI, LINE 2D CONSISTS OF:

\$ (2,412,850)	PROFESSIONAL FEES-INVESTMENT MANAGERS
1,524,473	RELATED PARTY TRANSFERS
(70,325,501)	CHANGE IN MINIMUM PENSION LIABILITY
(4,147)	CHANGE IN FAIR VALUE OF PERPETUAL TRUSTS
(3,007,141)	CHANGE IN POST RETIREMENT BENEFITS
(2,036,128)	EQUITY IN EARNINGS-AFFILIA

\$ (76,261,294)	TOTAL

PART XII, LINE 4B CONSISTS OF:

\$2,412,850	PROFESSIONAL FEES-INVESTMENT MANAGERS
2,036,128	EQUITY IN EARNINGS-AFFILIA

\$4,448,978	TOTAL

SCHEDULE D, PART X, LINE 2

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, 2019 FINANCIAL STATEMENTS OF THE

Part XIII Supplemental Information (continued)

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number

23-2250941

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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 (such as maid, chauffeur, chef) |

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 2

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEITH KASPER TRUSTEE	(i) 0. (ii) 675,737.	0. 104,683.	0. 570,135.	0. 154,601.	0. 27,741.	0. 1,532,897.	0. 159,471.
2 RALPH W. MULLER TRUSTEE	(i) 0. (ii) 1,724,822.	0. 842,470.	0. 34,292.	0. 510,330.	0. 14,362.	0. 3,126,276.	0. 0.
3 JAN L. BERGEN PRESIDENT & CEO, LG HEALTH	(i) 0. (ii) 759,235.	0. 250,000.	0. 1,235,396.	0. 163,289.	0. 7,377.	0. 2,415,297.	0. 832,827.
4 KAY BRADY VP, HUMAN RESOURCES	(i) 0. (ii) 202,005.	0. 41,602.	0. 5,030.	0. 9,896.	0. 13,574.	0. 272,107.	0. 0.
5 F. JOSEPH BYORICK III SVP, CFO	(i) 0. (ii) 480,146.	0. 135,844.	0. 21,170.	0. 10,407.	0. 7,220.	0. 654,787.	0. 0.
6 MARGARET F. COSTELLA, E SVP, LEGAL SVCS, GEN COUNSEL	(i) 0. (ii) 278,082.	0. 79,220.	0. 5,020.	0. 12,868.	0. 2,351.	0. 377,541.	0. 0.
7 GARY DAVIDSON SVP AND CIO	(i) 0. (ii) 456,885.	0. 144,319.	0. 15,778.	0. 32,250.	0. 16,574.	0. 665,806.	0. 0.
8 GEOFFREY W. EDDOWES SVP, MBH	(i) 0. (ii) 305,480.	0. 78,325.	0. 4,920.	0. 13,750.	0. 16,477.	0. 418,952.	0. 0.
9 NORMA J. FERDINAND SVP, QUALITY & PERF IMPROVEMEN	(i) 0. (ii) 331,697.	0. 93,486.	0. 283,395.	0. 13,750.	0. 8,810.	0. 731,138.	0. 160,841.
10 T. RAYMOND FOLEY PRESIDENT, PHYSICIAN SERVICES	(i) 0. (ii) 639,699.	0. 167,453.	0. 897,956.	0. 10,585.	0. 16,113.	0. 1,731,806.	0. 0.
JENNIFER L. GROFF VP ORGANIZATIONAL ADVANCEMENT	(i) 0. (ii) 207,187.	0. 0.	0. 1,172.	0. 8,651.	0. 7,184.	0. 224,194.	0. 0.
ALEXANDRA JORGENSEN CHIEF HR OFFICER	(i) 0. (ii) 239,030.	0. 89,688.	0. 819.	0. 10,367.	0. 16,194.	0. 356,098.	0. 0.
ELIZABETH D. KATZ VP, RISK MGMT & CORP COMPLIANC	(i) 0. (ii) 177,960.	0. 28,304.	0. 1,054.	0. 10,313.	0. 9,511.	0. 227,142.	0. 0.
DENISE A. KENNEDY VP, FINANCIAL SERVICES	(i) 0. (ii) 209,187.	0. 33,719.	0. 2,045.	0. 12,146.	0. 6,971.	0. 264,068.	0. 0.
ROBERT P. MACINA, ESQ EVP, CHIEF ADMIN OFFICER	(i) 0. (ii) 477,815.	0. 124,712.	0. 19,542.	0. 13,750.	0. 14,306.	0. 650,125.	0. 0.
EDWARD MALONEY VP, INFO TECHNOLOGY OPERATIONS	(i) 0. (ii) 251,930.	0. 44,127.	0. 6,504.	0. 12,909.	0. 13,985.	0. 329,455.	0. 0.

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM MCCUNE SVP HOSPITAL OPERATIONS	0.	0.	0.	0.	0.	0.	0.
2 TAMMY L. OBER VP, HOSPITAL OPERATIONS	296,288.	75,171.	97,806.	13,750.	16,367.	499,382.	0.
3 RICHARD D. PAOLETTI VP, PRIMARY CARE & AMBULATORY	257,134.	43,370.	3,792.	13,750.	20,224.	338,270.	0.
4 SEAN P. REYNOLDS VP, OPERATIONS PHYSICIAN SVCS	281,706.	51,341.	1,917.	13,750.	16,360.	365,074.	0.
5 DOUGLAS W. RINEHART VP, CONTROLLER	205,646.	30,678.	775.	9,832.	15,859.	262,790.	0.
6 MICHAEL R. RIPCHINSKI CHIEF CLINICAL OFFICER	217,674.	39,946.	7,963.	11,635.	15,990.	293,208.	0.
7 LANYCE A. ROLDAN SVP & CHIEF NURSING EXECUTIVE	381,226.	99,712.	8,028.	13,750.	16,574.	519,290.	0.
8 CHRISTINE M. STABLER, M VP, ACADEMIC AFFAIRS	263,635.	60,060.	7,190.	12,949.	14,310.	358,144.	0.
9 CYNTHIA J. STAUFFER VP, EPIC & CLINICAL APPS	357,438.	66,460.	7,542.	11,979.	14,246.	457,665.	0.
10 JAMES A. STUCCIO SVP, AMBULATORY & PHYS SVCS	186,118.	32,363.	4,076.	10,924.	6,962.	240,443.	0.
11 SUSAN WYNNE SVP, BUSINESS DEV & PLANNING	464,940.	130,552.	19,918.	13,750.	16,574.	645,734.	0.
12 STACEY G. YOUCIS SVP SVC LINES/POPULATION HLTH	340,011.	97,371.	9,162.	12,509.	7,627.	466,680.	0.
13 THOMAS E. BEEMAN, PHD FORMER OFFICER	297,422.	81,512.	4,920.	13,750.	14,181.	411,785.	0.
14 LEE M. DUKE II, MD FORMER OFFICER	1,116,284.	465,162.	1,551,304.	0.	17,818.	3,150,568.	699,568.
15 REGINA M. MINGLE FORMER OFFICER	284,950.	133,950.	1,780,120.	13,750.	3,946.	2,216,716.	1,047,907.
16 FREDERICK C. BEYER, III TRUSTEE	473,295.	147,805.	268,939.	84,460.	13,701.	988,200.	0.
	371,374.	41,800.	8,034.	24,750.	13,713.	459,671.	0.

Schedule J (Form 990) 2018

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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

SCHEDULE J, PART I, LINE 3

TOP MANAGEMENT COMPENSATION

AS PROVIDED IN THE FORM 990, SCHEDULE J INSTRUCTIONS, SINCE THE ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF THE METHODS DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THIS QUESTION HAS BEEN LEFT UNANSWERED. REFER TO SCHEDULE O FOR A DESCRIPTION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS.

SCHEDULE J, PART I, LINE 4A

DETAIL OF SEVERANCE

THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A SEVERANCE PAYMENT FROM LANCASTER GENERAL HOSPITAL, A RELATED ORGANIZATION DURING THE 2018 CALENDAR YEAR:

DUKE II, LEE M. - \$244,241

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

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

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

1A PARTICIPATED IN THE HEALTH SYSTEM SERP PLAN DURING THE YEAR AND/OR

RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR:

BEEWAN, THOMAS E.- NO DISTRIBUTION

MULLER, RALPH W.- NO DISTRIBUTION

KASPER, KEITH - \$159,471

MINGLE, REGINA - \$84,460

BERGEN, JAN - \$150,000

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:

BEEWAN, THOMAS E.- \$834,638

BERGAN, JAN L.- \$1,208,904

COSTELLA, MARGARET F.- NO DISTRIBUTION

DAVIDSON, GARY- NO DISTRIBUTION

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

DUKE, LEE M. II- \$1,457,661

EDDOWES, GEOFFREY W.- NO DISTRIBUTION

FERDINAND, NORMA J- \$236,437

FOLEY, T. RAYMOND- \$874,332

MACINA, ROBERT P.- NO DISTRIBUTION

MCCUNE, WILLIAM- \$75,003

MINGLE, REGINA M.- \$125,036

RIPCHINSKI, MICHAEL -NO DISTRIBUTION

ROLDAN, LANYCE A.- NO DISTRIBUTION

STUCCIO, JAMES A.- NO DISTRIBUTION

WYNNE, SUSAN- NO DISTRIBUTION

YOUICIS, STACEY G.- NO DISTRIBUTION

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

2018

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number

23-2250941

FORM 990, PART V, LINE 4A

FINANCIAL ACCOUNT IN A FOREIGN COUNTRY

LANCASTER GENERAL HEALTH DOES NOT MAINTAIN AN OFFICE OUTSIDE THE UNITED STATES. HOWEVER, LANCASTER GENERAL HEALTH IS THE SOLE STOCKHOLDER OF LANCASTER GENERAL INSURANCE COMPANY (EIN# 98-0176655), LOCATED IN THE CAYMAN ISLANDS.

FORM 990, PART VI, SECTION A, LINE 6

DETAIL OF MEMBERS OR STOCKHOLDERS

THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY A BOARD OF NOT LESS THAN SEVEN (7) NOR MORE THAN TWENTY-TWO (22) TRUSTEES, WHO SHALL BE NATURAL PERSONS OF FULL AGE. THE NUMBER OF TRUSTEES SHALL BE SUCH NUMBER AS SHALL HAVE BEEN LAST SPECIFIED BY RESOLUTION OF THE BOARD OF TRUSTEES. THE NUMBER OF TRUSTEES SHALL INCLUDE EX OFFICIO TRUSTEES. TRUSTEES NEED NOT BE RESIDENTS OF PENNSYLVANIA.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number

23-2250941

AND THE RETURN IS PREPARED BY FINANCE STAFF. THE VICE
 PRESIDENT-CONTROLLER AND THE DIRECTOR OF ACCOUNTING REVIEWED THE FORM 990
 AND IT WAS THEN PROVIDED TO PRICEWATERHOUSECOOPERS 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 FILING.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

IN ORDER TO ASCERTAIN AND EVALUATE ACTUAL OR POTENTIAL CONFLICTS, CERTAIN
 INTERESTED PERSON ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST
 DISCLOSURE STATEMENT UPON ENTERING EMPLOYMENT OR BECOMING A TRUSTEE OF
 LANCASTER GENERAL HEALTH OR AN AFFILIATE, AND OTHERS ARE ALSO REQUIRED TO
 FILL OUT SUCH A STATEMENT ON AN ANNUAL BASIS. IN ADDITION TO THIS
 REQUIREMENT, ALL OFFICERS AND TRUSTEES, REGARDLESS OF WHETHER OR NOT THEY
 HAVE FILLED OUT OR HAVE BEEN ASKED TO FILL OUT A CONFLICT OF INTEREST
 DISCLOSURE STATEMENT, HAVE AN ONGOING AFFIRMATIVE DUTY TO BRING TO THE
 ATTENTION OF LANCASTER GENERAL HEALTH, SITUATIONS WHICH MAY GIVE RISE TO
 AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS DESCRIBED IN THE POLICY.

FORM 990, PART VI, SECTION B, LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number

23-2250941

THE ORGANIZATION HAS THE POLICIES AND PROCEDURES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B LINE 14 AND 16B. HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 15
COMPENSATION PROCESS

LANCASTER GENERAL HEALTH'S 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 SO 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.

FORM 990, PART VI, SECTION B, LINE 16B
JOINT VENTURE POLICY

THE ORGANIZATION HAS THE POLICIES AND PROCEDURES IN PLACE AS MENTIONED IN

Name of the organization LANCASTER GENERAL HEALTH	Employer identification number 23-2250941
--	--

FORM 990, PART VI, SECTION B, LINE 14 AND 16B. HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BOARD.

FORM 990, PART VI, SECTION C, LINE 19
DOCUMENTS AVAILABILITY TO THE PUBLIC

LANCASTER GENERAL HEALTH DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A, LINE 1A
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. 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 HEALTH BOARD TERMS RUN SEPTEMBER THRU SEPTEMBER WHILE THE ORGANIZATION'S 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, 2019 FISCAL YEAR:

JOHN M. ANDERSON, PHD. (TERMED 8/31/2018)

Name of the organization

Employer identification number

LANCASTER GENERAL HEALTH

23-2250941

THOMAS E. BEEMAN, PHD. (TERMED 5/17/2018)

FREDERICK C. BEYER III, MD. (TERMED 8/31/2018)

KEITH KUHLENGEL, MD (TERMED 1/1/2019)

SUSAN WYNNE (TERMED 1/1/2019)

RALPH W. MULLER (TERMED 6/30/2019)

WILLIAM H. ADAMS (STARTED 9/1/2018)

KEITH KASPER (STARTED 9/1/2018)

FRANCIS J. MANNING, MD. (STARTED 9/1/2018)

EDWARD MONBORNE (STARTED 9/1/2018)

NEAL SALERNO (STARTED 9/1/2018)

JORDAN SPACE (STARTED 9/1/2018)

SEAN P. REYNOLDS (STARTED 9/1/2018)

FORM 990, PART V, LINE 1A & PART VII, SECTION B

INDEPENDENT CONTRACTORS

ALL PAYMENTS TO VENDORS FOR SERVICES PROVIDED TO LANCASTER GENERAL HEALTH ARE PAID BY LANCASTER GENERAL HOSPITAL (23-1365353), A RELATED ORGANIZATION. LANCASTER GENERAL HOSPITAL IS THE ORGANIZATION THAT ISSUES THE 1099 FORMS TO THE VENDORS.

FORM 990, PART XI, LINE 9

DETAIL OF OTHER CHANGES IN NET ASSETS

! !

! !

Name of the organization LANCASTER GENERAL HEALTH	Employer identification number 23-2250941
--	--

\$ (73,332,642) CHANGE IN PENSION LIABILITY
 (4,147) UNREALIZED LOSS ON PERPETUAL TRUST
 1,524,472 EQUITY CONTRIBUTIONS FROM RELATED ORGANIZATION

 \$ (71,812,317) TOTAL

FORM 990, PART XII, LINE 2B
 AUDITED FINANCIAL STATEMENTS

THE FINANCIAL INFORMATION FOR LANCASTER GENERAL HEALTH AND ITS AFFILIATES
 WAS INCLUDED IN THE UNIVERSITY OF PENNSYLVANIA'S COMBINED FINANCIAL
 STATEMENTS AND AUDITED ON A CONSOLIDATED BASIS.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	34,041.	36,680.
TOTALS	<u>34,041.</u>	<u>36,680.</u>

ATTACHMENT 2

Name of the organization LANCASTER GENERAL HEALTH	Employer identification number 23-2250941
--	--

ATTACHMENT 2 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
UNRESTRICTED & RESTRICTED	998,686,467.	1,066,639,462.	FMV
TOTALS	<u>998,686,467.</u>	<u>1,066,639,462.</u>	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

LANCASTER GENERAL HEALTH

Employer identification number
23-2250941

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	THE LEONARD AND MADLYN ABRAMSON INST 421 CURIE BLVD, 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823	MED RESEARCH	PA	501(C)(3)	4	N/A		X
(2)	CARL V S PATTERSON 19 UN OF PA C/O PNC BANK, 620 LIBERTY AVE, PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	N/A		X
(3)	CHESTER COUNTY HOSPITAL & HEALTH SYSTEM 701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		X
(4)	CLINICAL CARE ASSOCIATES OF UPHS 250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(C)(3)	10	TRUSTEES		X
(5)	FRANKLIN SPECIALTY PHYSICIANS 3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(C)(3)	12, II	PA HOSPITAL		X
(6)	LANCASTER GENERAL HEALTH COLUMBIA CENTER 306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL		X
(7)	LANCASTER GENERAL HEALTH FOUNDATION 555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147	FUNDRAISING	PA	501(C)(3)	7	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
LANCASTER GENERAL HEALTH

Employer identification number
23-2250941

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LANCASTER GENERAL HEALTH HOLDINGS 555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
(2) LANCASTER GENERAL HOSPITAL 555 NORTH DUKE STREET LANCASTER, PA 17604 23-1365353	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
(3) LANCASTER GENERAL MEDICAL GROUP 1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
(4) MORRIS EST LYDIA T DECD T/W 1525 W T HARRIS BLVD CHARLOTTE, NC 28262 23-6210940	SUPPORT TRUST	PA	501(C)(3)	12, IIII-FI	N/A		X
(5) NEIGHBORHOOD HEALTH AGENCIES, INC 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS		X
(6) NEIGHBORHOOD LEAGUE HEALTH SERVICES 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		X
(7) NEIGHBORHOOD VISITING NURSE ASSOCIATION 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS		X

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

LANCASTER GENERAL HEALTH

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Open to Public Inspection

2018

OMB No 1545-0047

Employer identification number
23-2250941

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	OAP, INC 23-1986931 3451 WALNUT STREET, ROOM 748 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES		X
(2)	PENN CENTER FOR REHAB AND CARE 23-2422635 3609 CHESTNUT STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	501 (C) (3)	3	PMC		X
(3)	PENN CLUB OF NEW YORK, INC 23-2726687 30 WEST 44TH STREET NEW YORK, NY 10036	CLUB	NY	501 (C) (7)	N/A	N/A		X
(4)	PENN PRAXIS, INC 75-2974931 210 SOUTH 34TH STREET PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES		X
(5)	PENN PRESS, INC 23-1876142 3905 SPRUCE STREET PHILADELPHIA, PA 19107	PUBLISHING	PA	501 (C) (3)	12, I	TRUSTEES		X
(6)	PENNSYLVANIA COLLEGE OF HEALTH SCIENCES 06-1645496 850 GREENFIELD ROAD LANCASTER, PA 17601	HEALTH EDU	PA	501 (C) (3)	2	LG HOSPITAL		X
(7)	PENNSYLVANIA HOSPITAL OF UPHS 31-1538725 800 SPRUCE STREET PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3)	3	TRUSTEES		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

LANCASTER GENERAL HEALTH

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Open to Public
Inspection

Employer identification number

23-2250941

OMB No. 1545-0047
2018

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PGH DEVELOPMENT CORP 426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501 (C) (3)	12, I	N/A		X
(2)	PHOENIXVILLE HOSPITAL OF UPHS 3001 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501 (C) (3)	3	TRUSTEES		X
(3)	PRESBYTERIAN ANESTHESIOLOGY FOUNDATION 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573	SUPPORT ORG	PA	501 (C) (3)	11, I	PMC		X
(4)	PRESBYTERIAN MEDICAL CENTER OF UPHS 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501 (C) (3)	3	TRUSTEES		X
(5)	PRESBYTERIAN MULTI-SPECIALTY GROUP 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501 (C) (3)	10	PMC		X
(6)	PRESBYTERIAN PERSONAL CARE RESIDENCE 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501 (C) (3)	12, I	PMC		X
(7)	SS HUEBNER FOUNDATION FOR INSURANCE EDUC 3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325	EDU SUPPORT	PA	501 (C) (3)	12, I	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047
2018

Open to Public
Inspection

LANCASTER GENERAL HEALTH

Employer identification number
23-2250941

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity	
							Yes	No
(1)	THE ASC TRUST OF THE UNIV OF PA 1500 MARKET ST, STE 3500E PHILADELPHIA, PA 19102	BUS. TRUST	PA	501 (C) (3)	8	N/A		X
(2)	CHESTER COUNTY HOSPITAL 701 E MARSHALL STREET WEST CHESTER, PA 19380	HEALTHCARE	PA	501 (C) (3)	3	CCH&HS		X
(3)	THE HEART GROUP OF LANCASTER GEN HEALTH 217 HARRISBURG AVENUE LANCASTER, PA 17603	CARDIOLOGY	PA	501 (C) (3)	3	LG HEALTH	X	
(4)	TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104	EDUCATION	PA	501 (C) (3)	2	N/A		X
(5)	UNITED AUXILIARIES TO LANCASTER GEN HOS 555 NORTH DUKE STREET LANCASTER, PA 17604	SUPPORT ORG	PA	501 (C) (3)	10	N/A		X
(6)	UNIVERSITY CITY ASSOCIATES INC 3451 WALNUT STREET, ROOM 329 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES		X
(7)	UNIVERSITY CLUB AT PENN, INC 3611 WALNUT STREET PHILADELPHIA, PA 19104	FAC. CLUB	PA	501 (C) (3)	12, I	TRUSTEES		X

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Department of the Treasury
Internal Revenue Service

Name of the organization

LANCASTER GENERAL HEALTH

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Inspection

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2018

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	UPENN INTERNATIONAL 45-4985731 3451 WALNUT STREET, SUITE 731 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
(2)	UPENN MASTER RETIREMENT TRUST 04-3574136 3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		X
(3)	UPENN RETIREE BENEFITS TRUST 23-2769744 3451 WALNUT STREET, ROOM 329 PHILADELPHIA, PA 19104	BENEFITS	PA	501(C)(3)	12, I	TRUSTEES		X
(4)	WISSAHICKON HOSPICE OF UPHS 23-2152662 150 MONUMENT ROAD, SUITE 300 BALA CYNWYD, PA 19004	HOSPICE CARE	PA	501(C)(3)	10	TRUSTEES		X
(5)	WOMEN'S AND CHILDREN'S HEALTH SERVICES 23-2248956 700 SPRUCE STREET PHILADELPHIA, PA 19106	HEALTHCARE	PA	501(C)(3)	3	PA HOSPITAL		X
(6)	PRINCETON HEALTHCARE SYSTEM 21-0635009 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		X
(7)	PRINCETON HEALTHCARE SYSTEM FDN, INC 22-2225911 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		X

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number

23-2250941

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PRINCETON HEALTHCARE SYSTEM HOLDING, INC 22-3493256 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	HOLDING CO.	NJ	501(C)(3)	12, I	TRUSTEES		X
(2)	PRINCETON MEDICAL PROPERTIES, INC 22-0022702 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		X
(3)	PRINCETON CAREGIVERS, INC 22-2842773 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	HEALTHCARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		X
(4)	PRINCETON HEALTHCARE AFFILIATED PHYS, PC 26-4203938 ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	HLTHCARE SVCS	NJ	501(C)(3)	10	PHCS HOLDING		X
(5)	AFFILIA HOME HEALTH 23-1352572 1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601	HOME HEALTH	PA	501(C)(3)	7	LG HEALTH	X	
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARI 1740 FUND 32-0472404 N SETSON AVE, STE 5500 CHICAGO	INVESTMENT	IL	N/A	N/A							X	
(2) DVG 1740 FUND, LP 80-0961539 ONE FAWCETT PLACE GREENWICH, CT	INVESTMENT	CT	N/A	N/A							X	
(3) EAST MARSHALL STREET PARTNERSH 929 SOUTH HIGH STREET WEST CHE	INVESTMENT	PA	N/A	N/A							X	
(4) FERN HILL PARTNERSHIP III, LP 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A							X	
(5) FERN HILL, LLC 23-3005147 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A							X	
(6) GALLOPAVO, LP 46-4621967 2000 MCKINNEY AVE, STE 2125 DA	INVESTMENT	TX	N/A	N/A							X	
(7) LANCASTER PET PARTNERSHIP, LLP PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	N/A							X	

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
(1) BARGE GANSE VENACARE, INC 555 NORTH DUKE STREET LANCASTER, PA 17604	HEALTHCARE	PA	LGS, INC	C CORP					X
(2) CLINICAL HEALTH CARE ASSOC OF NJ, PC 250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087	PHYS MGMT	PA	CCA	C-CORP					X
(3) DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106	RENTAL	PA	PA HOSPITAL	C-CORP					X
(4) FRANKLIN CASUALTY INSURANCE CO P O BOX 530 BURLINGTON, VT 05402	INSURANCE	VT	TRUSTEES	C-CORP					X
(5) LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN CJ KYI-1102	INSURANCE	CJ	LG HEALTH	C CORP	4,098,495	52,043,664	100	0000	X
(6) LANCASTER GENERAL SERVICES, INC 555 NORTH DUKE STREET LANCASTER, PA 17604	PROPERTY SRVC	PA	LG HEALTH	C CORP	1,396,419	7,282,826	100	0000	X
(7) NAYA 1740 FUND LTD P O BOX 309 UGLAND HOUSE, GRAND CAYMAN CJ KYI-1104	INVESTMENTS	CJ	TRUSTEES	C-CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LG HEALTH COMMUNITY CARE COLLA 555 NORTH DUKE STREET LANCASTE ACO		PA	N/A	N/A							X	
(2) LIONVILLE MED OFFICE BLDG PART 929 SOUTH HIGH STREET WEST CHE	INVESTMENT	PA	N/A	N/A							X	
(3) MRI GROUP, LLP 33-1011386 PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	N/A							X	
(4) NEIGHBRD PRES & DEV FUND, LP 240 NEW YORK DR, STE 1 FORT WA	RENTAL	PA	N/A	N/A							X	
(5) OAKLANDS WAY MEDICAL BUILDING 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A							X	
(6) SRP INVESTORS FUND A, LP 61-17 2001 ROSS AVE, SUITE 2800 DALL	INVESTMENT	TX	N/A	N/A							X	
(7) JOG V C LIMITED PARTNERSHIP 2300-440 2ND AVE SW CALGARY, A	INVESTMENT	CA	N/A	N/A							X	

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
(1) PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1, 14F CHAOYANG DIST, BEIJING CH 100004	BUS CONSULTING	CH	UPENN INT'L	C-CORP					X
(2) PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	PMC	C-CORP					X
(3) UPENN HOSPITALITY, INC 3401 WALNUT STREET, SUITE 400A PHILADELPHIA, PA 19104	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					X
(4) QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST, ROOM 329 PHILADELPHIA, PA 19104	SELF-INSURANCE	BD	TRUSTEES	C-CORP					X
(5) THE PAM 1740 FUND LTD P O BOX 309 GEORGE TOWN, GRAND CAYMAN CJ KYI-1102	INVESTMENTS	CJ	TRUSTEES	C-CORP					X
(6) TURK'S HEAD HEALTH SERVICES, INC 701 E MARSHALL STREET WEST CHESTER, PA 19380	MEDICAL SERVICES	PA	CCH&HS	C-CORP					X
(7) LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604	TRUST	PA	LG HEALTH	TRUST	1,345,592	16,547,523	100.0000	X	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TURK'S HEAD SURGERY CENTER, LL 915 OLD FERN HILL ROAD, BLDG B	MEDICAL SERVICES	PA	N/A	N/A							X	
(2) CYRUS 1740 MASTER FUND 98-1361 89 NEXUS WAY, CAMANA BAY, GR	INVESTMENT	CJ	N/A	N/A							X	
(3) JOG VI C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGAR	INVESTMENTS	CA	N/A	N/A							X	
(4) LIFT REAL ESTATE PARTNERS FUND 180 SUTTER STREET, SUITE 400 S	INVESTMENT	CA	N/A	N/A							X	
(5) LG HEALTH COMMUNITY CARE COLLA 555 NORTH DUKE STREET LANCASTE	ACO	PA	N/A	N/A							X	
(6)												
(7)												

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
(1) ACRM 1740 FUND, LTD 27 HOSPITAL ROAD, GRAND CAYMAN CJ KY1-9008	INVESTMENTS	CJ	TRUSTEES	C-CORP					X
(2) PRINCETON HEALTH, INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	MEDICAL	NJ	PHCS HOLDING	C-CORP					X
(3) PHI PHARMACY, INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	INACTIVE	NJ	PHCS HOLDING	C-CORP					X
(4) CIRCLE MEDICAL ASSURANCE CO 2929 WALNUT STREET, SUITE 460 PHILADELPHIA, PA 19104	INSURANCE	PA	TRUSTEES	C-CORP					X
(5) PENN MEDICINE LONDON LIMITED RADIUS COMM SRVCS LTD, 11TH FL WHITEFRIARS, LEWINS MEAD,	HEALTHCARE	UK	UPENN INT'L	LIMITED COMPANY					X
(6)									
(7)									

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

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

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		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LANCASTER GENERAL HOSPITAL	B	12,358,254.	FMV
(2)	LANCASTER GENERAL HOSPITAL	C	14,893,843.	FMV
(3)	LANCASTER GENERAL HOSPITAL	L	850,968.	FMV
(4)	LANCASTER GENERAL HOSPITAL	M	4,352,049.	FMV
(5)	LANCASTER GENERAL MEDICAL GROUP	L	86,008.	FMV
(6)	LANCASTER GENERAL MEDICAL GROUP	M	411,264.	FMV

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

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

2	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LANCASTER GENERAL SERVICES INC	S	1,500,000.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART V

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.