Form **990**

Return of Organization Exempt From Income Tax

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

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_				year, or tax year b				07/01,2018,			THELO	" t"	\sim	6/30, 20			
2		16 20 10		of organization	egiiiiiiig	<u> </u>		0 . , 0 2 , 2010,	and 0	nomg	D En	nployer ide		ation num			
В	Check if	applicable		ASTER GENERA	AT. HEZ	ат.тн						 23-225					
Г	Add			usiness as	1101	11111	·····	·····			1 '			-			
╁	- char	1		r and street (or P O b	ov d mail is	e nat deliver	ned to street ad	drass)	Room/	suite	E Te	lephone no	ımbei	<u> </u>			
-	ㅋ	e change		NORTH DUKE			10 311001 40	4.000)	11001111	Suito	1	17) 54					
\vdash	→ ***	of return Freturn/		town, state or province			formen nortal	oodo	L		1 `	11, 34	-	3330			
\vdash	term	nated nded					ioreign postar				١.,			13/	712	,727.	
-	retu			ASTER, PA 1	_		OCEDII DI	ODTOK TT	· T			oss receipt				X No	
L	pen	ding	ŀ	and address of principa				ORICK, II			1	subordinate	\$?	 	Yes	=	
			<u> </u>	NORTH DUKE					$\overline{}$	-ү	H(p)	Are all subor			Yes	∐_ No	
<u> </u>		xempt sta		501(c)(3)	501(c) () ◀	(insert no)	4947(a)(1)	or	527	┥			list (see insi	ructions)	,	
<u>J</u>	Webs			HEALTH.ORG			1.1.		- 1.			·· · · · ·		number 🕨			
		of organ		Corporation	Trust	Associate	on Othe	r >		Year of form	ation J	1963 M	State	of legal do	micile	PA	
ľ	art l		mmary						200	(ANIACED		CETAIN	1101	ENT CIT	2000		
	1	Briefly	describe	the organization's	mission (or most sig	inificant activ	ties PROVII	DES N	ANAGER	IAL	F FINA	INC	LAL SUI	PPOR	<u> </u>	
Ş	1			NTROLLED ORG													
ē	1			S DESIGNED T	-												
Governance	2			lf the organ									1 1	1			
	3	Numbe	er of votin	ig members of the	goveming	g body (Pa	rt VI, line 1a)						3			<u> 17.</u>	
Activities &	4			pendent voting mer		_							4			14.	
Ę	5			individuals employ		_							5			<u> </u>	
ŧ	6			volunteers (estimat									6			14.	
⋖				business revenue in									7a		<u>9,</u>	875.	
	b	Nettun	related	ushaess taxable inco	me from	Form 990)-T, line 38	<u></u>			<u> </u>	· · · · ·	7b			288.	
		الا	,		일					ļ	Pric	or Year		Cur	rent Ye		
<u>a</u>	8	Conti	Butionship	E 970 9 (2020)	line (45).								0			<u>. c.</u>	
E .	9	Propram service revenue (Part VIII, line 29)											8.			<u>, 483.</u>	
Revenue	10	Investi	ment inco	me (Part VIII, colum	n A in	ies 3, 4, ar	nd 7d), , , ,				42,739,753.			<u> </u>			
	11	Other	revebut	Par Fill Column TA	(), lines 5	, 6d, 8c, 9	c, 10c, and 1	1e)		🖳		790,39		3,	157,	980.	
	12	Total r	evenue -	add Imes 8 through	<u> 11 (m) s</u>	t equal Pa	rt VIII, colum	n (A), line 12).			40,	572,68	0.	134,	712,	727.	
	13	Grants	and simi	lar amounts paid (Pa	art IX, coi	iumn (A), I	ines 1-3)						0.			0.	
	14	Benefi	ts paid to	or for members (Pa	rt IX, colu	umn (A), lii	ne 4)						0.			0.	
ģ	15	Salarie	es, other o	compensation, empl	loyee ben	efits (Part	IX, column (A), lines 5-10).					0.			0.	
38	16a	Profes	sional fur	idraising fees (Part I	X, columi	n (A), line	11e)						٥.			0.	
Expenses	b	Total f	undraising	g expenses (Part IX,	column ((D), line 25	5) ▶	0	•								
ш	17	Other	expenses	(Part IX, column (A), lines 11	1a-11d, 11	f-24e)			• • •		863,30				873.	
	18	Total e	xpenses	Add lines 13-17 (m	ust equal	I Part IX, c	olumn (A), la	ne 25)				363,30		<u> </u>		873.	
	19	Reven	ue less ex	menses Subtract lin	ne 18 from	m line 12 .		<u> </u>			56,4	435,98	6.	130,	<u>622,</u>	854.	
S O F												f Current Y			of Year		
set	20 21 22			t X, line 16)										1,106,			
Ş₽	21	Total II	abilities (f	Part X, line 26)							163,8	382,79	4.	222,	076,	597.	
2등	22_			nd balances Subtra			20	<u> </u>			395,6	523,47	6.	884,	305,	199.	
	irt II	Sig	nature E	llock													
Und	der per	nalues of	perjury I	declare that I have ex	amined th	nis return, ii	ncluding acco	mpanying schedul	les and	statements,	and to t	the best of	my i	knowledge	and be	hef it is	
true	s, cone	ect and c	Complete D	eclaration of preparer	(other than	n onicer) is	baseo on all ir	HOTHISHOU OF WINC	in prepa	ter has any k	HOWIEG	/ /	0/	2 1			
			Via	162/21/61	un							60//	<u> 8/:</u>	NO50			
Sig		7.5	Signature o	l officer /								Date					
He	re	F	JOSEI	PH BYORICK I	II			CFO									
_		T	ype or prir	it name and title													
		Print/T	ype prepar	er's name		Preparer	s signature		Date		To	heck	It E	TIN			
Paid		ANTO	NIO C	RUSSO		t Re	ano C	Rumo	\perp	06/10/2020	<i></i>	elf-employe		P0085	_	9	
•	parer	Firm's	name 🕨	PRICEWATERHO	USECO						Firm's	EIN ► 1	3-4	008324			
USE	Only			2001 MARKET ST, S	UITE 180	OC PHILAD	ELPHIA, PA	19103			Phone			330-30			
May	/ the			s return with the										. X Ye	s	No	
$\overline{}$				Act Notice, see th										Form	990	(2018)	

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For Paperwork Reduction Act Notice, see the separate instructions.

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LANCASTER GENERAL HEALTH 23-2250941 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** 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?______ 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?..... If "Yes," describe these changes on Schedule O 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 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 \$ including grants of \$ 4c (Code) (Expenses \$

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

JSA 8E1020 1 000

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

Form **990** (2018)

Form 990 (2018)

			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	x	
_	complete Schedule A	1	_^	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III .	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l		
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			•
ŭ	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
40		-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	ŀ		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a		
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-		12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		,
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
1 <i>E</i>		1.70		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
40		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		•
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19_		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
SA	g		990	•

Par	Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l ,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ĺ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	×	l
24-	employees? If "Yes," complete Schedule J	23	_ ^ <u>`</u>	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\overline{}$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ł
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ł
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			×
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
_	Schedule L, Part IV	200		<u> </u>
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Х	<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 56		
rari	Check if Schedule O contains a response or note to any line in this Part V			<u>X</u>
	Officers in deficultie of contains a response of flote to any line in this rait v	· · ·	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	, <u>H</u>	Form	990	(2018)

Pao	ie	5

Par	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
_	E. H. C. C. L. L. E. W.O. Turrus and J. C. L. L.		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		_	
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ CAYMAN ISLANDS			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,	j	Х
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	l	Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		<u>x</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	\dashv	
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	Sponsoring organization have excess business holdings at any time during the year?		<u> </u>	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Ī	
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		ĺ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ŀ	
	Section 501(c)(12) organizations. Enter		ŀ	
а	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	}		
	and organization to more qualification plants at the control of th		1	
	Enter the amount of reserves on hand	14a	+	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	-	Х
	If "Yes," see instructions and file Form 4720, Schedule N		İ	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	[X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ır.	struc	tions
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		Х
Sect	tion A. Governing Body and Management		Yes	No
1а	Enter the number of voting members of the governing body at the end of the tax year		103	No
	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent.	1		ŀ
_	Litter the number of voting members included in the 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?	<u> </u>		-
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		Х
	one or more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		Х
	stockholders, or persons other than the governing body?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			l. <i>.</i>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Χ	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			v
	organization's exempt status with respect to such arrangements?	16b		X
Secti	on 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 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. X Upon request. Other (explain in Schedule O)	(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record F JOSEPH BYORICK, III 555 NORTH DUKE STREET LANCASTER, PA 17604-3555 717-544-4926	s 🕨		
	E OOSDER BIONICK, III 333 NONIE DONE SINDEI MANCASIEK, FA 1/804-3333 /1/-344-4720		990	(2018)

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

 $\left[\mathbf{x} \right]$

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unle	Pos heck ss pe	erson	than or/trusi Highest compensated employee	an	(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
(1)WILLIAM H. ADAMS, MD	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(2)THOMAS T. BALDRIGE	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(3)KEITH KASPER	2.00									
TRUSTEE	53.00	Х		İ				0.	1,350,555.	182,342.
(4) FRANCIS J. MANNING, MD	2.00				_					
TRUSTEE	2.00	Х						0.	0.	0.
(5)C. CLAIR MCCORMICK	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(6)EDWARD MONBORNE	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(7)RALPH W. MULLER	2.00									
TRUSTEE	53.00	Х						0.	2,601,584.	524,692.
(8)LORI PICKELL	2.00									
TRUSTEE	2.00	Х		<u></u>				0.	0.	0.
(9)NEAL SALERNO	2.00									
TRUSTEE	2.00	Х			Ĺ			0.	0.	<u> </u>
(10)CAROLYN F. SCANLAN	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(11)KIM SMITH, ESQ	2.00									
TRUSTEE	2.00	Х						0.	0.	<u> </u>
(12) JORDAN SPACE	2.00									
TRUSTEE	2.00	Х	L					0.	0.	<u> </u>
(13) PATRICK D. WHALEN	2.00								İ	
TRUSTEE	2.00	Х						0.	0.	0.
(14) JAN L. BERGEN	2.00									
PRESIDENT & CEO, LG HEALTH	53.00	X		Χ				0.	2,244,631.	170,666.

Form **990** (2018)

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson Irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from ns	(F) Estima amout othe compen	ated nt of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from organiz and rei organiz:	ation lated
5) JOANNE B. LADLEY	2.00	V		Х				0.		0.		0
VICE CHAIRPERSON 16) D. MICHAEL WEGE	2.00	X		Λ				0.		0.		
CHAIRPERSON	2.00	Х		х				0.		0.		0
7) PHILIP R. WENGER	2.00											
CHAIRPERSON	2.00	X		Х				0.		0.		0
18) FREDERICK C. BEYER, III MD	2.00	.,							421 2	00	3.0	463
TRUSTEE 19) JOHN M. ANDERSON, PHD	2.00	X						0.	421,2	08.		,463
TRUSTEE	2.00	×					ŀ	0.		ο.		0
20) KEITH R. KUHLENGEL, MD	2.00	-		-								
TRUSTEE	2.00	X						0.		0.		0
21) KAY BRADY	2.00											
VP, HUMAN RESOURCES	53.00			Х				0.	248,6	37.	23	,470
22) F. JOSEPH BYORICK III	2.00		l i									
SVP, CFO	53.00			X				0.	637,1	60.	1 /	, 627
23) MARGARET F. COSTELLA, ESQ	2.00			х				0.	362,3	22	1 5	210
SVP, LEGAL SVCS, GEN COUNSEL 24) BRIAN M. CRIMMINS	2.00			^				0.	302,3	22.		,219
VP, FACILITIES PLANNING	53.00			x				0.	115,0	99.	14	,435
25) GARY DAVIDSON	2.00							-				,
SVP AND CIO	53.00			х				0.	616,9	82.	48	,824
1b Sub-total							▶	0.	6,196,7	70.	877	,700
c Total from continuation sheets to Part VII, S	Section A .						ightharpoons	0.	17,871,2			,087
d Total (add lines 1b and 1c)						• • •	<u> </u>	0.	24,068,0	56.]	1,712	<u>,</u> 787
2 Total number of individuals (including but not				d at	ove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	- II	0.							_		l v.	- N-
a Did the commenter but any former office			.					James as bishasi			1,6	s No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete School											3 X	
4 For any individual listed on line 1a, is the												
organization and related organizations gr	eater than	\$15	0.0	00?	lf	"Yes	, a,	complete Schedu	le J for su	ch		_ _
ındıvıdual											4 X	
5 Did any person listed on line 1a receive or												-
for services rendered to the organization? If "Y	es," complet	e Sch	edu	le J	for	such	per	son	<u></u>	•	5	Х
Section B. Independent Contractors					4	4-	4		45 == £4.00.0	00 -		
 Complete this table for your five highest concompensation from the organization Report year 												
(A) Name and business ad	dress				-			(B) Description of se	rvices	С	(C) ompensation	on
· · · · · · · · · · · · · · · · · · ·							\perp					
							\vdash					

	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ed Employees (continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box.	not ch unles er and	Pos neck is pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(26) GEOFFREY W. EDDOWES SVP, WBH	2.00			х				0.	388,725.	30,227.
(27) NORMA J. FERDINAND SVP, QUALITY & PERF IMPROVEMEN	2.00			х				0.	708,578.	
(28) T. RAYMOND FOLEY PRESIDENT, PHYSICIAN SERVICES	2.00 53.00			х				0.	1,705,108.	26,698.
(29) JENNIFER L. GROFF VP ORGANIZATIONAL ADVANCEMENT	2.00 53.00			х				0.	208,359.	15,835.
(30) ALEXANDRA JORGENSEN CHIEF HR OFFICER	2.00 53.00			х			:	0.	329,537.	26,561.
(31) ELIZABETH D. KATZ VP, RISK MGMT & CORP COMPLIANC	2.00 53.00			Х				0.	207,318.	19,824.
•	32) DENISE A. KENNEDY VP, FINANCIAL SERVICES	2.00 53.00			Х				_0.	244,951.	19,117.
	33) ROBERT P. MACINA, ESQ EVP, CHIEF ADMIN OFFICER	2.00 53.00			х				0.	622,069.	28,056.
-	34) EDWARD MALONEY VP, INFO TECHNOLOGY OPERATIONS	53.00			Х	l			0.	302,561.	26,894.
•	35) WILLIAM MCCUNE SVP HOSPITAL OPERATIONS	2.00			Х				0.	469,265.	30,117.
•	36) TAMMY L. OBER VP, HOSPITAL OPERATIONS	2.00 53.00			Х				0.	304,296.	33,974.
	1b Sub-total	<u> </u>						▶ ▶ o re	ceived more than	\$100,000 of	
	Told the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo		tru							Yes No
	4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of repeater than	ortab \$15	le c	om 00?	pen <i>If</i> 	satioi "Yes	n ar s," (nd other compens complete Schedul	sation from the le J for such	4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
	Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year										
	(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensation
								+			
	2 Total number of independent contractors (iii	ncludina hi	ıt not	lım	iter	d to	thos	ie l	sted above) who	received	
	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 ▶										

Part VII Section A. Officers, Directors, Tru		y Em	ipio			and i	ııgı			/ees (d	Ī
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportab compensation related	on from d	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		compensation from the organization and related organizations
37) RICHARD D. PAOLETTI	2.00	J 1						_			
VP, PRIMARY CARE & AMBULATORY	53.00		\sqcup	Х	\bigsqcup			0.	334,	964.	30,110
38) SEAN P. REYNOLDS VP, OPERATIONS PHYSICIAN SVCS	53.00	J 1		х				0.	237,	099.	25,691
39) DOUGLAS W. RINEHART	2.00	.		х				o.	265	503	27 625
VP, CONTROLLER 40) MICHAEL R. RIPCHINSKI	2.00	\vdash						0.	200,	583.	27,625
CHIEF CLINICAL OFFICER	53.00			Х				0.	488,	966.	30,324
41) LANYCE A. ROLDAN SVP & CHIEF NURSING EXECUTIVE	53.00			X				٥.	330	885.	27,259
42) CHRISTINE M. STABLER, MD	2.00		\vdash	^	\vdash			· ·	, د د	805.	41,200
VP, ACADEMIC AFFAIRS	53.00	J 1		$ _{X} $				ο.	431,	440.	26,225
43) CYNTHIA J. STAUFFER	2.00	\vdash	\vdash		\square				,		
VP, EPIC & CLINICAL APPS	53.00			x				0.	222,	557.	17,886
44) JAMES A. STUCCIO	2.00										
SVP, AMBULATORY & PHYS SVCS	53.00			х		i ļ		0.	615,	410.	30,324
15) SUSAN WYNNE	2.00								_		
SVP, BUSINESS DEV & PLANNING	53.00	_]	iΔ	х				0.	446,	544.	20,136
46) STACEY G. YOUCIS	2.00								-		
SVP SVC LINES/POPULATION HLTH	53.00	İ		Х				0.	383,	854.	27,931
47) THOMAS E. BEEMAN, PHD FORMER OFFICER	0.						X	0.	3,132,	750.	17,818
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not l		hose l					▶re	ceived more than	\$100,000 c	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul	er, directo		tru								Yes N
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											
Section B. Independent Contractors	13, 00.11p.c.	6 00	CGu.	10 0	10.	340,.			<u></u>		5 X
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 Compensation											
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ıted	l to	thos	e li	sted above) who	received		

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y Em	ıplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	continued)
` (A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	erson Irrect	e than cook to the total trust	an tee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	able ion from ed itions	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	o-MISC)	from the organization and related organizations
48) LEE M. DUKE II, MD FORMER OFFICER	0.	-					Х	0.	2,199	, 020.	17,696
49) REGINA M. MINGLE FORMER OFFICER	0.						х	0.	890	, 039.	98,161.
		-									
											<u> </u>
	<u> </u>	.									
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	ection A		 					ceived more than	\$100,000	of	
reportable compensation from the organization		0.						CEIVED IIIOIO CIIC			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	002	lf.	"Yes	," (complete Schedui	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	mpens	satio	on f	rom	any	uni	related organizatio	n or indiv	dual	5 X
Complete this table for your five highest com compensation from the organization Report c year											
(A) Name and business add	fress							(B) Description of se	rvices	С	(C) compensation
				<u> </u>							
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos	e li	sted above) who	received		

Form 990 (201	B) LAN
Part VIII	Statement of Revenue

Total revenue			Check if Schedule O co	ontains a respoi	nse or note to an	y line in this Part VI	<u> </u>		<u></u>
Business Code Section	•						Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code Section	र इ	12	Federated campaigns	1a					
Business Code Section	ra Ln	Ι.							
Business Code Section	S, E	1	•	· · · · · · 					
Business Code Section	Sift.	1.	₹			į			
Business Code Section	is'.		*						
Business Code Section	P S	,	•	,	-				
Business Code Section		1	=	-					
Business Code Section	들은								
Basiness Code	် ရ				—	0			
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633		"	Total: Add lifted 18-11						
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	en.	_	MANAGEMENT FEE REVENUE			997.483	987.608	9.875	
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	ě		THE MEDILEM TEST MEDICAL STREET			337,100			
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	9	b						-	
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	Ē								
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	S	d			· · ·				
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	īa	е							
3 Investment income (including dividends, interest, and other similar amounts). 31,538,633	P. G	f				997.483			
and other similar amounts).	<u> </u>								
1		"	•	-		31,538,633			31,538,633
S Royalhes					_				
(i) Real (ii) Personal (iii) Pers		l .		•				-	
December 2015 December 20			Koyanies					••	· · · -
December 2015 December 20		_							
C Rental income or (loss) Net rental income or (loss) Ta Gross amount from sales of (i) Secunites (ii) Other assets other than inventory b Less cost or other basis and sales expenses		6a		·					
Net rental income or (loss)		Ь	·						
Total revenue Total Add lines Total revenue See instructions Total revenue			• • •						
Page 2017 Page 2018 Page		i	• • •						
b Less cost or other basis and sales expenses		7a		''	(11) 0 (11)				
and sales expenses			assets other than inventory	99,018,631					•
C Gain or (loss) 99,018,631 99,018,6		b	Less cost or other basis						
Net gain or (loss)			and sales expenses						•
Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		С							
events (not including \$		d	Net gain or (loss)		<u> ▶</u>	99,018,631			99,018,631
of contributions reported on line 1c) See Part IV, line 18	e	8a	Gross income from fundra	iising					
c Net income or (loss) from fundraising events	len/		events (not including \$						
c Net income or (loss) from fundraising events	Re		of contributions reported on	line 1c)	•				
c Net income or (loss) from fundraising events	e		See Part IV, line 18	а					
9a Gross income from gaming activities See Part IV, line 19	5	b	Less direct expenses	b	0				
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 b 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 3,157,980 18,350 t Total revenue. See instructions 134,712,727 4,145,588 9,875 130,557,264		С	Net income or (loss) from full	ndraising events	<u> ▶</u>	0			
b Less direct expenses b		9a			0		ł		
c Net income or (loss) from gaming activities ▶ 0 0 10a Gross sales of inventory, less returns and allowances a		h							
returns and allowances a					▶	0			
Less cost of goods sold		10a			0				
Miscellaneous Revenue Business Code		b	Less cost of goods sold	b	0				
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 3,157,980 3,157,980 12 Total revenue. See instructions 134,712,727 4,145,588 9,875 130,557,264		С				0			
b EQUITY IN EARNINGS 900099 44,150 44,150 c MISCELLANEOUS 900099 18,350 18,350 d All other revenue 3,157,980 12 Total revenue. See instructions 134,712,727 4,145,588 9,875 130,557,264			Miscellaneous Revenue	e	Business Code				
c MISCELLANEOUS 900099 18,350 18,350 d All other revenue 3,157,980 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		11a	CHANGE IN RETROSPECTIVE A	DJUSTMENT	900099	3,095,480			
d All other revenue		b	EQUITY IN EARNINGS			44,150	44,150		
e Total Add lines 11a-11d	,	С	MISCELLANEOUS		900099	18,350	18,350		
12 Total revenue. See instructions	1	d							
		е	Total Add lines 11a-11d		▶	3,157,980			
Form 990 (2018)		12	Total revenue. See instruction	ns	<u></u> ▶	134,712,727	4,145,588		

Pa	rt IX Statement of Functional Expense	s					
Sec	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 resp	oonse or note to any lin	e in this Part IX				
	not include amounts reported on lines 6b, 7b, 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	<u> </u>	_				
	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						
Ĭ	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	0.					
	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					1		
а	Management	0.					
	Legal	105,084.	105,084.				
	Accounting	189,527.	189,527.				
	Lobbying	0.					
	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		0.		 ·			
	Payments to affiliates	0.1			<u> </u>		
	Depreciation, depletion, and amortization	41,371.	41,371.				
	Insurance	41,3/1.	41,5/1.				
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)						
	RETIREMENT EXPENSE	-12,581,924.	-12,581,924.				
•	MANAGEMENT FEE	9,915,809.	9,915,809.				
-	EQUITY IN EARNINGS-AFFILIA	2,036,128.	2,036,128.				
			2,030,120.	-			
d							
	All other expenses Add lines 1 through 24e	4,089,873.	-128,041.	4,217,914.			
	Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs	2,000,070	120,011.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	from a combined educational campaign and fundraising solicitation Check here						
	following SOP 98-2 (ASC 958-720)	0.					

Pa	rt X	Balance Sheet			
`		Check if Schedule O contains a response or note to any line in this F	Part X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	<u> </u>	0.
	2	Savings and temporary cash investments	0.	-	0.
	3	Pledges and grants receivable, net	0.	<u> </u>	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.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8		0.		0.
•	9	Inventories for sale or use	34,041.	9	36,680.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10c	
	11	Investments - other securities See Part IV line 11			1,066,639,462.
	12	Investments - other securities See Part IV, line 11	39,661,318.		
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11			18,332,010.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,059,506,270.		1,106,381,796.
	17	Accounts payable and accrued expenses	443,802.	- • •	51,000.
	18	Grants payable	0.	··-	0.
	19	Deferred revenue	0.	1 3	0.
	20	Tax-exempt bond liabilities		20 21	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	_	22	0.
La.		disqualified persons Complete Part II of Schedule L	0.		0.
	23	Secured mortgages and notes payable to unrelated third parties		24	0.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	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.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,
ü	27	Unrestricted net assets	893,466,255.	27	882,152,125.
3ala	28	Temporarily restricted net assets	1,738,219.	28	1,738,219.
Ā	29	Permanently restricted net assets	419,002.	29	414,855.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	•	30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	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.
					Form 990 (2018)

LANCASTER GENERAL HEALTH

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orm 99	00 (2018)			Pa	ge 1 2
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u>.</u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,C	189,	873
3	Revenue less expenses Subtract line 2 from line 1	3	130,6	22,8	354
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	895,6		
5	Net unrealized gains (losses) on investments	5	-70,1	28,8	314
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	-71,8	12,3	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	884,3	05,3	199
Part		-			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite				
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent according	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O	•			
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		3b		l

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LAI	1CA	STER GENERAL HEALTH					23-22509	41
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art) See instructions	
The	org	anization is not a private fou	indation because if	t is (For lines 1 through	gh 12, ch	neck only	one box)	1.0
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	1/2
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ))	17
3		A hospital or a cooperative						
4		A medical research organia						(iii). Enter the
·	_	hospital's name, city, and s		,	•		, ,, ,,	•
5		An organization operated		a college or universit	v owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0			,		, 0	
6			•	rnmental unit describe	d in sect	ion 170('b)(1)(A)(v).	
7								
•		described in section 170(b)	-			··· - 3-		J
8	\Box	A community trust describe			Part II \			
9	 	An agricultural research or	•				I in conjunction with a	land-grant college
9	<u> </u>	or university or a non-land-						
		· •	grant conege or ag	griculture (see instruct	iions) L	inter the	name, city, and state o	i the conege of
4.0		university An organization that norma	illy received (1) m	oro than 331/2 % of its	cupport	from co	intributions members	on fees and gross
10		receipts from activities rela	ited to its exempt f	unctions - subject to	certain e	exception	is, and (2) no more tha	n 331/3 % of its
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
		acquired by the organization						
11	v	An organization organized						arn, out the nurneses
12	Х	An organization organized						
		of one or more publicly su						
	_	Check the box in lines 12a t	-					
а	L	Type I. A supporting org						
		the supported organization				ajority of	the directors or truste	es of the
	_	$_{}$ supporting organization \cdot	•					
b	L	$\stackrel{ extstyle X}{-}$ Type II. A supporting org						
		control or management of			the sam	e persor	is that control or man	age the supported
	_	organization(s) You must	•					
С	L	Type III functionally interpreter	•	• •				ly integrated with,
	_	_ its supported organization						
d	L	Type III non-functionally						
		that is not functionally into	egrated The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	$_$ requirement (see instruct	•	•				
е	L	Check this box if the orga						I, Type III
		functionally integrated, or	• •	ionally integrated sup	porting o	organizat	tion	
f		ter the number of supported	-			• • • •		7
g		ovide the following information			Г.: .			
	(I) N	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
_				above (see instructions))		ment?	instructions)	instructions)
A	ΤΤ.	ACHMENT 1			Yes	No		
A)					!			
B)								
				<u> </u>				
C)								
								<u> </u>
D)							•	
				<u> </u>				
E)								
-,			1		I	1		l

Total

Pa	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)						
Sec	tion A. Public Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	-					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see jństructions) .				12	
13	First five years If the Form 990 is f organization, check this box and stop here/	<u></u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Súp					1	
14	Public support percentage for 2018 (li	ne 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14	<i></i>		15	<u>%</u>
16a	331/3% support test - 2018. If the or						
	box and stop here. The organization q						
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization						
	a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the "	facts-and-circum	nstances" test	The organization	on qualifies as a	a publicly ►
	instructions						
#	mondono I I I I I I I I I I I I I I I I I I						990 or 990-EZ) 2018

Part III Su	upport Schedule	for (Organizations	Described	in Section	า 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)

	tion A. Public Support		<u>". 2045</u>	() 2040	(4) 2047	(-) 2018	/ (D Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")		<u>-, </u>				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the			l			
	organization's tax-exempt purpose	 				/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .		-				
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	-		 			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					-	
_	Add lines 7a and 7b			_			
8	Public support. (Subtract line 7c from						
C	line 6)						<u> </u>
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	7,2013	(0) 2010	(4) 2011	(0,2010	(7) : 513.
9 10 a	Amounts from line 6		/				
10 4	payments received on securities loans,	,	/				
	rents, royalties, and income from similar			1			
.	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business		-				
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12)						
14	First five years If the Form 990 is f	or the organizat	tion's first, seco	nd, third, fourth.	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen				_		
17	Investment income percentage for 2018 (III			13, column (f))		17	%
18	Investment income percentage from 2017					18	%_
	331/3% support tests - 2018. If the org						and line
	17 is not more than 331/3%, check th						
- / b	331/3% support tests - 2017. If the orga						
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

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.)

	ion 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	1	х	
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)	2		Х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		х
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	3b		
С	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	3c		
4 a	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	4a		Х
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	4b		
С	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	4c		
5 a	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)	5a_		Х
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		Х
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 .	6		Х
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)	7		Х
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)	8		Х
9 a	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 .	9a		Х
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 .	9b		Х
С	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.	9c_	_	Х
10 a	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	10a		Х
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)	10b		

Schedule A (Form 990 or 990-EZ) 2018

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic			
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 Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting	organization (see
instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

LANCASTER GENERAL HEALTH

	ule A (Form 990 or 990-EZ) 2018	Supporting Organiza	tions (continued)	Page 7
	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	uons (continuea)	Current Vern
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ea	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(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	1		
	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			
	ınstructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	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)			
<u>j</u>	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			l
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
ь	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			
			Schodulo	A (Form 990 or 990-FZ) 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 C	RGANIZATIO	NS		
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
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				0	0

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number LANCASTER GENERAL HEALTH 23-2250941 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Schedule D (Form 990) 2018

b If "Yes" on line 3a(ii), are the related organi	zations listed as require	ed on Schedule R?.		3b
4 Describe in Part XIII the intended uses of th	ie organization's endo	wment funds		
Part VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on For	rm 990, Part IV, lin	e 11a See Form	990, Part X, line 10
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				···
b Buildings				 -
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must	t equal Form 990, Part	X, column (B), line 10	0c) <u></u> ▶	

Schedule D (Form 990) 2018

	Investments - Other Securities. Complete if the organization answer	ed "Yes" on Form 990 I	Part IV. line 11b. See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year r	market value
	al derivatives			
	-held equity interests	· 		
) Other_			_ _	
_(A)				<u> </u>
_(B)				
(C)				
_ <u>(D)</u> (E)				
(F)		 		
(G)				
_ (G) (H)	··	 		
_ `	n (b) must equal Form 990, Part X, col (B) line 12)	+		
art VIII				<u> </u>
art VIII	Complete if the organization answer	ed "Yes" on Form 990. F	Part IV. line 11c See Form 9	90. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Description of investment	(b) Dook value	Cost or end-of-year n	
1)		-		
<u>)</u> 2)		 	·	
3)			·	
4)		-		
<u> </u>				
6)				
<u>~</u>				
7)				
		 		
8)				
8) 9) al (Columi	n (b) must equal Form 990, Part X, col (B) line 13)			
8) 9) al <i>(Columi</i>	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, F	Part IV, line 11d See Form 9	90, Part X, line 15
8) 9) al (Column art IX	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3) 4)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answer		Part IV, line 11d See Form 9	
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answer (a)	Description		(b) Book valu
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Colu	Other Assets. Complete if the organization answer	Description		(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer	Description		(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25	Description i) line 15)ed "Yes" on Form 990, F		(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability	Description i) line 15)ed "Yes" on Form 990, F	Part IV, line 11e or 11f See F	(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability all income taxes	Description i) line 15) ed "Yes" on Form 990, F	Part IV, line 11e or 11f See F	(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) PENS 3) SUPP	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes (ON LIABILITY	Description (b) Book value 219, 616, 04	Part IV, line 11e or 11f See F	(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) PENS 3) SUPP 4) PRESE	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes CON LIABILITY EXEC. RETIREMENT PENSION	Description (b) line 15)	Part IV, line 11e or 11f See F	(b) Book value
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) PENS 3) SUPP 4) PRESE 5)	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes CON LIABILITY EXEC. RETIREMENT PENSION	Description (b) line 15)	Part IV, line 11e or 11f See F	(b) Book valu
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) PENS 3) SUPP 4) PRESE 5) 6)	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes CON LIABILITY EXEC. RETIREMENT PENSION	Description (b) line 15)	Part IV, line 11e or 11f See F	(b) Book valu
8) 9) al (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) PENS 3) SUPP 4) PRESE 5) 6) 7)	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes CON LIABILITY EXEC. RETIREMENT PENSION	Description (b) line 15)	Part IV, line 11e or 11f See F	(b) Book valu
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnt X 1) Feder 2) PENS 3) SUPP	Other Assets. Complete if the organization answer (a) Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answer line 25 (a) Description of liability al income taxes CON LIABILITY EXEC. RETIREMENT PENSION	Description (b) line 15)	Part IV, line 11e or 11f See F	(b) Book value

Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a -11,677,381. Amounts included on line 1 but not on Form 990, Part VIII, line 12 -70,128,814 2c -76,261,294 -146,390,108. 2e 134,712,727. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b 134,712,727. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a -359,105. 1 Amounts included on line 1 but not on Form 990. Part IX, line 25 2b 2c c Other losses..... 2e -359,105. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4,448,978. 4b 4,448,978. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . . 4,089,873. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information SEE PAGE 5

JSA 8E1271 1 000

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.

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

OMB No 1545-0047

Open to Public Inspection

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

art	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	2 440		100
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			5,1 (F)
	First-class or charter travel Housing allowance or residence for personal use	14, 15		1.72
	Travel for companions Payments for business use of personal residence	15.0		1 4 50
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	, 5		و ورد
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	4 8	15 TO 16	3,3
		[,]	· •	ू-∤
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	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	ř: .		1 :
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	354 3		\\]
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	12.4	7 . 7	3
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	1 1	3	1.3
	Compensation committee Written employment contract	ings and	* · ·	1
	Independent compensation consultant Compensation survey or study	1		-
	Form 990 of other organizations Approval by the board or compensation committee	32.5	3	, a the
		()	ا ئيد"	***
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	2		المستعد
а	Receive a severance payment or change-of-control payment?	4a	Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
c		4c		X
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	777	3.4	;
		7.50	3	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		33
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		: : 1
	compensation contingent on the revenues of	Part I	<u> </u>	
а		5a		X
b	Any related organization?	5b		Χ
	If "Yes" on line 5a or 5b, describe in Part III	2.5	. 4	5 (2)
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	75.		14.5
	compensation contingent on the net earnings of	1	***	
а	The organization?	6a		X
b	Any related organization?	6b	•	X
	If "Yes" on line 6a or 6b, describe in Part III	5 th 2 1 th	4.	1. F.
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		2.2	21
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7]	X
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			
	ın Part III	8		Χ_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	34.	ستث	تند
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	bus toomented (2)	oldevetool (C)	administration for letter (3)	(E) Composition
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(I)-(D)	n column (B) reported as deferred on pnor
				compensation				Form 990
KEITH KASPER	Ξ	0	0	0.	0.	.0	0	0.
	Ξ	675,737.	104,683.	570,135.	154,601.	27,741.	1,532,897.	159,471.
RALPH W. MULLER	Ξ	0	0.	0	0.	.0	.0	0.
2 TRUSTEE	€	1,724,822.	842,470.	34,292.	510,330.	14,362.	3,126,276.	0.
JAN L. BERGEN	Ξ	0	0	0.	0.	0	0	0.
3 PRESIDENT & CEO, LG HEALTH	€	759,235.	250,000.	1,235,396.	163,289.	7,377.	2,415,297.	832,827.
KAY BRADY	Ξ	0	0	0.	0.	0	0	0.
VP, HUMAN RESOURCES	Ξ	202,005.	41,602.	5,030.	9,896.	13,574.	272,107.	0.
F. JOSEPH BYORICK III	ε	0	0.	0.	0.	0.	0.	0.
	Ξ	480,146.	135,844.	21,170.	10,407.	7,220.	654,787.	0.
MARGARET F. COSTELLA, E	Θ	0	0.	0.	0.	.0	0	0
SVP, LEGAL SVCS, GEN COUNSEL	Ξ	278,082.	79,220.	5,020.	12,868.	2,351.	377,541.	0.
GARY DAVIDSON	Ξ	0	0.	0.	0	0	0	0
7SVP AND CIO	Ξ	456,885.	144,319.	15,778.	32,250.	16,574.	.908,299	0
GEOFFREY W. EDDOWES	Θ	0.	0.	0.	0	.0	0.	0
	(<u>ii</u>)	305,480.	78,325.	4,920.	13,750.	16,477.	418,952.	0
NORMA J. FERDINAND	Ξ	0.	0.	0.	0.	0.	0	0
9SVP, QUALITY & PERF IMPROVEMEN	Ξ	331,697.	93,486.	283,395.	13,750.	8,810.	.861,187	160,841.
T. RAYMOND FOLEY	Ξ	0.	0.	0	0	0.	0	0.
10 PRESIDENT, PHYSICIAN SERVICES	Ξ	639,689.	167,453.	.956,768	10,585.	16,113.	1,731,806.	0.
JENNIFER L. GROFF	Ξ	0.	0.	0.	0.	0.	0	0
11 VP ORGANIZATIONAL ADVANCEMENT	Ξ	207,187.	0.	1,172.	8,651.	7,184.	224,194.	0
ALEXANDRA JORGENSEN	Ξ	0.	. 0	0.	0.	0.	0.	0
12CHIEF HR OFFICER	Ξ	239,030.	89,688.	819.	10,367.	16,194.	356,098.	0
ELIZABETH D. KATZ	Ξ		. 0.	0.	0.	0.	0	0
13 VP, RISK MGMT & CORP COMPLIANC	Ξ	177,960.	28,304.	1,054.	10,313.	9,511.	227,142.	0
DENISE A. KENNEDY	Ξ	0.		0.	0	0.	0	0
14 VP, FINANCIAL SERVICES	Ξ	209,187.	33,719.	2,045.	12,146.	6,971.	264,068.	0.
ROBERT P. MACINA, ESQ	€	0.		0.	0.	0.	0.	0.
15 EVP, CHIEF ADMIN OFFICER	흳	477,81	124,712.	19,542.	13,750.	14,306.	650,125.	0.
EDWARD MALONEY	Ξ			0.	0.	0.	0.	0.
16 VP, INFO TECHNOLOGY OPERATIONS	≘	251,930.	44,127.	6,504.	12,909.	13,985.	329,455.	0
	ı						408	1000 mod 1 (200)

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

	 	(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	as deferred on pnor
				compensation				Form 990
	Ξ	0.	0	0.	0	0	0	0.
1 SVP HOSPITAL OPERATIONS	Ξ	296,288.	75,171.	91,806.	13,750.	16,367.	499,382.	0.
	Ξ	0.	.0	.0	o	0	0	0.
	Ξ	257,134.	43,370.	3,792.	13,750.	20,224.	338,270.	0.
	Ξ	0.	0	0.	0	0	0	0.
CARE & AMBULATORY	(E)	281,706.	51,341.	1,917.	13,750.	16,360.	365,074.	0.
	Ξ	0.	0	0.	0	0.	0	0.
PHYSICIAN SVCS	(E)	205,646.	30,678.	775.	9,832.	15,859.	262,790.	0.
RINEHART	Ξ	0.	0	.0	·o	0	0.	0.
	Ξ	217,674.	39,946.	7,963.	11,635.	15,990.	293,208.	0.
HINSKI	Ξ	0.	0	0.	o	0	0.	0.
OFFICER	Ξ	381,226.	99,712.	8,028.	13,750.	16,574.	519,290.	0.
	Ξ	0.	0.	0.	0	.0	0	0.
G EXECUTIVE	Ξ	263,635.	.090,09	7,190.	12,949.	14,310.	358,144.	0.
TABLER, M	Ξ	0.	0	0	0	0	0.	0.
C AFFAIRS	Ξ	357,438.	.094,460.	7,542.	11,979.	14,246.	457,665.	0.
ER.	Ξ	0.	0	0.	.0	0	0.	0.
& CLINICAL APPS	Ξ	186,118.	32,363.	4,076.	10,924.	6,962.	240,443.	0.
	Ξ	0.	0	0.	0	0	0.	0.
& PHYS SVCS	Ξ	464,940.	130,552.	19,918.	13,750.	16,574.	645,734.	0.
	Ξ	0.	0.	0.	0	0	0	0
DEV & PLANNING	Ξ	340,011.	97,371.	9,162.	12,509.	7,627.	466,680.	0.
	Ξ	0.	0.	0.	0	0	0.	0
NES/POPULATION HLTH	Ξ	297,422.	81,512.	4,920.	13,750.	14,181.	411,785.	0.
BEEMAN, PHD	Ξ		0.	0.	0.	0	0	0.
OFFICER	Ξ	1,116,284.	465,162.	1,551,304.	0.	17,818.	3,150,568.	. 895, 568
E II, MD	Ξ	0.	0.	0.	0	0	.0	0.
	Ξ	284,950.	133,950.	1,780,120.	13,750.	3,946.	2,216,716.	1,047,907.
MINGLE	Ξ	0.	0.	0.	0.	0.	0	0
	Ξ	473,295.	147,805.	268,939.	84,460.	13,701.	.002,886	0.
NICK C. BEYER, III	Ξ	0.	- 1		0.	0.	0.	0.
16 TRUSTEE	3	371,374.	41,800.	8,034.	24,750.	13,713.	459,671.	0
							420	April 1/5000 0000 2049

Schedule J (Form 990) 2018

V 18-7.6F

23-2250941

Schedule J (Form 990) 2018

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

OFTHE 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

JSA

8E1505 1 000 3642KX 2TDH

V 18-7.6F

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Schedule J (Form 990) 2018.

23-2250941

Schedule J (Form 990) 2018

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

SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF CONTRIBUTIONS ARE MADE. VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR WHEN MADE. UPON REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE"). PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE FULLY VESTED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (THE "HEALTH SYSTEM") TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME. CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE BALANCE IN THEIR ACCOUNTS AGE 65, DEATH,

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE

Schedule J (Form 990) 2018,

8E1505 1 000 3642KX 2TDH

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Page 3

Schedule J (Form 990) 2018

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:

BEEMAN, 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:

BEEMAN, THOMAS E.- \$834,638

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

COSTELLA, MARGARET F.- NO DISTRIBUTION

DAVIDSON, GARY- NO DISTRIBUTION

8E1505 1 000 3642KX 2TDH

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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

YOUCIS, STACEY G.- NO DISTRIBUTION

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

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,

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

Name of the organization

LANCASTER GENERAL HEALTH

Employer identification number 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

\$(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

BEGINNING ENDING
DESCRIPTION
BOOK VALUE
BOOK VALUE

PREPAID INSURANCE 34,041. 36,680.

TOTALS 34,041. 36,680.

ATTACHMENT 2

Name of the organization		Employer identific	ation number
LANCASTER GENERAL HEALTH		23-2250	941
		ATTACHMENT 2 (0	CONT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY T	RADED SECURITIES	5	
I	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV

998,686,467. 1,066,639,462. FMV UNRESTRICTED & RESTRICTED

> 998,686,467. 1,066,639,462. TOTALS

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LANCASTER GENERAL HEALTH

Related Organizations and Unrelated Partnerships

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

► Go to www irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990

20**18**

OMB No 1545-0047

Inspection Employer Identification number

23-2250941

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

(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)					
	1				
(3)		-			
(4)					
(5)					
		,			
(9)					
				_	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) oiled y
						Yes	8 N
(1) THE LEONARD AND MADLYN ABRAMSON INST 23-2929823							
421 CURIE BLVD, 450 BRB II/III PHILADELPHIA, PA 19104	MED RESEARCH	PA	501(C)(3)	4	N/A		×
(2) CARL V S PATTERSON 19 UN OF PA 23-6415355							
C/O PNC BANK, 620 LIBERTY AVE, PITTSBURGH, PA 15222	SUPPORT TRUST	PA	4947 (A) (1) N/A	N/A	N/A		×
(3) CHESTER COUNTY HOSPITAL & HEALTH SYSTEM 26-4233321							
701 E MARSHALL STREET WEST CHESTER, PA 19380	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		×
(4) CLINICAL CARE ASSOCIATES OF UPHS 23-2729852							
250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087	HEALTHCARE	PA	501(C)(3)	10	TRUSTEES		×
(5) FRANKLIN SPECIALTY PHYSICIANS 23-2992715							
3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, II	PA HOSPITAL		×
(6) LANCASTER GENERAL HEALTH COLUMBIA CENTER 23-0485650							
306 NORTH 7TH STREET COLUMBIA, PA 17512	FACILITY MGMT	PA	501(C)(3)	m	LG HOSPITAL		×
(7) LANCASTER GENERAL HEALTH FOUNDATION 20-5767147	-						Ė
555 NORTH DUKE STREET LANCASTER, PA 17604	FUNDRAISING	PA	501 (C) (3)	7	N/A	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	!				Schedule R (Form 990) 2018	Rorm 9	90) 2018

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

23-2250941

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

LANCASTER GENERAL HEALTH Name of the organization

20**18**

OMB No 1545-0047'

Employer identification number Inspection

23-2250941

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct confrolling
(1)		(A)			entity
(2)					
(3)					
(4)					
(5)					
(9)					

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

Part II

(a) Name, address, and EIN of related organization	ited 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	12(b)(13) olled y?
							Yes	Š
(1) LANCASTER GENERAL HEALTH HOLDINGS	20-4943109							
555 NORTH DUKE STREET	LANCASTER, PA 17604	HEALTHCARE	PA	501 (C) (3)	3	LG HEALTH	×	
(2) LANCASTER GENERAL HOSPITAL	23-1365353							
555 NORTH DUKE STREET	LANCASTER, PA 17604	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH	×	
(3) LANCASTER GENERAL MEDICAL GROUP	23-2777286							
1030 NEW HOLLAND AVENUE	LANCASTER, PA 17601	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH	×	
(4) MORRIS EST LYDIA T DECD T/W	23-6210940							
1525 W W T HARRIS BLVD	CHARLOTTE, NC 28262	SUPPORT TRUST	PA	501(C)(3)	12, III-FI	N/A		×
(5) NEIGHBORHOOD HEALTH AGENCIES, INC	23-2324782							
795 E MARSHALL STREET	WEST CHESTER, PA 19380	NURSING	PA	501(C)(3)	12, I	CCH&HS	_	×
(6) NEIGHBORHOOD LEAGUE HEALTH SERVICES	23-2324787							
795 E MARSHALL STREET	WEST CHESTER, PA 19380	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		×
(7) NEIGHBORHOOD VISITING NURSE ASSOCIATION	ION 23-1352243							
795 E MARSHALL STREET	WEST CHESTER, PA 19380	NURSING	PA	501(C)(3)	7	CCH&HS		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990	Instructions for Form 990					Schedule R (Form 990) 2018	(Form 95	30) 2018

8E1307 1 000 3642KX 2TDH

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.

► Go to www.irs.gov/Form990 for instructions and the latest information ► Attach to Form 990.

20**18**

OMB No 1545-0047

Inspection

Employer identification number 23-2250941

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

LANCASTER GENERAL HEALTH

Part

Name of the organization Department of the Treasury Internal Revenue Service

(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)					i
(2)					
(3)					
			,		
(4)					
			;		
(5)					
(9)					

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 Part II

(a) Name, address, and EIN of related organization	related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13)	12(b)(13)
			or foreign country)		(if section 501(c)(3))	entity	entity	2
							Yes	٥ ع
OAP, INC	23-1986931							
3451 WALNUT STREET, ROOM 748	РИІГАФЕГРИІА, РА 19104	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		×
PENN CENTER FOR REHAB AND CARE	23-2422635							
3609 CHESTNUT STREET	PHILADELPHIA, PA 19104	HEALTHCARE	PA	501(C)(3)	8	PMC		×
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		×
PENN PRAXIS, INC	75-2974931							
210 SOUTH 34TH STREET	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		×
PENN PRESS, INC	23-1876142							
3905 SPRUCE STREET	PHILADELPHIA, PA 19107	PUBLISHING	PA	501(C)(3)	12, I	TRUSTEES		×
PENNSYLVANIA COLLEGE OF HEALTH SCIENCES	ENCES 06-1645496							
850 GREENFIELD ROAD	LANCASTER, PA 17601	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL		×
PENNSYLVANIA HOSPITAL OF UPHS	31-1538725							
800 SPRUCE STREET	PHILADELPHIA, PA 19107	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for Form 990.			:		Schedule R (Form 990) 2018	Rorm 9	90) 2018

8E1307 1 000 3642KX 2TDH

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

LANCASTER GENERAL HEALTH Name of the organization

Partl

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Open to Public

Employer identification number Inspection

23-2250941

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)		-			
(9)					

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 Part II

(a) Name, address, and EIN of related organization	elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed
							Yes	٩ ٧
(1) PGH DEVELOPMENT CORP	23-2351015							
426 CURIE BLVD	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	12, I	N/A		×
(2) PHOENIXVILLE HOSPITAL OF UPHS	23-2901089							
3001 MARKET STREET, 3RD FLOOR	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	8	TRUSTEES		×
(3) PRESBYTERIAN ANESTHESIOLOGY FOUNDATION	TON 23-2561573							
51 NORTH 39TH STREET	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	11, I	PMC		×
(4) PRESBYTERIAN MEDICAL CENTER OF UPHS	23-2810852							
51 NORTH 39TH STREET	PHILADELPHIA, PA 19104	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		×
(5) PRESBYTERIAN MULTI-SPECIALTY GROUP	23-2723154							
51 NORTH 39TH STREET	PHILADELPHIA, PA 19104	HEALTHCARE	PA	501(C)(3)	10	PMC		×
(6) PRESBYTERIAN PERSONAL CARE RESIDENCE	Е 23-2294713							
51 NORTH 39TH STREET	PHILADELPHIA, PA 19104	HEALTHCARE	PA	501(C)(3)	12, I	PMC		×
(7) SS HUEBNER FOUNDATION FOR INSURANCE EDUC	: EDUC 23-6297325							
3000 STEINBERG HALL	PHILADELPHIA, PA 19104	EDU SUPPORT	PA	501(C)(3)	12, I	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990	he Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 99	30) 2018

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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LANCASTER GENERAL HEALTH

Part 1

20**18**

OMB No 1545-0047

Inspection

Employer identification number 23-2250941

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)					
(9)					

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

(a) Name, address, and EIN of related organization	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed
•							Yes	No
(1) THE ASC TRUST OF THE UNIV OF PA	81-0550464							
1500 MARKET ST, STE 3500E	PHILADELPHIA, PA 19102	BUS. TRUST	PA	501(C)(3)	8	N/A		×
(2) CHESTER COUNTY HOSPITAL	23-0469150							
701 E MARSHALL STREET	WEST CHESTER, PA 19380	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		×
(3) THE HEART GROUP OF LANCASTER GEN HEALTH	ЕАТТН 30-0634510							
217 HARRISBURG AVENUE	LANCASTER, PA 17603	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH	×	
(4) TRUSTEES OF THE UNIVERSITY OF PENN	23-1352685							
3451 WALNUT STREET, ROOM 305	PHILADELPHIA, PA 19104	EDUCATION	PA	501(C)(3)	2	N/A		×
(5) UNITED AUXILIARIES TO LANCASTER GEN	HOS 23-1976868		!					
555 NORTH DUKE STREET	LANCASTER, PA 17604	SUPPORT ORG	PA	501(C)(3)	10	N/A		×
(6) UNIVERSITY CITY ASSOCIATES INC	23-3021159							
3451 WALNUT STREET, ROOM 329	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		×
(7) UNIVERSITY CLUB AT PENN, INC	23-6299508							
3611 WALNUT STREET	PHILADELPHIA, PA 19104	FAC. CLUB	PA	501(C)(3) 12, I	12, I	TRUSTEES		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990	e Instructions for Form 990					Schedule R (Form 990) 2018	R (Form 99	0) 2018

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23-2250941

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LANCASTER GENERAL HEALTH

Partl

20**18**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

OMB No 1545-0047

Employer identification number Inspection

23-2250941

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)					
(9)					

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

Part II

(a) Name, address, and EIN of related organization	iled organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) olled y?
		_					Yes	٩
l	45-4985731							
1	PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES		×
ĺ	04-3574136							
1	PHILADELPHIA, PA 19104	RETIRE TRUST	PA	501 (A)	N/A	TRUSTEES		×
	23-2769744							
	PHILADELPHIA, PA 19104	BENEFITS	PA	501 (C) (3)	12, I	TRUSTEES		×
	23-2152662							
l	BALA CYNWYD, PA 19004	HOSPICE CARE	PA	501 (C) (3)	10	TRUSTEES		×
WOMEN'S AND CHILDREN'S HEALTH SERVICES	ES 23-2248956							
1	PHILADELPHIA, PA 19106	HEALTHCARE	PA	501(C)(3)	٣	PA HOSPITAL		×
	21-0635009							
Ì	PLAINSBORO, NJ 08536	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		×
PRINCETON HEALTHCARE SYSTEM FDN, INC	22-225911							
	PLAINSBORO, NJ 08536	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		×
Æ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 9	30) 2018

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

LANCASTER GENERAL HEALTH Name of the organization

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990

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

Open to Public Inspection

Employer Identification number

23-2250941

(f) Direct controlling entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part I $\widehat{\Xi}$ 3 **₹** ම 2 (5)

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 Part II

(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed
							Yes	N _o
(1) PRINCETON HEALTHCARE SYSTEM HOLDING, INC	INC 22-3493256							
ONE PLAINSBORO ROAD	PLAINSBORO, NJ 08536	HOLDING CO.	ри	501(C)(3)	12, I	TRUSTEES		×
(2) PRINCETON MEDICAL PROPERTIES, INC	22-0022702							
ONE PLAINSBORO ROAD	PLAINSBORO, NJ 08536	REAL ESTATE	NG	501(C)(2)	N/A	PHCS HOLDING		×
(3) PRINCETON CAREGIVERS, INC	22-2842773							
ONE PLAINSBORO ROAD	PLAINSBORO, NJ 08536	HOMECARE SVCS	Νς	501(C)(3)	3	PHCS HOLDING		×
(4) PRINCETON HEALTHCARE AFFILIATED PHYS, PC	PC 26-4203938							
ONE PLAINSBORO ROAD	PLAINSBORO, NJ 08536	HLTHCARE SVCS	NG	501(C)(3)	10	PCHS HOLDING		×
(5) AFFILIA HOME HEALTH	23-1352572							
1811 OLDE HOMESTEAD LANE	LANCASTER, PA 17601	НОМЕ НЕАГТН	PA	501(C)(3)	7	LG HEALTH	×	
(9)								
(7)								
							1	

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Schedule R (Form 990) 2018

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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 Part III

pecause it liad offe of finde related organizations	more related orga	IIIZALIOI	is il ealed as a t	realed as a parmership during the tax year	e tax year					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispreportorate effections?	(i) Code V - UBI amount in box 20		(k) Percentage ownership
		foreign country)		excluded from tax under sections 512 - 514)				(Form 1065)	parmer	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes No		Yes No	
(1) ARI 1740 FUND 32-0472404										
N SETSON AVE, STE 5500 CHICAGO	INVESTMENT	IL	N/A	N/A					×	
(2) DVG 1740 FUND, LP 80-0961539										
ONE FAWCETT PLACE GREENWICH, C	INVESTMENT	CT	N/A	N/A					×	
(3) EAST MARSHALL STREET PARTNERSH										
929 SOUTH HIGH STREET WEST CHE	INVESTMENT	PA	N/A	N/A					×	
(4) FERN HILL PARTNERSHIP III, LP			 							
929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A					×	
(5) FERN HILL, LLC 23-3005147										
929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A					×	
(6) GALLOPAVO, LP 46-4621967										
2000 MCKINNEY AVE, STE 2125 DA	INVESTMENT	TX	N/A	N/A					×	
(7) LANCASTER PET PARTNERSHIP, LLP										
PO BOX 4216 LANCASTER, PA 1760 MEDICAL SERVICES	MEDICAL SERVICES	PA	N/A	N/A					×	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 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	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) (h) Share of Percentage Secton end-of-year assets ownership Controlled	(h) Percentage ownership	(I) Section (12(b)(13)
		country)						entity?
								es No
(1) BARGE GANSE VENACARE, INC								
555 NORTH DUKE STREET LANCASTER, PA 17604	HEALTHCARE	PA	LGS, INC	C CORP				×
(2) CLINICAL HEALTH CARE ASSOC OF NJ, PC 23-2865181								
250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087	PHYS MGMT	PA	cca	C-CORP				×
(3) DELANCEY CORPORATION								<u> </u>
800 SPRUCE STREET PHILADELPHIA, PA 19106	RENTAL	PA	PA HOSPITAL	C-CORP				×
(4) FRANKLIN CASUALTY INSURANCE CO			i					_
P O BOX 530 BURLINGTON, VT 05402	INSURANCE	VT	TRUSTEES	C-CORP				×
(5) LANCASTER GENERAL INSURANCE COMPANY 98-0176655			II					
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	×
(6) LANCASTER GENERAL SERVICES, INC			1					
555 NORTH DUKE STREET LANCASTER, PA 17604	PROPERTY SRVC	PA	LG HEALTH	C CORP	1,396,419	7,282,826	100 0000	×
(7) NAYA 1740 FUND LTD								_
P O BOX 309 UGLAND HOUSE, GRAND CAYMAN CJ KY1-1104	INVESTMENTS	cJ	TRUSTEES	C-CORP				×

Schedule R (Form 990) 2018

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

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 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	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (l) Share of Percentage Section	(h) Percentage	(I) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)	псоше	end-of-year assets	ownership	o12(b)(13) controlled entity?
								Yes No
(1) PENN WHARTON CONSULTING (BELJING) CO LTD								_
CHINA WORLD TOWER 1, 14F CHAOYANG DIST, BEIJING CH 100004	BUS CONSULTING	СН	UPENN INT'L	C-CORP				×
(2) PRESBYTERIAN MEDICAL SERVICES								_
39TH AND MARKET STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	PMC	C-CORP	•	-		×
(3) UPENN HOSPITALITY, INC								<u> </u>
3401 WALNUT STREET, SUITE 440A PHILADELPHIA, PA 19104	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP				×
(4) QUAKER INSURANCE COMPANY LTD 30-0708282								
3451 WALNUT ST, ROOM 329 PHILADELPHIA, PA 19104	SELF-INSURANCE	BD	TRUSTEES	C-CORP				×
(5) THE PAM 1740 FUND LTD			1				İ	
P O BOX 309 GEORGE TOWN, GRAND CAYMAN CJ KYI-1102	INVESTMENTS	CJ	TRUSTEES	C-CORP				×
(6) TURK'S HEAD HEALTH SERVICES, INC								
701 E MARSHALL STREET WEST CHESTER, PA 19380	MEDICAL SERVICES	PA	CCHEHS	C-CORP				×
(7) LANCASTER GENERAL 457 DEFERRED COMP PLAN 23-2250941								
555 NORTH DUKE STREET LANCASTER, PA 17604	TRUST	PA	LG HEALTH	TRUST	1,345,592	16,547,523 100 0000	100 0000	×

Schedule R (Form 990) 2018

23-2250941

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Schedule R (Form 990) 2018

Percentage ownership 3 managing partner? Yes No × × 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 (i)
Code V - UB!
amount in box 20
of Schedule K-1
(Form 1065) Yes No (h) Disproportentite albestons? (g) Share of end-of-year assets (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512 - 514) N/A N/A N/A N/A N/A (d)
Direct controlling | N/A N/A N/A N/A N/A (c)
Legal
domicile
(state or
foreign PA \mathbb{S} S S PA 915 OLD FERN HILL ROAD, BLDG B | MEDICAL SERVICES (b) Primary activity INVESTMENTS INVESTMENT INVESTMENT 180 SUTTER STREET, SUITE 400 S STE 2370 440 2ND AVE SW CALGAR 555 NORTH DUKE STREET LANCASTE (1) TURK'S HEAD SURGERY CENTER, LL (4) LIFT REAL ESTATE PARTNERS FUND (2) CYRUS 1740 MASTER FUND 98-1361 (5) LG HEALTH COMMUNITY CARE COLLA 89 NEXUS WAY, CAMANA BAY , GR (3) JOG VI C LIMITED PARTNERSHIP (a) Name, address, and EIN of related organization Part III 2 9

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp S corp, or trust)		ets	ownership 512(b)(13) controlled entity?	512(b)(13) controlled entity?
								Yes
(1) ACRM 1740 FUND, LTD								
27 HOSPITAL ROAD , GRAND CAYMAN CJ KY1-9008	INVESTMENTS	ទ	TRUSTEES	C-CORP				×
(2) PRINCETON HEALTH, INC & SUBS								
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	MEDICAL	Ŋ	PHCS HOLDING	C-CORP				×
(3) PHI PHARMACY, INC 22-3467899								ļ
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	INACTIVE	ŊĴ	PHCS HOLDING	C-CORP			•	×
(4) CIRCLE MEDICAL ASSURANCE CO 83-3556286			:					
2929 WALNUT STREET, SUITE 460 PHILADELPHIA, PA 19104	INSURANCE	PA	TRUSTEES	C-CORP				×
(5) PENN MEDICINE LONDON LIMITED								
RADIUS COMM SRVCS LTD, 11TH FL WHITEFRIARS, LEWINS MEAD,	HEALTHCARE	UK	UPENN INT'L	LIMITED COMPANY				×
(9)								
							-	
(2)								-
					:	Schedule	Schedule R (Form 990) 2018	0) 2018

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d Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
"Yes" on For	
rganization answered	
is. Complete if the o	d in Parts II, III, or IV of this schedule
elated Organization	is listed in Parts II, III,
Transactions With R	plete line 1 if any entity
Part V	Note: Com

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes
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) rovalties, or (iv) rent from a controlled entity	lated organizations list	ed in Parts II-IV?	×
			\sqcup
			<
			1
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			1f ×
h Purchase of assets from related organization(s).			× >
Exchange of assets with related organization(s),			< × × · · · · · · · · · · · · · · ·
	•		:
			_
Performance of services or membership or fundraising solici			× × ×
m Performance of services of membership or fundralsing solicitations by felated organization(s)			t
Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	· · · · · · · · · · · · · · · · · · ·		
r Other transfer of cash or property to related organization(s)	•		1r X
Other transfer of cash or property from related organization(s)			1s ×
A II THE ATISWELLO ATIY OF THE ADOVE IS TES, SEE THE INSTRUCTIONS TO MITORITION ON WITO MUSIC COMPIETE TO	DI O	covered relationships and transi	transaction thresholds
Name of related organization	Transaction type (a-s)	Amount involved	(b) Method of determining amount involved
(1) LANCASTER GENERAL HOSPITAL	м	12,358,254.	Σ Σ
(2) LANCASTER GENERAL HOSPITAL	٥	14,893,843.	FMV
(3) LANCASTER GENERAL HOSPITAL	ㅂ	850,968.	FMV
TRACTION OF THE PARTY OF THE PA	:	1	
(4) LAINCASIER GENERAL HOSFIIAL	Σ	4,352,049.	ŁMV
(5) LANCASTER GENERAL MEDICAL GROUP	LI.	86,008.	FMV
(6) LANCASTER GENERAL MEDICAL GROUP	Σ	411,264.	FMV
JSA 51300 1 000		Sci	Schedule R (Form 990) 2018

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Part V Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	s" on Form 990, Par	t 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
	elated organizations lis	ted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			1p
c Gift, grant, or capital contribution from related organization(s)			10
d Loans or loan guarantees to or for related organization(s)			1d
e Loans or loan guarantees by related organization(s)			1e
6 Dividends from related arganization(s)			**
			- 5
g Sale of assets to related organization(s)			
Exchange of assets with related organization(s).			:
j Lease of facilities, equipment, or other assets to related organization(s)			1
			;
k Lease of facilities, equipment, or other assets from related organization(s)			¥ :
l Performance of services or membership or fundraising solicitations for related organization(s)			=
			-1m
o Sharing of paid employees with related organization(s)			10
q Keimbursement paid by related organization(s) for expenses			B - : : : :
			- 1
ns for information on who must	is line, including cove	complete this line, including covered relationships and transaction thresholds	action thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANCASTER GENERAL SERVICES INC	S	1,500,000.	FMV
(3)			
(4)			
(5)			
(9)			
		100	1. Ladinia D (Farm 000) 2040

Schedule R (Form 990) 2018

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

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) (b) (c) (d) (d) (f) (f) (f) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(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
			sections 512-514)	Yes No			Yes No	1	Yes	ş	
(1)											
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(2)									_		
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(3)			_								
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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.