

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

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY

Doing business as  
GEISINGER HOLY SPIRIT HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite  
100 N ACADEMY AVE MC 49-70

City or town, state or province, country, and ZIP or foreign postal code  
DANVILLE, PA 178229800

**D** Employer identification number  
23-1512747

**E** Telephone number  
(570) 271-6624

**F** Name and address of principal officer  
RON DRNEVICH  
100 N ACADEMY AVE MC 22-01  
DAMVILLE, PA 178229800

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW GEISINGER ORG

**G** Gross receipts \$ 317,729,986

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1963 **M** State of legal domicile PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY (DOING BUSINESS AS GEISINGER HOLY SPIRIT HOSPITAL), SHARES GEISINGER HOLY SPIRITS MISSION AS A COMMUNITY CATHOLIC HEALTH SYSTEM AND SERVES TO CARRY OUT SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,074
<b>6</b> Total number of volunteers (estimate if necessary)	331
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	765,002
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	12,883

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	927,043	402,023
<b>9</b> Program service revenue (Part VIII, line 2g)	307,911,085	314,552,232
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	397,757	318,286
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,826,913	2,457,445
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,062,798	317,729,986
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,224,804	124,379,249
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	191,769,273	164,625,503
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	314,999,077	289,004,752
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-3,936,279	28,725,234
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	110,417,979	112,020,267
<b>21</b> Total liabilities (Part X, line 26)	180,733,629	161,318,643
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-70,315,650	-49,298,376

**Part II Signature Block**

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

**Sign Here** Signature of officer: \_\_\_\_\_ Date: 2020-07-13  
Randy B Morris Treasurer  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: \_\_\_\_\_  
Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY (DOING BUSINESS AS GEISINGER HOLY SPIRIT HOSPITAL), SHARES GEISINGER HOLY SPIRIT'S MISSION AS A COMMUNITY CATHOLIC HEALTH SYSTEM AND SERVES TO CARRY OUT THE HEALING MINISTRY OF JESUS CHRIST TO ALL IN NEED AND PROVIDING HIGH QUALITY, ETHICALLY-GUIDED, AND COST-EFFECTIVE HEALTH SERVICES IN A CARING, PATIENT- FOCUSED ENVIRONMENT TO DEVELOP HEALTHY COMMUNITIES IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 268,174,580 including grants of \$ ) (Revenue \$ 315,652,217 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 268,174,580

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/>	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . . <input checked="" type="checkbox"/>	26	Yes
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . <input checked="" type="checkbox"/>	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28b	Yes
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . <input checked="" type="checkbox"/>	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . <input checked="" type="checkbox"/>	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	36	Yes
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> 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 . . . . .		<b>2a</b>	2,074		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>		Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>			No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RANDY B MORRIS VP FINANCE HSHS 100 N ACADEMY AVE MC 86-22 DANVILLE, PA 17822 (717) 763-2130.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals. Includes rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total.

Table with 3 columns: Question number, Yes, No. Contains questions 2, 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like SODEXO INC, MEDEFIS, WEST SHOARE ANESTHESIA ASSOC, etc.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	349,592		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	52,431		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		402,023			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PATIENT SERVICE REVENUE		621110	312,567,297	312,567,297		
	<b>b</b> SELECT SPECIALTY HOSP RENT		531120	687,540		687,540	
	<b>c</b> OTHER INTERCOMPANY REVENUE		541900	435,510	435,510		
	<b>d</b> IC RENTAL INCOME		531120	398,539			398,539
	<b>e</b> RENTAL INCOME		531120	189,720			189,720
	<b>f</b> All other program service revenue			273,626	273,626		
<b>g Total.</b> Add lines 2a-2f . . . . .			314,552,232				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			197,987			197,987	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			48,870					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)		48,870				
	<b>d</b> Net rental income or (loss) . . . . .			48,870			48,870	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			106,299	14,000				
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)		106,299	14,000			
	<b>d</b> Net gain or (loss) . . . . .			120,299			120,299	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> DIETARY INCOME	722514		1,073,377				1,073,377	
<b>b</b> PURCHASE DISCOUNTS	900099		1,048,118	1,048,118				
<b>c</b> GIFT SHOP	453220		157,751				157,751	
<b>d</b> All other revenue . . . . .			129,329	51,867	77,462			
<b>e Total.</b> Add lines 11a-11d . . . . .			2,408,575					
<b>12 Total revenue.</b> See Instructions . . . . .			317,729,986	314,376,418	765,002		2,186,543	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,020,510	278,691	741,819	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,559,728	400,267	1,159,461	
<b>7</b> Other salaries and wages	94,571,788	90,125,609	4,446,179	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	4,156,733	3,885,152	271,581	
<b>9</b> Other employee benefits . . . . .	15,905,216	14,866,044	1,039,172	
<b>10</b> Payroll taxes . . . . .	7,165,274	6,897,849	267,425	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	31,313	4,013	27,300	
<b>c</b> Accounting . . . . .	65,431		65,431	
<b>d</b> Lobbying . . . . .	2,806		2,806	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	242,397	1,003	241,394	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,772,029	27,686,436	2,085,593	
<b>12</b> Advertising and promotion . . . . .	508,522	499,452	9,070	
<b>13</b> Office expenses . . . . .	9,045,056	8,600,564	444,492	
<b>14</b> Information technology . . . . .	1,683,062	1,499,958	183,104	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,854,555	7,288,399	566,156	
<b>17</b> Travel . . . . .	481,106	333,247	147,859	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	17,670	12,000	5,670	
<b>20</b> Interest . . . . .	3,907,154	3,625,526	281,628	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,168,867	8,507,974	660,893	
<b>23</b> Insurance . . . . .	3,271,142	2,867,491	403,651	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	48,712,522	48,630,306	82,216	
<b>b</b> IC EXPENSE	42,435,567	35,074,573	7,360,994	
<b>c</b> UNCOLLECTIBLE EXPENSE	6,779,254	6,779,243	11	
<b>d</b> BOOKS, LICENSES, FEES	403,820	288,373	115,447	
<b>e</b> All other expenses	243,230	22,410	220,820	
<b>25</b> Total functional expenses. Add lines 1 through 24e	289,004,752	268,174,580	20,830,172	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	25,200,701	<b>1</b>	1,117,607
	<b>2</b> Savings and temporary cash investments . . . . .	136,484	<b>2</b>	5,034,174
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	35,834,224	<b>4</b>	38,186,837
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	2,626	<b>5</b>	39,640
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,206,655	<b>7</b>	1,234,437
	<b>8</b> Inventories for sale or use . . . . .	4,908,069	<b>8</b>	5,132,243
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,143,526	<b>9</b>	2,513,876
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 36,632,341		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 18,402,988	24,238,463	<b>10c</b> 18,229,353
	<b>11</b> Investments—publicly traded securities . . . . .	610,273	<b>11</b>	4,696,299
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	5,676,422	<b>12</b>	32,587,874
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	9,460,536	<b>15</b>	3,247,927
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	110,417,979	<b>16</b>	112,020,267	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,574,489	<b>17</b>	3,839,652
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	120,022,221	<b>20</b>	116,393,956
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	754,120	<b>22</b>	681,047
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	56,382,799	<b>25</b>	40,403,988
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	180,733,629	<b>26</b>	161,318,643
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-77,648,525	<b>27</b>	-56,772,050
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets	7,332,875	<b>29</b>	7,473,674
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-70,315,650	<b>33</b>	-49,298,376	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	110,417,979	<b>34</b>	112,020,267	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	317,729,986
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	289,004,752
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	28,725,234
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-70,315,650
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,055,237
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,763,197
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-49,298,376

**Part XII Financial Statements and Reporting**

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

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

**Software ID:****Software Version:****EIN:** 23-1512747**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

Form 990 (2018)

**Form 990, Part III, Line 4a:**

PATIENT CARE SERVICES PATIENT CARE SERVICES IS DRIVEN BY THE HOSPITAL'S MISSION, VISION, AND VALUES (MVV) THE MVV ELEMENTS, DESCRIBED BELOW, ARE AN ESSENTIAL COMPONENT TO PROVIDE HIGHLY SKILLED, COMPETENT, AND COMPASSIONATE NURSING CARE AT THE BEDSIDE AND TO FULFILL OUR NURSES' COMMITMENT TO EXCELLENCE IN CLINICAL PRACTICE, EDUCATION, AND NURSING RESEARCH MISSION GEISINGER HOLY SPIRIT IS A COMMUNITY CATHOLIC HEALTH SYSTEM SPONSORED BY THE SISTERS OF CHRISTIAN CHARITY TO CARRY OUT THE HEALING MINISTRY OF JESUS CHRIST TO ALL IN NEED WE PROVIDE HIGH QUALITY, ETHICALLY-GUIDED, AND COST-EFFECTIVE HEALTH SERVICES IN A CARING, PATIENT-FOCUSED ENVIRONMENT TO DEVELOP HEALTHY COMMUNITIES IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA VISION GEISINGER HOLY SPIRIT WILL EXEMPLIFY GODS LOVE THROUGH OUR SERVICES AND SPIRIT OF CARING WE WILL FOCUS ON SERVICES THAT PROVIDE COMMUNITY VALUE, INCLUDING DEMONSTRATED COMMITMENT TO OUR HEALING MISSION OF PATIENT-CENTERED CARE INNOVATIVE, COLLABORATIVE, AND RELATIONSHIP-BASED DELIVERY MODELS CARE OF THE DISENFRANCHISED AND VULNERABLE EXCELLENCE IN CLINICAL QUALITY OUTSTANDING PATIENT AND EMPLOYEE SATISFACTION SOUND FINANCIAL STEWARDSHIP TO ENSURE OUR CONTINUING COMMITMENT TO THE COMMUNITY VALUES IN OUR SERVICE AND OUR CARE, WE COMMIT OURSELVES TO THESE VALUES DIGNITY WE VALUE THE SACREDNESS OF LIFE AND THE DIGNITY OF EACH PERSON WHOLISM WE PROMOTE THE PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL NEEDS OF EACH PERSON SERVICE WE MEET THE NEEDS OF OTHERS WITH COMPASSION AND COMPETENCE STEWARDSHIP WE RESPONSIBLY USE THE RESOURCES ENTRUSTED TO OUR CARE QUALITY WE COMMIT OURSELVES TO CONTINUOUS IMPROVEMENT AND TO THE SATISFACTION OF THOSE WE SERVE INTEGRITY WE CONSISTENTLY DEMONSTRATE HIGH ETHICAL STANDARDS AND THE VALUES OF OUR ORGANIZATION AWARDS AND RECOGNITION GEISINGER HOLY SPIRIT HOSPITAL MAINTAINED MULTIPLE QUALITY AWARDS IN 2019 (1)HIGHMARK AWARDS INCLUDE HIGHMARK BLUE SHIELD, DESIGNATED BLUE DISTINCTION CENTER FOR CARDIAC CARE, BLUE DISTINCTION CENTER+ FOR KNEE AND HIP REPLACEMENT, BLUE DISTINCTION CENTER FOR MATERNITY CARE, BLUE DISTINCTION CENTER FOR SPINE SURGERY (2)AMERICAN HEART ASSOCIATION AWARDS INCLUDE GOLD 2019 "GET WITH THE GUIDELINES" FOR AFIB, GOLD PLUS 2019 "GET WITH THE GUIDELINES" FOR HEART FAILURE AND STROKE, AND GOLD PLUS 2018 RECEIVING "MISSION LIFELINE" (3)AWARDED BY THE JOINT COMMISSION IS THE NATIONAL QUALITY APPROVAL FOR ADVANCED CERTIFICATION IN INPATIENT DIABETES CARE AND PRIMARY STROKE CARE (4)AWARDED BY THE AMERICAN COLLEGE OF CARDIOLOGY IS THE CHEST PAIN CENTER ACCREDITED PRIMARY PCI WITH RESUSCITATION (5) OTHER ACHIEVEMENTS INCLUDE THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS ACCREDITED BREAST CENTER, AND NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) AS A NICHE DESIGNATED HOSPITAL NEW FOR 2019 IS THE AMERICAN COLLEGE OF SURGEONS AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY ACCREDITATION (MBSAQIP) PRESENTATIONS REGISTERED NURSES IN PATIENT CARE SERVICES AND CLINICAL EDUCATION PROVIDED PRESENTATIONS IN HOUSE, AT PROFESSIONAL CONFERENCES, AND AT VARIOUS OTHER VENUES IN HOUSE PRESENTATIONS - TRAUMATIC BRAIN INJURY SESSION 1 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 2 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 2 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 3 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 4 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - SEPSIS - MAKING THE PIECES FIT - PRESENTED MONTHLY IN NURSING ORIENTATION BY MARYANN M BROGDEN-BRANDT, ND, MSN, RN, APN-C, CCNS, SCRN, CRITICAL CARE CLINICAL NURSE SPECIALIST/STROKE & SEPSIS COORDINATOR - NIH STROKE SCALE - DO YOU SEE WHAT I SEE - PRESENTED BY MARYANN M BROGDEN-BRANDT, ND, MSN, RN, APN-C, CCNS, SCRN, CRITICAL CARE CLINICAL NURSE SPECIALIST/STROKE & SEPSIS COORDINATOR ON 4/25/19, 4/30/19, 5/3/19, 5/23/19, AND 5/24/19 - STRESS MANAGEMENT AND AROMATHERAPY, NURSING SELF CARE (4/15/19) - PRESENTED BY LAUREN MCNAUGHTON, MSN, RN, CCRN, HHP - MANAGING PATIENT WITH COMORBID PSYCHIATRIC ILLNESS AT HOME (7/18/18) - PRESENTED BY MARY ROCK, DNP, CRNP, FNP, CNS - MANAGING TRAUMA AND LOSS (5/14/19) - PRESENTED BY JODY BRANDT, MSW, LSW, AND PATRICIA VOGL, MSW, LSW - CORE ESSENTIALS PROGRAM (9/12, 9/19, 9/26, 10/3, 10/24, 10/31, 11/14) PRESENTED BY DEBORAH AUDETTE DNP, RN, ACNS-BC, CCRN-CSC, ANN HENDRICKSON, MS, RN, ACNS-BC AND MARYANN BROGDEN-BRANDT,ND,MSN,RN,APN-C,CCNS,SCRN - ESSENTIAL OILS CLINICAL SIGNIFICANCE IN ACUTE AND CRITICAL CARE (9/27/18, 10/24/18) - PRESENTED BY LAUREN MCNAUGHTON, MSN, RN, CCRN, HHP - CORE ESSENTIALS PROGRAM - DEBORAH AUDETTE, DNP, RN, ACNS-BC, CCRN, CSC, & MELANIE DUFFY MSN, RN, CCRN, CCNS - PRESENTATION ON EVIDENCE-BASED PRACTICE IN COLLABORATION WITH MESSIAH COLLEGE SENIOR NURSING RESEARCH CLASS AND GHS RNS WHO WORKED WITH GROUPS OF SENIOR NURSING STUDENTS TO IDENTIFY PI ISSUE, PICO QUESTION, RESEARCH, AND RECOMMENDATIONS - TOTAL OF 9 CLASSES IN 2018 9/12, 9/19, 9/26, 10/10, 10/24, 10/31, 11/7, 11/14, AND 12/12 - DELIRIUM PROTOCOL BUNDLE PILOT ON 6 ORTHO - ANN HENDRICKSON MS, RN, ACNS-BC - DELIRIUM AND ITS RISK FACTORS - AN EDUCATIONAL MODULE - PRESENTATION TO 6 ORTHO AND 6 MAIN STAFF FOR PILOT ON DELIRIUM PROTOCOL BUNDLE - 5/29/2019, 5/30/2019, 6/1/2019, 6/2/2019, AND 6/3/2019 - TOTAL OF 12 PRESENTATIONS - CORE ESSENTIALS PRESENTATION - AUGUST, 2018 - DEBORAH AUDETTE, DNP, RN, ACNS-BC, CCRN-CSC, ANN HENDRICKSON, MS, RN, ACNS-BC, MELANIE DUFFY, MSN, RN, CCRN, CCNS, AND MARYANN M BROGDEN, ND, MSN, RN, APN-C, CCNS, CSRN - HAVE YOU EVER WONDERED WHY? - PRESENTATION ON EVIDENCE-BASED PRACTICE AND CORE ESSENTIALS PROGRAM, PRESENTED TO STAFF RNS AT LEWISTOWN HOSPITAL NURSING RESEARCH/EBP CONFERENCE - DECEMBER 13, 2018 - DR RICHARD SCHREIBER, DIPLOMATE CLINICAL INFORMATICS, ASSOCIATE CHIEF INFORMATICS OFFICER - VENOUS THROMBOLYTIC DISEASE OLD DISEASE, NEW APPROACHES - PAUL FRAUNDORFER, RPH, PHD - PHARMACOLOGIC THERAPIES FOR VENOUS THROMBOEMBOLISM (VTE) - DEBORAH AUDETTE, DNP, RN, ACNS-BC, CCRN-CSC - A FOCUSED EDUCATION PROGRAM TO IMPROVE NURSES' KNOWLEDGE OF DELIRIUM, RECOGNITION AND IMPLEMENTATION OF PREVENTATIVE MEASURES - MICHAEL HAFER, RN, EMT-B - IMPLEMENTING A SITTER REDUCTION PROGRAM TO REDUCE COST WHILE MAINTAINING PATIENT SAFETY - PEGGY TRAHAN, RN, PCCN, & JENNIFER KANE, BSN, RN, PCCN - QUALITY IMPROVEMENT IN MEAL-INSULIN GAP POSTER PRESENTATIONS - DEBORAH AUDETTE, DNP, RN ACNS-BC, CCRN-CSC - A FOCUSED EDUCATION PROGRAM TO IMPROVE NURSES' KNOWLEDGE OF DELIRIUM, RECOGNITION AND IMPLEMENTATION OF PREVENTATIVE MEASURES - BETH BRADLEY, MSN, RN, & LEAH PARDOE, MAS, RNC-OB - IMPROVING OBSTETRICAL PATIENT EXPERIENCE THROUGH INNOVATIVE MEDICATION COMMUNICATION - KARRIE PETERSON, BSN, RN - INTERDISCIPLINARY ROUNDING AND REDUCING THE PATIENT LENGTH OF STAY - JUDY HIMES, BSN, RN, CWON, & LINDA O'BRIEN, BSN, RN, CWON - IMPLEMENTING WOUND PHOTO DOCUMENTATION IN THE EMR - A PROCESS IMPROVEMENT INITIATIVE - PATRICIA NOVAK, MSN, RN, & DONNA PUTNAM, MSN, RN - REDUCING RESTRAINT USAGE THROUGH DE-SCALATION TECHNIQUES - LAUREN MCNAUGHTON, MSN, RN, CCRN, RACHAEL ENGLE, BSN, RN, CCRN, & AMY NEWELL, BSN, RN, CCRN - RESTRAINT USAGE IN THE ICU - ROBYAN RHOADES, BSN, RN, MA, NE-BC, ANDREA WEATHERFORD, BSN, RN, CEN, & LINDSEY LONGWELL, BSN, RN - DECREASING DEPENDENCY ON AGENCY STAFF - HOW CAN OUR FLOAT POOL MEET OUR NEEDS? - SHEILA MARIE RHODES, RN, CNOR, & TAMARA ANN RICE, RN, CPAN - VTE INCIDENCE REDUCTION IN THE AMBULATORY SURGICAL CARE/DAY SURGERY SETTING THROUGH USE OF SCREENING AND PROPHYLAXIS - PAMELA HARRIS-HAMAN, DNP, CRNP, NNP-BC, & MARTHA LEE, BSN, RNC, NIC - EFFECTIVE SKIN CARE INTERVENTIONS ON PRE-TERM INFANTS IN THE NICU STUDENT POSTER PRESENTATIONS - JESSICA RYDER, BSN, RN, CCRN, & AMANDA SHEETS, BSN, RN, CCRN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - THE USE OF FISH OIL TO PREVENT ATRIAL FIBRILLATION IN POSTOPERATIVE CARDIAC PATIENTS - SARAH TROUTMAN, RN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - EVIDENCE-BASED INTERVENTIONS TO INCREASE LABORING WOMEN'S SATISFACTION - ANN MARIE MCKILLIP, RN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - SAFE ADMINISTRATION OF PARENTERAL ANTIBIOTIC THERAPY (OPAT) THROUGH A PICC LINE IN PATIENTS WITH A HISTORY OF IV DRUG USE - SHERRI HEFNER, RN-BC, & NICOLE SHEEDY, BSN, RN-BC WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - THE EFFECT OF CLEAR LIQUIDS TWO-HOURS PRE-PROCEDURE VERSUS CURRENT PRACTICE OF NOTHING BY MOUTH AFTER MIDNIGHT OTHER PRESENTATIONS - IMPLEMENTING A DELIRIUM PROTOCOL BUNDLE FOR OLDER ADULT POSTOPERATIVE HIP FRACTURE PATIENTS ON AN ORTHOPEDIC UNIT, ANN HENDRICKSON, DNP, RN, ACNS- BC, AT NURSING SHARED GOVERNANCE COUNCIL, 4/23/2019, GEISINGER HOLY SPIRIT - GERIATRIC TRAUMA, ANN HENDRIC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHINH N PHAM MD ..... DIRECTOR	..... 40 00	X						0	413,026	42,102
CHRISTOPHER MOYER DO ..... DIRECTOR	..... 0 25	X						0	0	0
DEBORAH KEYS ..... DIRECTOR	..... 0 25 0 50	X						0	0	0
HANK STRAUB ..... DIRECTOR	..... 0 25 0 50	X						0	0	0
KYLE C SNYDER MHA ..... CAO, DIRECTO	..... 40 00	X		X				338,198	0	83,728
LAURIE SALTZGIVER ESQUIRE ..... VICE CHAIR,	..... 0 25 0 50	X		X				0	0	0
LENKE ERKI MD ..... DIRECTOR	..... 40 00	X						0	481,250	39,500
NORA HABIG ..... DIRECTOR	..... 0 25 0 50	X						0	0	0
PATRICIA HUSIC ..... DIRECTOR	..... 0 25 0 50	X						0	0	0
REVEREND ROBERT F SHARMAN ..... DIRECTOR	..... 0 25 0 50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER JOANN MARIE AUMAND SCC ..... DIRECTOR	0 25 .....	X						0	0	0
SISTER MARIE PAULINE DEMEK SCC ..... DIRECTOR	0 25 .....	X						0	0	0
RON DRNEVICH ..... CHAIR, DIREC	0 25 .....	X		X				0	0	0
DANIEL E LOHR ESQUIRE ..... ASST SECRET	..... 40 00			X				0	384,282	45,980
DAVID J FELICIO ESQUIRE ..... SECRETARY	..... 40 00			X				0	918,533	219,341
LORI R GRAMLEY ESQUIRE ..... ASST SECRET	..... 40 00			X				0	220,016	24,771
RANDY B MORRIS ..... TREASURER	40 00 .....			X				310,132	0	34,385
ELLEN R LENKEVICH CRNP ..... VP CHIEF NUR	40 00 .....				X			255,955	0	36,678
JOSEPH A TORCHIA MD ..... CMO, HSHS	40 00 .....				X			499,503	0	25,270
CHARLES J ARRISON ..... DIRECTOR, PH	40 00 .....					X		194,333	0	26,920

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLORIA SANTOS ..... AVP, NURSING	40 00 .....					X		189,171	0	28,363
RICHARD SCHREIBER ..... ASSOC CH INF	40 00 .....					X		259,445	0	19,375
JASON STANFORD PHD RTRTCMD ..... RADIATION PH	40 00 .....					X		226,931	18,495	38,678
AMI ZUMKHAWALA-COOK ..... DIRECTOR, HS	40 00 ..... 0 00					X		166,210	0	11,022
ANDREW R WALKER MD ..... FORMER 5 HIG	..... 40 00						X	0	250,642	36,280
BARBARA SUMBATIAN MD ..... FORMER 5 HIG	..... 40 00						X	0	223,030	31,552
COURTNEY K BAKER DO ..... FORMER 5 HIG	..... 40 00						X	0	210,064	11,407
DAVID A GATESMAN ..... FORMER KEY E	40 00 .....						X	114,886	0	1,765
GERALD R NEWHOUSE ..... FORMER KEY E	..... 40 00						X	0	253,399	6,999
JAGADEESH K MOOLA MD ..... FORMER 5 HIG	..... 40 00						X	0	248,902	39,670



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN F BRENNAN CPA FHFMA ..... FORMER OFFIC	..... 40 00						X	0	1,020,252	29,604
LISA F TORCHIA ..... FORMER KEY E	..... 40 00						X	118,102	0	855
MICHAEL J PASZEK MD ..... FORMER 5 HIG	..... 40 00						X	0	345,937	36,310
PAUL D BRETTSCHEIDER MD ..... FORMER 5 HIG	..... 40 00						X	0	273,766	39,630
RICHARD E LAVANTURE ..... FORMER KEY E	..... 40 00						X	148,270	0	0
THOMAS J GRIFONE MD ..... FORMER 5 HIG	..... 40 00						X	0	380,172	41,493

**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.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

**Employer identification number**

23-1512747

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—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 ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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 line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1512747

**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY	Employer identification number 23-1512747
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,606
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		2,806
<b>j</b> Total Add lines 1c through 1i			5,412
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LINE 1G AMOUNT REPORTED ON LINE 1G REPRESENTS THE WAGES AND BENEFITS OF EMPLOYEES WHO ASSIST THE GOVERNMENT RELATIONS DEPARTMENT OF THE ORGANIZATION'S AFFILIATE, GEISINGER SYSTEM SERVICES THE PRIMARY PURPOSE OF THE GOVERNMENT RELATIONS DEPARTMENT IS TO MAINTAIN CONTACT WITH FEDERAL, STATE, AND LOCAL GOVERNMENT OFFICIALS THE DEPARTMENT PROMOTES LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND ITS AFFILIATES LINE 1I OTHER LOBBYING ACTIVITIES REPORTED ON LINE 1I REPRESENTS THE PORTION OF MEMBERSHIP DUES, PAID BY THE ORGANIZATION TO TRADE OR PROFESSIONAL ASSOCIATIONS, ATTRIBUTABLE TO LOBBYING ACTIVITIES

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY

**Employer identification number**  
23-1512747

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	373,733,399	367,695,505	107,084,811	2,821,921	2,848,959
<b>b</b> Contributions . . . . .	2,213,000	954,000	253,720,000	109,799,000	
<b>c</b> Net investment earnings, gains, and losses	4,955,467	8,736,894	10,710,694	-2,060,358	-22,308
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-3,933,000	-3,653,000	-3,820,000	-3,474,000	
<b>f</b> Administrative expenses . . . . .				1,752	4,730
<b>g</b> End of year balance . . . . .	376,968,866	373,733,399	367,695,505	107,084,811	2,821,921

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 75 000 %
  - b** Permanent endowment ▶ 21 000 %
  - c** Temporarily restricted endowment ▶ 4 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,947,248		6,947,248
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		29,685,093	18,402,988	11,282,105
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				18,229,353

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .	32,587,874	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶ 32,587,874	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	20,960,482
ACCRUED COST TO RAZE BUILDING	11,913,972
OBLIGATION UNDER CAPITAL LEASE	4,048,256
PATIENT CREDIT BALANCE	1,540,182
ESTIMATED 3RD PARTY PAYOR SETTLEMENT	1,365,328
3RD PARTY LIABILITIES	337,387
MEDICARE RAC	238,381
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 40,403,988

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1512747

**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES PART V, LINE 1B - CONTRIBUTIONS THE 376,968,866 REPORTED ON LINE 1G, COLUMN A, REPRESENTS THE TOTAL ENDOWMENTS HELD BY GEISINGER HEALTH ON BEHALF OF ALL ITS AFFILIATED ORGANIZATIONS OF THAT AMOUNT, 3,411,000 IS HELD ON BEHALF OF HOLY SPIRIT HOSPITAL THE 2014 REPORTING PERIOD WAS THE FIRST REPORTING PERIOD DURING WHICH GEISINGER HEALTH HELD ENDOWMENTS ON BEHALF OF HOLY SPIRIT HOSPITAL

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	EFFECTIVE JULY 1, 2007, GEISINGER (1) ADOPTED ACCOUNTING STANDARDS CODIFICATION 740 (FIN48 ), (FORMERLY KNOWN AS "STATEMENT 109 ACCOUNTING FOR INCOME TAXES- OR "FAS 109") FIN 48 C LARIFIES THE ACCOUNTING AND REPORTING FOR INCOME TAXES WHERE INTERPRETATION OF THE TAX LAW MAY BE UNCERTAIN FIN 48 PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT REC OGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERTAINTIES WITH RESPEC T TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS THE ADOPTION OF FIN 48 HAD NO IMPACT ON UNRESTRICTED NET ASSETS AS OF THE END OF THE FISCAL YEAR OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE GEISINGE R CONSOLIDATED FINANCIAL STATEMENTS (1) THROUGHOUT THIS DOCUMENT, THE TERMS "SYSTEM- OR " GEISINGER," SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRISING THE SYSTEM

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

**1b** If "Yes," was it a written policy? . . . . .

**2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

**a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

100%  150%  200%  Other 300 0000000000 %

**b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

**c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

**4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

**6a** Did the organization prepare a community benefit report during the tax year?

**b** If "Yes," did the organization make it available to the public?

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>		No
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	Yes	
<b>5c</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			3,283,015		3,283,015	1 140 %
<b>b</b> Medicaid (from Worksheet 3, column a)			39,219,094	20,920,066	18,299,028	6 330 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			42,502,109	20,920,066	21,582,043	7 470 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			570,935	994	569,941	0 200 %
<b>f</b> Health professions education (from Worksheet 5)			891,352	109,446	781,906	0 270 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			1,462,287	110,440	1,351,847	0 470 %
<b>k Total.</b> Add lines 7d and 7j			43,964,396	21,030,506	22,933,890	7 940 %

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
			6,779,243
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
			446,074
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	49,143,512
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	78,571,201
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-29,427,689
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
	<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	Yes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	Yes	

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	GRANDVIEW SURGERY CT	MEDICAL SERVICES	42.000 %		58.000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

HOLY SPIRIT HOSPITAL

Name of hospital facility or letter of facility reporting group OF THE SISTERS OF CHRISTIAN CHARITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW GEISINGER ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>WWW GEISINGER ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW GEISINGER ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

HOLY SPIRIT HOSPITAL

**Name of hospital facility or letter of facility reporting group** OF THE SISTERS OF CHRISTIAN CHARITY

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //GEISINGER ORG-REFER TO SECTIONC</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //GEISINGER ORG-REFER TO SECTIONC</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //GEISINGER ORG-REFER TO SECTIONC</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		



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

HOLY SPIRIT HOSPITAL

**Name of hospital facility or letter of facility reporting group** OF THE SISTERS OF CHRISTIAN CHARITY

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

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HOLY SPIRIT HOSPITAL

**Name of hospital facility or letter of facility reporting group** OF THE SISTERS OF CHRISTIAN CHARITY

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

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

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	SUPPORTING DOCUMENTATION FOR ELIGIBILITY MAY CONSIST OF INCOME AND ASSET INFORMATION, INCLUSIVE BUT NOT LIMITED TO FEDERAL INCOME TAX FORM 1040 FROM THE PRIOR YEAR, PAY STUB COPIES (FROM FOUR PRIOR PAY PERIODS), WRITTEN VERIFICATION OF ANY OTHER INCOME RECEIVED (I.E. SOCIAL SECURITY, ADC, CHILD SUPPORT, ALIMONY, ETC.), CURRENT CREDIT REPORTS AND ASSET VERIFICATION. THE HOSPITAL MAY ALSO UTILIZE INDUSTRY TESTED EXTERNAL ANALYTICAL TOOLS TO QUALIFY PATIENTS FOR UNCOMPENSATED CARE (AKA PRESUMPTIVE CHARITY). GEISINGER PROVIDERS, WITHOUT DISCRIMINATION, CARE FOR ALL EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF THEIR FINANCIAL ASSISTANCE ELIGIBILITY OR ABILITY TO PAY. IT IS THE POLICY OF GEISINGER HOSPITAL FACILITIES TO COMPLY WITH THE STANDARDS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR TRANSPORT ACT OF 1986 ("EMTLA") AND REGULATIONS IN PROVIDING MEDICAL SCREENING EXAMINATION AND SUCH FURTHER TREATMENT AS MAY BE NECESSARY TO STABILIZE AN EMERGENCY MEDICAL CONDITION FOR ANY INDIVIDUAL PRESENTING TO THE EMERGENCY DEPARTMENT SEEKING TREATMENT.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A - RELATED ORGANIZATION INFORMATION	COMMUNITY BENEFIT REPORT A SUMMARY OF THE COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL AND ITS RELATED CHARITABLE ORGANIZATIONS IS INCLUDED IN GEISINGER'S ANNUAL REPORT AND IS AVAILABLE AT GEISINGER.ORG AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE REPORT CAN BE FOUND AT <a href="https://www.geisinger.org/about-geisinger/news-and-media/for-media/annual-reports">HTTPS //WWW GEISINGER.ORG/ABOUT- GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/ANNUAL-REPORTS</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	THERE ARE NO PHYSICIAN CLINICAL SERVICES INCLUDED IN SUBSIDIZED HEALTH SERVICES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE COSTS REPORTED ON LINE 7 AND ADDRESSED PATIENT SEGMENTS BY PAYOR (E G MEDICARE, MEDICAID, COMMERCIAL PAYERS, SELF-PAY, ETC ) A COST TO CHARGE RATIO, CALCULATED PURSUANT TO WORKSHEET 2 OF THE FORM 990 INSTRUCTIONS, WAS USED TO CALCULATE THE COST OF CHARITY CARE



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	REFER TO THE RESPONSE FOR PART III, LINE 4

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	PATIENTS' ACCOUNTS ARE MONITORED THROUGHOUT THE BILLING PROCESS AND ARE RECLASSIFIED TO CHARITY CARE (100% DISCOUNTED CARE) WHENEVER A PATIENT BECOMES ELIGIBLE UNDER THE HOSPITAL'S UNCOMPENSATED OR CHARITY CARE POLICIES THE HOSPITAL ESTIMATES THAT APPROXIMATELY 6.58% OF THE BAD DEBT ACCOUNTS ARE SUBSEQUENTLY RECLASSIFIED TO UNCOMPENSATED OR CHARITY CARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	PART III, LINES 2 AND 4 GEISINGER HEALTH AND ITS AFFILIATES ("GEISINGER"), THAT INCLUDES THE HOSPITAL, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS GEISINGER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL CHARITABLE AFFILIATES SEE FOOTNOTE 3 SUMMARY OF SIGNIFICANT ACCOUNTING BEGINNING ON PAGE 8 OF THE ATTACHED GEISINGER CONSOLIDATED FINANCIAL STATEMENTS, JUNE 30, 2019 AND JUNE 30, 2018 SEE PAGE 13 FOR THE DISCUSSION REGARDING NET PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	<p>PART III, LINE 3-BAD DEBT MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT AND THE COST ACCOUNTING SYSTEM THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND THE COST OF BAD DEBT ARE COMMUNITY BENEFIT AND SHOULD BE INCLUDED ON FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW. THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND IS CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER THE INTERNAL REVENUE CODE ("IRC") 501(C)(3) SATISFYING THE "COMMUNITY BENEFIT STANDARD," AS ARTICULATED BY THE INTERNAL REVENUE SERVICE (IRS) IN REVENUE RULING 69-545, IS CURRENTLY REQUIRED FOR A HOSPITAL TO BE RECOGNIZED AS A CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE (IRC) 501(C)(3) THIS RULING REMOVED THE PREVIOUS REQUIREMENT OF REVENUE RULING 56-185, KNOWN AS THE "CHARITY CARE STANDARD," THAT IN ORDER TO BE A CHARITABLE ORGANIZATION, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR THEIR CARE THIS EARLIER RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT MEAN THAT A HOSPITAL WAS CHARITABLE SINCE THAT LEVEL COULD REFLECT THE HOSPITAL'S FINANCIAL ABILITY TO PROVIDE SUCH CARE REVENUE RULING 56-185 ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT IMPACT A HOSPITAL'S CHARITABLE STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS AS DEVELOPED IN REVENUE RULING 69-545, UNDER THE COMMUNITY BENEFIT STANDARD, HOSPITALS WERE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THIS RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED THOSE WHO COULD PAY FOR THE SERVICES EITHER BY THEMSELVES, THROUGH PRIVATE INSURANCE OR PUBLIC PROGRAMS SUCH AS MEDICARE IN ADDITION, THE HOSPITAL OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL WAS CHARITABLE BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM CHARITABLE, AS REQUIRED BY TREASURY REGULATION SECTION 1.501(C)(3)-1(D)(2) THE IRS RULED THAT THE PROMOTION OF HEALTH, LIKE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES OF THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO THOSE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER FACTORS THAT DEMONSTRATED COMMUNITY BENEFIT INCLUDED SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPANDED FACILITIES AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH, AND IT WAS CONTROLLED BY A BOARD OF DIRECTORS THAT CONSISTED OF INDEPENDENT CIVIC LEADERS THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALLS) AND BAD DEBT SHOULD BE REPORTED AS COMMUNITY BENEFIT ON FORM 990, SCHEDULE H, PART I, LINE 7 THIS ORGANIZATION AGREES WITH THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 RESPONDING TO A DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA ARGUED THAT MEDICARE UNDERPAYMENTS (SHORTFALLS) IS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS -PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS REMAINS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD -MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES ONLY 92 CENTS FOR EVERY DOLLAR HOSPITALS SPEND TO CARE FOR MEDICARE PATIENTS -MANY MEDICARE PATIENTS, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46% OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200% OF THE FEDERAL POVERTY LEVEL MANY ARE ALSO ELIGIBLE FOR MEDICAID, SO CALLED -DUAL ELIGIBLES" PENNSYLVANIA REQUIRES NON-PROFIT HOSPITALS TO PROVIDE A MINIMUM LEVEL OF COMMUNITY BENEFIT TO RETAIN EXEMPTION FROM STATE AND LOCAL TAXES ACCORDING TO STATE GUIDANCE AND CASE LAW, THE</p>

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	<p>UNREIMBURSED COST OF MEDICARE AND BAD DEBT IS CONSIDERED TO BE COMMUNITY BENEFIT FOR STATE TAX EXEMPTION PURPOSES. PART III, LINE 6 ONLY INCLUDES THOSE COSTS THAT ARE PERMITTED TO BE REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT THAT IS REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT. THE HOSPITAL CONSIDERS THE TOTAL MEDICARE UNDERPAYMENTS (SHORTFALL) OF 34,838,511 SHOULD BE REPORTED AS COMMUNITY BENEFIT ON THE FORM 990, SCHEDULE H, PART I, LINE 7 ALONG WITH PROVIDING CARE TO MEDICAID PATIENTS AND PROVIDING FREE OR DISCOUNTED CARE TO OTHER LOW-INCOME PATIENTS. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS LIKE MEDICAID. MEDICARE DOES NOT PAY THE FULL COST OF PROVIDING CARE TO THESE PATIENTS, FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE SHORTFALL. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THE MEDICARE SHORTFALL AND IS THEREBY PROVIDING ACCESS TO MEDICAL SERVICES FOR THE ELDERLY AND RELIEVING THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR PROVIDING CARE TO MEDICARE PATIENTS. ABSENT THE MEDICARE PROGRAM, IT IS LIKELY THAT MANY MEDICARE PATIENTS WOULD BE ELIGIBLE FOR CHARITY CARE OR OTHER NEED-BASED GOVERNMENT PROGRAMS. THE AMOUNT EXPENDED TO COVER THE SHORTFALL IS MONEY NOT AVAILABLE FOR FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS. BOTH THE HOSPITAL AND THE AHA BELIEVE THAT PATIENT BAD DEBT BE REPORTED AS A COMMUNITY BENEFIT ON FORM 990, SCHEDULE H, PART I, LINE 7 LIKE MEDICARE UNDERPAYMENTS (SHORTFALLS). BAD DEBT SHOULD BE REPORTED AS COMMUNITY BENEFIT BECAUSE -A SIGNIFICANT PORTION OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO FOR MANY REASONS DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY UNDER THE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE POLICY (FAP). A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO"), "NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFIT", CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." -THE CBO REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF THE BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR CHARITABLE MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THE EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ACCORDING TO THE CBO REPORT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. (IN FY 2019, APPROXIMATELY 65.8% OF THE HOSPITAL'S BAD DEBT WAS SUBSEQUENTLY RECLASSIFIED TO CHARITY CARE.) THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE (BAD DEBT AND CHARITY CARE) AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZED NATIONALLY. THE EXPERIENCE OF HOSPITALS NATIONWIDE REINFORCE THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE CHARITABLE MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS BEAR IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE. FOR FISCAL YEAR ENDED 6/30/2019, THE HOSPITAL'S COST OF PROVIDING PATIENT CARE FOR SERVICES ACCOUNTED FOR AS BAD DEBT WAS 1,416,864.</p>

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	<p>THE HOSPITAL IS COMMITTED TO PROVIDING MEDICALLY NECESSARY SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND THE HOSPITAL'S COLLECTION ACTIONS ARE CONSISTENTLY APPLIED TO ALL PATIENTS IT IS THE HOSPITAL'S POLICY TO PROVIDE FINANCIAL ASSISTANCE AND COUNSELING TO PATIENTS WITH LIMITED FINANCIAL MEANS A PATIENT MAY BECOME ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING TREATMENT OR DURING THE CONTINUUM OF THE FINANCIAL/BILLING AND COLLECTION PROCESS IN ANY STAGE OF THE BILLING PROCESS, COLLECTION ACTIONS ARE NOT PURSUED WHENEVER A PATIENT APPLIES AND IS BEING EVALUATED FOR FINANCIAL ASSISTANCE UNDER NO CIRCUMSTANCES WILL THE HOSPITAL FREEZE OR ATTACH BANK ACCOUNTS OF A PATIENT, ENFORCE LIENS, ACTIVELY PURSUE ASSETS FROM A PRIOR JUDGMENT OR GARNISH THE WAGES OF A PATIENT AND/OR FAMILY MEMBER BEFORE DETERMINING IF THE PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM GEISINGER MANAGEMENT HAS DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR GOVERNMENTAL PROGRAMS OR FINANCIAL ASSISTANCE FROM GEISINGER AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY HIS OR HER PAYMENT AGREEMENTS BILLING AND COLLECTION POLICY THE BILLING AND COLLECTION POLICY IS ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING GEISINGER'S FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT THE ORGANIZATION'S BILLING AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE THE ORGANIZATION MAKES SURE THAT PATIENTS ARE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES, WHENEVER POSSIBLE ALL BUSINESS OFFICE CUSTOMER SERVICE DEPARTMENT REPRESENTATIVES ARE EDUCATED ON ALL ASPECTS OF THE BILLING AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS BUSINESS OFFICE CUSTOMER SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY THE BILLING AND COLLECTION POLICY IS ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES THE GEISINGER EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND VICE PRESIDENT, CHIEF REVENUE OFFICER HAVE OVERALL RESPONSIBILITY FOR THE BILLING AND COLLECTION ACTIVITIES OF THE HOSPITAL THE BUSINESS OFFICE CUSTOMER SERVICE DEPARTMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES GEISINGER MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS EMERGENCY &amp; MEDICALLY NECESSARY SERVICES GEISINGER DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPARTMENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS ADDITIONALLY, GEISINGER DOES NOT PERMIT DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF ABILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR THE GEISINGER FINANCIAL ASSISTANCE PROGRAM ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICES COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) GEISINGER DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R)(6) PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD OR GREATER, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS ARE INITIATED AGAINST THE PATIENT SUBSEQUENT TO THE NOTIFICATION PERIOD GEISINGER, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE GEISINGER MAY AUTHORIZE THIRD PARTIES TO REPORT ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD THE ORGANIZATION ENSURES REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY AND ENSURES THE FOLLOWING ACTIONS ARE TAKEN AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECAS 1) THE PATIENT IS PROVIDED WITH WRITTEN NOTICE WHICH INDICATES T</p>

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	WHAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS, IDENTIFIES THE ECA(S) THAT GEISINGER INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE, AND STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED 2) THE PATIENT IS PROVIDED WITH A COPY OF THE PLAIN LANGUAGE SUMMARY, AND 3) REASONABLE EFFORTS ARE MADE TO ORALLY NOTIFY THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS GEISINGER PROCESSES ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD THE APPLICATION PERIOD BEGINS ON THE DATE THE CARE IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE GEISINGER COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN PARTNERSHIP WITH GEISINGER, ALLIED SERVICES INTEGRATED HEALTH SYSTEM, AND EVANGELICAL COMMUNITY HOSPITAL. THE STUDY AREA INCLUDED 19 COUNTIES ACROSS CENTRAL, NORTHEASTERN, AND SOUTH CENTRAL PENNSYLVANIA WHICH REPRESENT THE COLLECTIVE SERVICE AREAS OF THE COLLABORATING HOSPITALS. TO DISTINGUISH UNIQUE SERVICE AREAS AMONG HOSPITALS AND FOSTER COOPERATION WITH LOCAL COMMUNITY PARTNERS TO IMPACT HEALTH NEEDS, REGIONAL RESEARCH AND LOCAL REPORTING WAS DEVELOPED. THE COLLABORATING HEALTH SYSTEMS AGREED THAT BY COORDINATING EFFORTS TO IDENTIFY COMMUNITY HEALTH NEEDS ACROSS THE REGION, THE HEALTH SYSTEMS WOULD CONSERVE COMMUNITY RESOURCES WHILE DEMONSTRATING LEADERSHIP IN CONVENING LOCAL COMMUNITY PARTNERS TO ADDRESS COMMON PRIORITY NEEDS. BEST PRACTICES IN COMMUNITY HEALTH IMPROVEMENT DEMONSTRATE THAT FOSTERING "COLLECTIVE IMPACT" IS AMONG THE MOST SUCCESSFUL WAYS TO AFFECT THE HEALTH OF A COMMUNITY. COLLECTIVE IMPACT IS ACHIEVED BY COMMITTING A DIVERSE GROUP OF STAKEHOLDERS TOWARD A COMMON GOAL OR ACTION, PARTICULARLY TO IMPACT DEEP ROOTED SOCIAL OR HEALTH NEEDS. BY TAKING A COLLABORATIVE APPROACH TO THE CHNA, GEISINGER, ALLIED SERVICES INTEGRATED HEALTH SYSTEM, AND EVANGELICAL COMMUNITY HOSPITAL ARE LEADING THE WAY TO IMPROVE THE HEALTH OF COMMUNITIES IN CENTRAL, NORTHEASTERN, AND SOUTH CENTRAL PENNSYLVANIA. THE FOLLOWING PAGES DESCRIBE THE PROCESS AND RESEARCH METHODS USED IN THE FY2019 CHNA AND THE FINDINGS THAT PORTRAY THE HEALTH STATUS OF THE COMMUNITIES WE SERVE AND OUTLINE OPPORTUNITIES TO WORK WITH OUR COMMUNITY PARTNERS TO ADVANCE HEALTH AMONG ALL RESIDENTS ACROSS OUR SERVICE AREAS. SEE ALSO THE DISCUSSION RELATED TO THE RESPONSE TO PART V, LINE 5.</p>



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Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	FOR URGENT AND EMERGENT SERVICES, PATIENTS ARE PROVIDED CARE REGARDLESS OF THEIR ABILITY TO PAY IN THE EVENT A PATIENT HAS AN EMERGENCY MEDICAL CONDITION, TREATMENT IS NOT DELAYED TO PERMIT AN INQUIRY REGARDING A PATIENT'S METHOD OF PAYMENT OR INSURANCE STATUS FOR OTHER THAN URGENT AND EMERGENT SERVICES, THE HOSPITAL PROVIDES UNCOMPENSATED CARE, FREE OF CHARGE, OR ON A 100% DISCOUNTED BASIS, TO THOSE PATIENTS WHO DEMONSTRATE AN INABILITY TO PAY DEPENDING UPON FAMILY SIZE AND INCOME, FREE OR 100% DISCOUNTED SERVICES ARE AVAILABLE TO A PATIENT WITH FAMILY INCOME OF 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES IT IS THE HOSPITAL'S POLICY TO PROVIDE FINANCIAL ASSISTANCE AND FINANCIAL COUNSELING TO PATIENTS OF LIMITED MEANS A PATIENT MAY BECOME ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE AT ANY TIME DURING TREATMENT OR DURING THE CONTINUUM OF THE FINANCIAL/BILLING PROCESS INFORMATION (SIGNS, BROCHURES, ETC ) REGARDING THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES ARE PROVIDED AT THE EMERGENCY ROOM, REGISTRATION AND VARIOUS ACCESS POINTS THROUGHOUT THE HOSPITAL REGISTRATION PERSONNEL ALSO REFER UNINSURED AND/OR LOW INCOME PATIENTS TO FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE POLICY NOTICE OF THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES CAN ALSO BE FOUND ON THE GEISINGER WEB SITE AT WWW GEISINGER ORG PATIENTS ARE ALSO PROVIDED INFORMATION ON THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES WITH EACH PATIENT BILL THE FINANCIAL ASSISTANCE POLICY ("FAP"), THE FAP APPLICATION AND PLAIN LANGUAGE SUMMARY ("PLS") ARE AVAILABLE ON-LINE PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL OR ARE AVAILABLE AT REGISTRATION AREAS WHICH INCLUDES EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL-BASED CLINICS AND PATIENT FINANCIAL SERVICES DEPARTMENTS ALL FAP DOCUMENTS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED ENGLISH PROFICIENCY ("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE HOSPITAL'S SERVICE AREA SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE AND DISCHARGE PROCESSES ADDITIONALLY, FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH CONCERNS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>GEISINGER HOLY SPIRIT PRIMARILY SERVES RESIDENTS IN 25 ZIP CODES SPANNING CUMBERLAND, DAUPHIN, PERRY, AND YORK COUNTIES IN PENNSYLVANIA. THE 2017 POPULATION OF THE SERVICE AREA IS 454,584 AND IS PROJECTED TO INCREASE 3.7% BY 2022. ZIP CODE OF RESIDENCE IS ONE OF THE MOST IMPORTANT PREDICTORS OF HEALTH DISPARITY, WHERE RESIDENTS LIVE MATTERS IN DETERMINING THEIR HEALTH. THE COMMUNITY NEED INDEX (CNI) WAS DEVELOPED BY DIGNITY HEALTH AND TRUVEN HEALTH ANALYTICS TO ILLUSTRATE THE POTENTIAL FOR HEALTH DISPARITY AT THE ZIP CODE LEVEL. THE CNI SCORES ZIP CODES ON A SCALE OF 1.0 (LOW NEED) TO 5.0 (HIGH NEED) BASED ON 2015 DATA INDICATORS FOR FIVE SOCIO-ECONOMIC BARRIERS: INCOME POVERTY AMONG ELDERLY HOUSEHOLDS, FAMILIES WITH CHILDREN, AND SINGLE FEMALE-HEADED FAMILIES WITH CHILDREN; CULTURE/LANGUAGE MINORITY POPULATIONS AND ENGLISH LANGUAGE BARRIERS; EDUCATION POPULATION OVER 25 YEARS WITHOUT A HIGH SCHOOL DIPLOMA; INSURANCE COVERAGE UNEMPLOYMENT RATE AMONG POPULATION 16 YEARS OR OVER AND POPULATION WITHOUT HEALTH INSURANCE HOUSING STATUS. HOUSEHOLDERS RENTING THEIR HOME THE WEIGHTED AVERAGE CNI SCORE FOR GEISINGER HOLY SPIRIT'S 25 ZIP CODE SERVICE AREA IS 2.5, INDICATING LOWER OVERALL COMMUNITY NEED. SEVERAL ZIP CODES WITHIN HARRISBURG HAVE HIGHER CNI SCORES, INCLUDING 17102, 17104, 17110, AND 17113. ZIP CODE 17104 HAS THE HIGHEST SCORE (4.8). A SIGNIFICANT PORTION OF HARRISBURG CITY IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA. POPULATIONS IN HARRISBURG ZIP CODES 17104 AND 17102 HAVE THE HIGHEST POVERTY, UNEMPLOYMENT, AND/OR UNINSURED RATES. ZIP CODE 17104 ALSO HAS THE LOWEST EDUCATIONAL ATTAINMENT AMONG RESIDENTS. POPULATIONS IN THE ZIP CODES ARE DIVERSE, APPROXIMATELY 38% TO 47% OF RESIDENTS IDENTIFY AS BLACK/AFRICAN AMERICAN AND 12% TO 31% OF RESIDENTS IDENTIFY AS HISPANIC/LATINO. RESIDENTS IN ZIP CODE 17043, LEMOYNE, ALSO EXPERIENCE POORER SOCIAL DETERMINANTS OF HEALTH. THE ZIP CODE HAS THE HIGHEST POVERTY AND UNINSURED RATES IN THE CUMBERLAND COUNTY SERVICE AREA. RESIDENTS ARE MORE LIKELY TO BE HISPANIC/LATINO AND SPEAK A LANGUAGE OTHER THAN ENGLISH. THE SOUTH CENTRAL REGION IS COMPRISED OF FOUR COUNTIES AND IS SERVED BY GEISINGER HOLY SPIRIT. THE SOUTH CENTRAL REGION POPULATION IS PRIMARILY WHITE, BUT DIVERSITY IS INCREASING. THE WHITE POPULATION AS A PERCENTAGE OF THE TOTAL POPULATION IS DECLINING IN ALL COUNTIES, WHILE BLACK/AFRICAN AMERICAN AND HISPANIC/LATINO POPULATIONS ARE GROWING. THE DEMOGRAPHIC SHIFT IS A STATEWIDE TREND. MINORITY POPULATIONS ARE THE ONLY GROWING DEMOGRAPHIC IN PENNSYLVANIA. THE HISPANIC/LATINO POPULATION IS ONE OF THE FASTEST GROWING DEMOGRAPHIC GROUPS. DAUPHIN AND YORK COUNTIES ARE PROJECTED TO EXPERIENCE THE GREATEST INCREASE IN THE POPULATION. PENNSYLVANIA FARES BETTER THAN THE NATION ON MOST ECONOMIC INDICATORS. PENNSYLVANIA RESIDENTS ARE LESS LIKELY TO LIVE IN POVERTY, HAVE A SIMILAR UNEMPLOYMENT RATE AS THE NATION'S AVERAGE, AND ARE MORE LIKELY TO HAVE ATTAINED AT LEAST A HIGH SCHOOL DIPLOMA. WITHIN THE SOUTH CENTRAL REGION, RESIDENTS HAVE A HIGHER MEDIAN HOUSEHOLD INCOME THAN THE STATE AND THE NATION, AND RESIDENTS IN ALL COUNTIES EXCEPT DAUPHIN HAVE LOWER POVERTY RATES. DAUPHIN COUNTY POVERTY RATES ARE SIMILAR TO STATE RATES. ALL COUNTIES ALSO HAVE A LOWER PERCENTAGE OF RESIDENTS WITH LESS THAN A HIGH SCHOOL EDUCATION WHEN COMPARED TO THE NATION. RACIAL AND ETHNIC MINORITY GROUPS LIKE BLACK/AFRICAN AMERICAN OR HISPANIC/LATINO RESIDENTS ARE MORE LIKELY TO BE IMPACTED BY ADVERSE SOCIOECONOMIC FACTORS, INCLUDING POVERTY, UNEMPLOYMENT, OR EDUCATION ATTAINMENT. POVERTY IS ONE OF THE BIGGEST DRIVERS OF DISPARITY IN THE SOUTH CENTRAL REGION. POVERTY RATES AMONG MINORITY POPULATIONS ARE DOUBLE THE RATES AMONG WHITES. SOCIOECONOMIC DISPARITY CONTRIBUTES TO WORSE HEALTH OUTCOMES. BECAUSE POPULATION COUNTS FOR MINORITY RESIDENTS ACROSS THE REGION ARE LOW, HEALTH DISPARITIES ARE PRIMARILY EVIDENCED BY STATE AND NATIONAL TRENDS. THE 2017 POPULATION OF THE SOUTH CENTRAL REGION IS 1,026,593. YORK COUNTY COMPRISES THE LARGEST PORTION OF THE POPULATION (44%), FOLLOWED BY DAUPHIN COUNTY (27%). COUNTY POPULATIONS ARE EXPECTED TO GROW WITH INCREASES OF 1% (PERRY) TO 6% (CUMBERLAND) BY 2022. THE SOUTH CENTRAL REGION POPULATION IS PRIMARILY WHITE, BUT INCREASINGLY DIVERSE. THE PERCENTAGE OF WHITE RESIDENTS DECREASED FROM 2010 TO 2017, AND IS PROJECTED TO DECREASE THROUGH 2022. THE PERCENTAGE OF RESIDENTS IDENTIFYING AS BLACK/AFRICAN AMERICAN AND/OR HISPANIC/LATINO IS INCREASING. DAUPHIN COUNTY HAS THE MOST DIVERSE POPULATION, RESIDENTS ARE LESS LIKELY TO SPEAK ENGLISH AS THEIR PRIMARY LANGUAGE WHEN COMPARED TO THE STATE. RESIDENTS IN ALL COUNTIES ARE MORE LIKELY TO SPEAK PRIMARILY ENGLISH WHEN COMPARED TO THE NATION. PENNSYLVANIA HAS A HIGHER MEDIAN AGE THAN THE NATION. THE MEDIAN AGE OF THE SOUTH CENTRAL REGION COUNTIES IS CONSISTENT WITH THE STATE. PERRY COUNTY HAS THE HIGHEST MEDIAN AGE, EXCEEDING THE NATION BY 5 POINTS. ALL SOUTH CENTRAL REGION COUNTIES HAVE A HIGHER MEDIAN HOUSEHOLD INCOME.</p>

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>ME THAN THE STATE AND THE NATION ALL COUNTIES EXCEPT DAUPHIN ALSO HAVE LOWER POVERTY RATES DAUPHIN COUNTY POVERTY RATES ARE SIMILAR TO THE STATE APPROXIMATELY 20% OF CHILDREN IN THE COUNTY LIVE IN POVERTY CUMBERLAND AND DAUPHIN COUNTIES HAVE A MORE PROMINENT WHITE COLLAR WORKFORCE COMPARED TO OTHER COUNTIES IN THE REGION AND THE STATE AND THE NATION PERRY AND YORK COUNTIES HAVE A LARGER BLUE COLLAR WORKFORCE ALL COUNTIES EXCEPT YORK HAVE A LOWER UNEMPLOYMENT RATE THAN THE STATE AND THE NATION THE YORK COUNTY UNEMPLOYMENT RATE IS SIMILAR TO THE NATION HOMEOWNERSHIP IS A MEASURE OF HOUSING AFFORDABILITY AND ECONOMIC STABILITY HOUSEHOLDERS IN ALL SERVICE COUNTIES EXCEPT DAUPHIN ARE MORE LIKELY TO OWN THEIR HOME WHEN COMPARED TO THE STATE AND THE NATION, DAUPHIN COUNTY MIRRORS THE NATION FOR HOME OWNERSHIP DAUPHIN COUNTY HAS A SIMILAR MEDIAN HOUSEHOLD INCOME AND MEDIAN HOME VALUE TO PERRY COUNTY, BUT THE PERCENTAGE OF HOME OWNERS IN PERRY COUNTY IS 10 POINTS HIGHER THAN IN DAUPHIN COUNTY EDUCATION IS THE LARGEST PREDICTOR OF POVERTY AND ONE OF THE MOST EFFECTIVE MEANS OF REDUCING INEQUALITIES RESIDENTS IN ALL SERVICE COUNTIES ARE MORE LIKELY TO HAVE GRADUATED FROM HIGH SCHOOL WHEN COMPARED TO THE NATION A HIGHER PERCENTAGE OF RESIDENTS IN PERRY AND YORK COUNTIES COMPLETED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA RESIDENTS IN CUMBERLAND AND DAUPHIN COUNTIES ARE MORE LIKELY TO HAVE ATTAINED HIGHER EDUCATION , CUMBERLAND COUNTY EXCEEDS THE STATE AND THE NATION FOR THIS MEASURE</p>

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Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART I IN ADDITION TO THE NET COMMUNITY BENEFIT COSTS INCURRED BY THE ORGANIZATION AS REPORTED IN SCHEDULE H, PART I, LINE 7, PLEASE REFER TO SCHEDULE O OF THIS FORM 990 FOR THE ORGANIZATION'S NARRATIVE COMMUNITY BENEFIT STATEMENT FOR ADDITIONAL INFORMATION ON HOW THE ORGANIZATION PROMOTES HEALTH AND PROVIDES HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY IN FURTHERANCE OF ITS CHARITABLE TAX EXEMPT PURPOSE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM</p>	<p>THE HOSPITAL IS AN AFFILIATE WITHIN GEISINGER, AN INTEGRATED HEALTH SERVICES ORGANIZATION THAT INCLUDES 13 HOSPITAL CAMPUSES, A NEARLY 600,000 -MEMBER HEALTH PLAN, TWO RESEARCH CENTERS, THE GEISINGER LEWISTOWN HOSPITAL SCHOOL OF NURSING AND THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE AND GEISINGER'S MYCODE COMMUNITY HEALTH INITIATIVE, THE LARGEST HEALTHCARE SYSTEM-BASED PRECISION HEALTH PROJECT IN THE WORLD, WITH NEARLY 200,000 VOLUNTEERS ENROLLED, IS CONDUCTING EXTENSIVE RESEARCH AND RETURNING MEDICALLY ACTIONABLE RESULTS TO PARTICIPANTS HISTORY GEISINGER HAD ITS BEGINNINGS IN THE SMALL COMMUNITY OF DANVILLE, WHICH IS LOCATED IN CENTRAL PENNSYLVANIA ON THE NORTHERN BRANCH OF THE SUSQUEHANNA RIVER THERE, IN 1915, ABIGAIL A GEISINGER FOUNDED THE GEORGE F GEISINGER MEMORIAL HOSPITAL IN MEMORY OF HER HUSBAND FROM THE BEGINNING, THE NEW HOSPITAL WAS DESIGNED AS A COMPREHENSIVE HEALTHCARE INSTITUTION THAT WOULD OFFER SPECIALIZED MEDICAL CARE TO PEOPLE IN THE RURAL AREAS OF CENTRAL AND NORTHEASTERN PENNSYLVANIA UNLIKE MOST HEALTHCARE SYSTEMS, WHICH EVOLVED WITH A HOSPITAL FOCUS, GEISINGER'S HISTORY AND TRADITION IS THAT OF A PHYSICIAN-LED AND PHYSICIAN-DRIVEN HEALTHCARE ORGANIZATION THIS TRADITION BEGAN WHEN MRS GEISINGER BROUGHT DR HAROLD FOSS, A MAYO CLINIC TRAINED PHYSICIAN, TO BE HER HOSPITAL'S FIRST CHIEF OF STAFF TODAY, GEISINGER IS REGARDED AS A NATIONAL MODEL OF HEALTHCARE DELIVERY CENTERED ON A SOPHISTICATED MULTISPECIALTY GROUP PRACTICE SINCE THE 1970S, GEISINGER'S STRATEGY OF INTEGRATING PHYSICIANS AND HOSPITALS EXPANDED TO INCLUDE THE MANAGEMENT OF HEALTH AND THE FINANCING OF HEALTHCARE SERVICES THROUGH ITS WHOLLY CONTROLLED HEALTH MAINTENANCE ORGANIZATION, GEISINGER HEALTH PLAN TWO INDEMNITY HEALTH INSURERS, GEISINGER INDEMNITY INSURANCE COMPANY AND GEISINGER QUALITY OPTIONS, INC HAVE BEEN ADDED IN RECENT YEARS CORPORATE STRUCTURE THE ORGANIZATIONAL STRUCTURE OF THE SYSTEM REFLECTS THE STRATEGIC GOAL OF OPERATING AS A FULLY INTEGRATED HEALTHCARE SYSTEM WHOSE CORPORATE COMPONENTS SHARE THE COMMON GOALS OF MANAGING AND IMPROVING THE HEALTHCARE OF ITS PATIENTS AND MEMBERS, WHILE RECOGNIZING AND RESPECTING THE CORPORATE IDENTITY OF EACH ENTITY THIS INTEGRATION LINKS THE AREAS OF PHYSICIANS, HOSPITALS/CLINICS, AND HEALTHCARE INSURANCE SEE SCHEDULE R FOR A LIST OF THE AFFILIATED ORGANIZATIONS COMPRISING GEISINGER</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART VI, LINE 7 FORM 990, SCHEDULE H, PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT AT THIS TIME, THE HOSPITAL AND ITS AFFILIATES ARE NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT WITH ANY STATE

**Additional Data****Software ID:****Software Version:****EIN:** 23-1512747**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY 503 NORTH 21ST STREET CANP HILL, PA 17011 WWW GEISINGER ORG 340801	X	X		X			X			

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

Form and Line Reference	Explanation
<p>FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 5</p>	<p>SECTION B , COMMUNITY HEALTH NEEDS ASSESSMENT, LINES 3, 5 AND 6A A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT THE GEISINGER COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN PARTNERSHIP WITH GEISINGER, ALLIED SERVICES INTEGRATED HEALTH SYSTEM, AND EVANGELICAL COMMUNITY HOSPITAL THE STUDY AREA INCLUDED 19 COUNTIES ACROSS CENTRAL, NORTHEASTERN, AND SOUTH CENTRAL PENNSYLVANIA WHICH REPRESENT THE COLLECTIVE SERVICE AREAS OF THE COLLABORATING HOSPITALS TO DISTINGUISH UNIQUE SERVICE AREAS AMONG HOSPITALS AND FOSTER CO OPERATION WITH LOCAL COMMUNITY PARTNERS TO IMPACT HEALTH NEEDS, REGIONAL RESEARCH AND LOCAL REPORTING WAS DEVELOPED THE COLLABORATING HEALTH SYSTEMS AGREED THAT BY COORDINATING EFFORTS TO IDENTIFY COMMUNITY HEALTH NEEDS ACROSS THE REGION, THE HEALTH SYSTEMS WOULD CONSERVE COMMUNITY RESOURCES WHILE DEMONSTRATING LEADERSHIP IN CONVENING LOCAL COMMUNITY PARTNERS TO ADDRESS COMMON PRIORITY NEEDS BEST PRACTICES IN COMMUNITY HEALTH IMPROVEMENT DEMONSTRATE THAT FOSTERING "COLLECTIVE IMPACT" IS AMONG THE MOST SUCCESSFUL WAYS TO AFFECT THE HEALTH OF A COMMUNITY COLLECTIVE IMPACT IS ACHIEVED BY COMMITTING A DIVERSE GROUP OF STAKE HOLDERS TOWARD A COMMON GOAL OR ACTION, PARTICULARLY TO IMPACT DEEP ROOTED SOCIAL OR HEALTH NEEDS BY TAKING A COLLABORATIVE APPROACH TO THE CHNA, GEISINGER, ALLIED SERVICES INTEGRATED HEALTH SYSTEM, AND EVANGELICAL COMMUNITY HOSPITAL ARE LEADING THE WAY TO IMPROVE THE HEALTH OF COMMUNITIES IN CENTRAL, NORTHEASTERN, AND SOUTH CENTRAL PENNSYLVANIA THE FOLLOWING PAGES DESCRIBE THE PROCESS AND RESEARCH METHODS USED IN THE FY2019 CHNA AND THE FINDINGS THAT PORTRAY THE HEALTH STATUS OF THE COMMUNITIES WE SERVE AND OUTLINE OPPORTUNITIES TO WORK WITH OUR COMMUNITY PARTNERS TO ADVANCE HEALTH AMONG ALL RESIDENTS ACROSS OUR SERVICE AREAS THE CHNA WAS OVERSEEN BY A PLANNING COMMITTEE OF REPRESENTATIVES FROM EACH HEALTH SYSTEM, AS WELL AS A REGIONAL ADVISORY COMMITTEE OF REPRESENTATIVES FROM EACH HOSPITAL COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA WEBINARS WERE HELD IN OCTOBER AND NOVEMBER 2017 TO ANNOUNCE THE ONSET OF THE CHNA AND ENCOURAGE BROAD PARTICIPATION ACROSS THE REGION THROUGHOUT OCTOBER AND NOVEMBER 2017, A KEY INFORMANT SURVEY WAS SENT TO APPROXIMATELY 1,000 REPRESENTATIVES OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, RELIGIOUS INSTITUTIONS, CIVIC ASSOCIATIONS, BUSINESSES, ELECTED OFFICIALS AND OTHER COMMUNITY REPRESENTATIVES PARTNER FORUMS WERE HELD THROUGHOUT THE REGION IN JANUARY 2018 TO BRING TOGETHER THESE PARTNERS TO REVIEW RESEARCH FINDINGS AND PROVIDE FEEDBACK ON THE MOST PRESSING COMMUNITY HEALTH NEEDS IN MARCH AND APRIL 2018, FOCUS GROUPS WITH SENIORS WERE HELD TO BETTER UNDERSTAND CHALLENGES AND OPPORTUNITIES TO IMPROVING HEALTH AMONG HIGH RISK POPULATIONS COMMUNITY FORUMS ARE PLANNED FOR FALL 2018 TO PRESENT CHNA FINDINGS AND IMPLEMENTATION PLANS TO COMMUNITY RESIDENTS AND PROVIDE A FORUM FOR DIALOGUE ABOUT ADDRESSING COMMUNITY HEALTH NEEDS CHNA MET</p>



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

Form and Line Reference	Explanation
<p>FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 5</p>	<p>HODOLOGY THE FY2019 CHNA WAS CONDUCTED FROM SEPTEMBER 2017 TO APRIL 2018 AND USED BOTH PRIMARY AND SECONDARY RESEARCH TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS THE REGION PRIMARY RESEARCH WAS USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS FOCUS GROUPS AND INTERVIEWS WERE USED TO COLLECT IN-DEPTH INSIGHT FROM HEALTH CONSUMERS REPRESENTING MEDICALLY UNDERSERVED OR HIGH RISK POPULATIONS EXISTING DATA SOURCES, INCLUDING PUBLIC HEALTH STATISTICS, DEMOGRAPHIC AND SOCIAL MEASURES, AND HEALTHCARE UTILIZATION, WERE COLLECTED AND ANALYZED TO IDENTIFY HEALTH TRENDS ACROSS HOSPITAL SERVICE AREAS SPECIFIC RESEARCH METHODS INCLUDED AN ANALYSIS OF STATISTICAL HEALTH AND SOCIOECONOMIC INDICATORS FROM ACROSS THE REGION AN ANALYSIS OF STATISTICAL HEALTH AND SOCIOECONOMIC INDICATORS FROM ACROSS THE REGION A KEY INFORMANT SURVEY WITH 113 COMMUNITY LEADERS AND REPRESENTATIVES SIX REGIONAL PARTNER FORUMS WITH COMMUNITY BASED ORGANIZATIONS TO IDENTIFY COMMUNITY HEALTH PRIORITIES AND FACILITATE COLLABORATION TOWARD COMMUNITY HEALTH IMPROVEMENT TWELVE FOCUS GROUPS WITH SENIORS TO EXAMINE PREFERENCES, CHALLENGES, AND OPPORTUNITIES TO ACCESSING AND RECEIVING HEALTHCARE PRIORITIZATION OF COMMUNITY HEALTH NEEDS TO DETERMINE THE MOST PRESSING HEALTH ISSUES ON WHICH TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS THE CHNA BUILT UPON THE HOSPITALS' PREVIOUS CHNAs AND SUBSEQUENT IMPLEMENTATION PLANS THE RESEARCH FINDINGS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES FOR THE HOSPITALS AND ENGAGE LOCAL PARTNERS TO COLLECTIVELY ADDRESS IDENTIFIED HEALTH NEEDS PRIORITIZED COMMUNITY HEALTH NEEDS IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, GEISINGER AND ITS CHNA PARTNERS SOLICITED AND RECEIVED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY EACH HOSPITAL, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND OTHER COMMUNITY STAKEHOLDERS WHO BROUGHT WIDE PERSPECTIVES ON COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY RESOURCES TO MEET THOSE NEEDS, AND GAPS IN THE CURRENT SERVICE DELIVERY SYSTEM THROUGH FACILITATED DIALOGUE AND A SERIES OF CRITERIA-BASED VOTING EXERCISES, THE FOLLOWING HEALTH ISSUES WERE PRIORITIZED AS THE MOST SIGNIFICANT HEALTH NEEDS ACROSS THE REGION ON WHICH TO FOCUS HEALTH IMPROVEMENT EFFORTS OVER THE COMING THREE-YEAR CYCLE ACCESS TO CARE BEHAVIORAL HEALTH (TO INCLUDE SUBSTANCE ABUSE AND MENTAL HEALTH STRATEGIES) CHRONIC DISEASE PREVENTION AND MANAGEMENT (WITH A FOCUS ON INCREASING HEALTHY HABITS TO DIRECT COMMUNITY BENEFIT AND HEALTH IMPROVEMENT ACTIVITIES, GEISINGER AND ITS CHNA PARTNERS CREATED INDIVIDUAL IMPLEMENTATION PLANS FOR EACH HOSPITAL TO DETAIL THE RESOURCES AND SERVICES THAT WILL BE USED TO ADDRESS THESE IDENTIFIED HEALTH PRIORITI</p>

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

Form and Line Reference	Explanation
<p>FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 5</p>	<p>ES BOARD APPROVAL THE GEISINGER CHNA FINAL REPORTS WERE REVIEWED AND APPROVED BY THE GEISINGER HEALTH AFFILIATE BOARDS ON JUNE 20, 2018 AND THE GEISINGER HEALTH BOARD OF DIRECTORS ON JUNE 21, 2018 FOLLOWING THE BOARDS' APPROVAL, ALL CHNA REPORTS WERE MADE AVAILABLE TO THE PUBLIC VIA THE GEISINGER WEBSITE AT <a href="https://www.geisinger.org/about-geisinger/in-our-community/chna">HTTPS //WWW GEISINGER ORG/ABOUT-GEISINGER/IN-OUR-COMMUNITY/CHNA</a> RESEARCH PARTNER BAKER TILLY WAS ENGAGED AS THE RESEARCH PARTNER FOR THE CHNA BAKER TILLY ASSISTED IN ALL PHASES OF THE CHNA INCLUDING PROJECT MANAGEMENT, QUANTITATIVE AND QUALITATIVE DATA COLLECTION, SMALL AND LARGE GROUP FACILITATION AND REPORT WRITING THE BAKER TILLY TEAM HAS WORKED WITH MORE THAN 100 HOSPITALS AND THOUSANDS OF THEIR COMMUNITY PARTNERS ACROSS THE NATION TO ASSESS HEALTH NEEDS AND DEVELOP ACTIONABLE PLANS FOR COMMUNITY HEALTH IMPROVEMENT THROUGHOUT THIS DOCUMENT THE TERMS "SYSTEM- OR "GEISINGER" S HALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH ("GH") AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRISING THE SYSTEM</p>

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

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

Form and Line Reference	Explanation
FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 6A	ALLIED SERVICES REHABILITATION HOSPITAL, JOHN HEINZ REHABILITATION HOSPITAL, EVANGELICAL COMMUNITY HOSPITAL, GEISINGER MEDICAL CENTER (INCLUDES GEISINGER-SHAMOKIN AREA COMMUNITY HOSPITAL), GEISINGER ENCOMPASS HEALTH LIMITED LIABILITY COMPANY (DBA GEISINGER ENCOMPASS HEALTH REHABILITATION HOSPITAL), GEISINGER WYOMING VALLEY MEDICAL CENTER (INCLUDES GEISINGER SOUTH WILKES-BARRE), GEISINGER-BLOOMSBURG HOSPITAL, COMMUNITY MEDICAL CENTER (DBA GEISINGER COMMUNITY MEDICAL CENTER), GEISINGER JERSEY SHORE HOSPITAL, GEISINGER-LEWISTOWN HOSPITAL, AND HOLY SPIRIT HOSPITAL (DBA GEISINGER HOLY SPIRIT)

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

Form and Line Reference	Explanation
FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 11	<p>FIVE PRIORITY AREAS WERE IDENTIFIED WITHIN OUR CURRENT CHNA ACCESS TO CARE, BEHAVIORAL HEALTH, CHRONIC DISEASE, MATERNAL/INFANT HEALTH, AND SENIOR HEALTH IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, GEISINGER AND ITS CHNA PARTNERS SOLICITED AND RECEIVED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY EACH HOSPITAL, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND OTHER COMMUNITY STAKEHOLDERS WHO BROUGHT WIDE PERSPECTIVES ON COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY RESOURCES TO MEET THOSE NEEDS, AND GAPS IN THE CURRENT SERVICE DELIVERY SYSTEM THROUGH FACILITATED DIALOGUE AND A SERIES OF CRITERIA-BASED VOTING EXERCISES, THE FOLLOWING HEALTH ISSUES WERE PRIORITIZED AS THE MOST SIGNIFICANT HEALTH NEEDS ACROSS THE REGION ON WHICH TO FOCUS HEALTH IMPROVEMENT EFFORTS OVER THE COMING THREE-YEAR CYCLE ACCESS TO CARE, BEHAVIORAL HEALTH, AND CHRONIC DISEASE PROGRAMMING AND CLINICAL SERVICES WITHIN THESE PRIORITY AREAS IMPACT THE POPULATIONS OF MATERNAL/INFANT HEALTH AND SENIOR HEALTH AND ARE THEREBY SERVED THROUGH ALL APPROPRIATE HEALTH IMPROVEMENT EFFORTS BELOW ARE SYSTEMWIDE PROGRAMS OFFERED BY GEISINGER TO FULFILL COMMUNITY NEEDS THAT WERE IDENTIFIED IN THE HOSPITAL'S MOST RECENT CHNA SOME PROGRAMS ARE COMPLETELY OPERATED OR FUNDED BY GEISINGER AND SOME ARE OFFERED IN COOPERATION WITH LOCAL HEALTH AND HUMAN SERVICE AGENCIES FOR MORE SPECIFIC NEEDS FOUND IN OUR LOCAL COMMUNITIES, WE OFFER PROGRAMS TO SERVE PATIENTS CLOSE TO HOME THE TOP THREE NEEDS IDENTIFIED IN THE MOST RECENT AND/OR PAST CHNA SURVEYS FALL INTO ONE OF THREE COMMUNITY NEED CATEGORIES 1)IMPROVING ACCESS TO HEALTHCARE THE MOST SIGNIFICANT NEED IDENTIFIED WAS FOR BETTER, FASTER, MORE CONVENIENT AND LESS COSTLY ACCESS TO HEALTHCARE SERVICES GEISINGER IS TAKING INNOVATIVE STEPS TO ADDRESS BARRIERS TO HEALTHCARE BY INCREASING THE NUMBER OF RESIDENTS WHO HAVE A REGULAR PRIMARY CARE PROVIDER, INCREASING ACCESS TO PRIMARY AND SPECIALTY CARE PROVIDERS PRACTICING IN MEDICALLY UNDERSERVED AREAS (MUAS) AND HEALTH PROFESSIONAL SHORTAGE AREAS (HP SAS), REDUCING BARRIERS TO RECEIVING CARE FOR RESIDENTS WITHOUT TRANSPORTATION, PROMOTING AWARENESS OF AVAILABLE OPTIONS FOR ASSISTANCE TO PAY FOR HEALTHCARE NEEDS AND FOSTERING THE PURSUIT OF HEALTH CAREERS AND ONGOING TRAINING OF HEALTH PROFESSIONALS 2)ADDRESSING BEHAVIORAL HEALTH AND SUBSTANCE ABUSE GEISINGER IS COMMITTED TO HELPING PATIENTS FIND HEALTH CARE SERVICES WHEN THEY ARE FACING BEHAVIORAL HEALTH CHALLENGES OR STRUGGLING WITH ADDICTION WE ADVANCE DIALOGUE AT THE LOCAL AND STATE LEVEL TO ADDRESS BEHAVIORAL HEALTH NEEDS WE FOSTER INTEGRATION OF BEHAVIORAL AND PRIMARY HEALTHCARE WE PROVIDE EDUCATION TO INCREASE RESIDENTS' AWARENESS OF BEHAVIORAL HEALTH ISSUES AND REDUCE THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH CONDITIONS AND WE STRIVE TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES 3)MANAGING CHRONIC CONDITIONS</p>

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

Form and Line Reference	Explanation
FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 11	<p>NS GEISINGER HAS NUMEROUS PROGRAMS TO HELP PATIENTS PREVENT AND MANAGE CHRONIC CONDITIONS EFFORTS INCLUDE ENCOURAGING COMMUNITY INITIATIVES THAT SUPPORT ACCESS TO AND AVAILABILITY OF HEALTHY LIFESTYLE CHOICES, INITIATING EARLY-STAGE INTERVENTIONS FOR INDIVIDUALS AT HIGH RISK FOR CHRONIC DISEASE, AND DEVELOPING INTEGRATIVE CARE MODELS TO IMPROVE OUTCOMES FOR PATIENTS WITH CHRONIC DISEASE ACCESS TO CARE</p> <p>GEISINGER HOLY SPIRIT HAS TAKEN NUMEROUS STEPS TO PROVIDE PEOPLE IN OUR LOCAL COMMUNITY WITH MORE ACCESS TO CARE WE'VE HIRED MORE PROVIDER IN PEDIATRICS, INTERNAL MEDICINE AND FAMILY MEDICINE IN FACT, OUR NUMBER OF PROVIDERS IN THOSE AREAS IS UP 37% OVER LAST YEAR WE'RE INTEGRATING PEDIATRICIANS INTO PRIMARY CARE CLINICS TO CREATE TRUE OPTIONS FOR FAMILY MEDICINE AND WHEN WE LEARNED THAT BOYS AGING OUT OF PEDIATRICS OFTEN PREFERRED TO BE SEEN BY A MALE PROVIDER, WE MADE SURE TO BALANCE OUR RECRUITMENT EFFORTS TO MEET THOSE NEEDS WE IMPROVED OFFICE EFFICIENCY BY ADDING A DESIGNATED CALL CENTER FOR PRIMARY CARE APPOINTMENT SCHEDULING CALLERS NO LONGER DEAL WITH VOICE MAIL AND CAN BE SCHEDULED RIGHT AWAY WHILE REGULAR STAFF IS FREED UP TO DO OTHER THINGS OUR APPOINTMENTS HAVE INCREASED 20% TO 23% SINCE THE CALL CENTER OPENED</p> <p>GEISINGER HOLY SPIRIT HAS ALSO REDESIGNED TRANSITIONS OF CARE SO THAT PATIENTS DISCHARGED FROM THE HOSPITAL ARE SEEN BY THEIR PRIMARY CARE PROVIDERS WITHIN TWO TO FIVE DAYS THIS APPROACH HAS CUT DOWN ON READMISSION RATES SIGNIFICANTLY BECAUSE PREVIOUSLY, PATIENTS WOULD WAIT TWO TO THREE WEEKS TO BE SEEN AND OFTEN NEEDED ATTENTION BEFORE THEN WE ARE ALSO IMPROVING ACCESS TO CARE BY PARTNERING WITH COMMUNITY AGENCIES AND HEALTHCARE COALITIONS, ESPECIALLY IN PERRY COUNTY, WHICH IS IN THE BOTTOM 5% OF COUNTIES IN PENNSYLVANIA TO HAVE HEALTHCARE PROVIDERS</p> <p>GEISINGER HOLY SPIRIT HAS A STRONG PRESENCE ON MANY BOARDS OF DIRECTORS WE WORK WITH THE UNITED WAY AND HAMILTON HEALTHCARE TO ENSURE TWO COMMUNITY HEALTH WORKS ARE ON SITE AT THE HOSPITAL, ESPECIALLY IN THE EMERGENCY DEPARTMENT, LOOKING FOR PEOPLE WITHOUT PRIMARY CARE PROVIDERS OR INSURANCE TO HELP THEM FIND THE COVERAGE AND CARE THEY NEED THIS COORDINATED EFFORT HAS SHOWN IMPRESSIVE RESULTS</p> <p>GEISINGER HOLY SPIRIT IS EXTENDING SPECIALTY CARE OUTREACH BY SENDING CARDIOLOGISTS, ORTHOPAEDISTS AND PHARMACISTS OUT TO CLINICS IN MORE RURAL LOCATIONS ON A WEEKLY BASIS WE ARE CURRENTLY LOOKING FOR FUNDING TO OFFER MORE TELEMEDICINE OPTIONS ONE PROGRAM WE DO HAVE IN PLACE IS A PARTNERSHIP WITH LEHIGH VALLEY MEDICAL CENTER, THROUGH WHICH CONSULTATIONS WITH REMOTE BURN SPECIALISTS ARE PROVIDED ALONG WITH TRANSFERS, WHEN NECESSARY TO ENCOURAGE INTEREST IN MEDICAL CAREERS, OUR ADVANCED PRACTITIONERS REACH OUT TO COMMUNITY HIGH SCHOOLS AND COLLEGES AS WELL AS THE REGIONAL CAMPUS OF THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE BEHAVIORAL HEALTH GEISINGER HOLY SPIRIT TEENLINE HAS BEEN HELPING STUDENTS, FAMILIES, AND COMMUNITY MEMBERS IN THE CUMBERLAND -PERRY COUNTY AREA FOR 34 YEAR</p>

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

Form and Line Reference	Explanation
<p>FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 11</p>	<p>S TEENLINE OPERATES ON THE PENNSYLVANIA STATE STUDENT ASSISTANCE PROGRAM MODEL (SAP) TEE NLINE COUNSELORS PROVIDE MENTAL HEALTH ASSESSMENTS AS AN OUTCOME OF THE SAP SCREENING AND RECOMMENDATION PROCESS TEENLINE ASSISTS FAMILIES WITH CONNECTING WITH RECOMMENDED SERVICE S ONCE THEY HAVE COMPLETED THE ASSESSMENT AND DISCUSSED RECOMMENDATIONS WITH THE FAMILY I N THE SCHOOL YEAR 2017-18, TEENLINE CONDUCTED 611 MENTAL HEALTH ASSESSMENTS, IN THE SCHOOL YEAR 2018-19, 650 STUDENTS RECEIVED A MENTAL HEALTH ASSESSMENT IN ADDITION, TEENLINE ATT ENDS SCHOOL FUNCTIONS, SUCH AS PTO MEETINGS AND BACK TO SCHOOL NIGHTS, TO INCREASE MENTAL HEALTH AWARENESS, SHARE INFORMATION FOR STUDENT ASSISTANCE PROGRAMS AND ANSWER QUESTIONS TEENLINE COUNSELORS CONDUCT IN-SERVICES ON REQUESTED MENTAL HEALTH TOPICS TO ASSIST SCHOOL PERSONNEL WITH MENTAL HEALTH-RELATED INFORMATION IN 2019, TEENLINE HAD 20 SCHOOL MENTAL HEALTH PRESENTATIONS THEY WORK CLOSELY WITH SCHOOL ADMINISTRATION AND STAFF AND GIVE INPU T INTO PROCEDURES FOR SAP TEENLINE COUNSELORS RESPOND TO REQUESTS FOR ASSISTANCE WHEN THE RE IS A DEATH OF A STUDENT OR STAFF MEMBER IN 2018, TEENLINE RESPONDED TO 8 POSTVENTIONS AND 10 POSTVENTIONS IN 2019 THE GEISINGER HOLY SPIRIT BEHAVIORAL HEALTH DEPARTMENT OFFERS A WEEKLY SUPPORT GROUP FOR EXPECTING AND NEW MOTHERS, PARTICULARLY WITH A FOCUS ON MOTHER S WHO HAVE A BEHAVIORAL HEALTH DIAGNOSIS AND ARE STRUGGLING OR SYMPTOMATIC OVER THE PAST 2 YEARS, GROUP MEMBERS HAVE BEEN MORE BLENDED WE FOUND THAT MEMBERS WERE USING MORE ONLIN E TOOLS AND WERE ALSO ABLE TO FIND INFORMATION ABOUT THE GROUP THUS, THIS HAS SHIFTED OUR THINKING AND DESIGN OF THE GROUP IT IS INCLUSIVE OF ALL WOMEN WHO ARE PREGNANT OR POSTPARTUM, AND WE CAN IDENTIFY WOMEN WHO ARE EXPERIENCING CLINICAL PERI- PARTUM AND POSTPARTUM ISSUES EARLIER WE SERVED 15 WOMEN IN 2019, WHO ATTENDED AT LEAST 2 TIMES A MONTH FOR 13 M ONTHS WE ALSO HAVE IDENTIFIED PROVIDERS WHO SPECIALIZE IN BEHAVIORAL HEALTH ISSUES DURING PERI-PARTUM AND POSTPARTUM PERIODS GEISINGER HOLY SPIRIT MATERNAL ASSISTANCE PROGRAM OFF ERS INTENSIVE CASE MANAGEMENT TO WOMEN IN THE PRENATAL THROUGH POSTPARTUM STAGE THE PROGR AM OFFERS HOME VISITS, FOLLOW-UP, SUBSTANCE ABUSE TREATMENT REFERRAL, EDUCATION, AND SMOKI NG CESSATION INFORMATION THE GOAL IS TO ASSIST WOMEN TO DELIVER A HEALTHY BABY AND OFFER SUPPORT TO LIVE A SUBSTANCE-FREE LIFESTYLE IN AN EFFORT TO INTEGRATE BEHAVIORAL HEALTH SE RVICES WITH PRIMARY CARE, GEISINGER HOLY SPIRIT IDENTIFIED TWO PSYCHIATRISTS FOR INTEGRATI ON HOWEVER, BOTH PROVIDERS HAVE EITHER LEFT THE EMPLOYMENT OF GHS OR ARE NOW FLEX PROVIDE RS OUR GOAL IS TO RE-EVALUATE OUR POOL OF PROVIDERS IN ADDITION TO HIRING, AND EARMARK BE HAVIORAL HEALTH INTEGRATION INTO PRIMARY CARE AS A PRIORITY CHRONIC DISEASE MANAGEMENT AN D PREVENTION GEISINGER HOLY SPIRIT ENCOURAGES COMMUNITY INITIATIVES THAT SUPPORT ACCESS TO AND AVAILABILITY OF HEALTHY LIFESTYLE CHOICES WE OFFER FREE PROGRAMS TO LOCAL RESIDENTS, INCLUDING THE MYCODE INNOVATI</p>

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

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

Form and Line Reference	Explanation
FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 13B	RECENT WAGE STATEMENTS, UNEMPLOYMENT OR OTHER DOCUMENTATION OF BENEFITS OR COMPENSATION RECEIVED MAY BE CONSIDERED IN DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY

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

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

Form and Line Reference	Explanation
FACILITY 1, HOLY SPIRIT HOSPITAL - PART V, LINE 16J	THE FAP, FAP APPLICATION, AND A PLAIN LANGUAGE SUMMARY OF THE FAP ARE WIDELY AVAILABLE AT <a href="https://www.geisinger.org/patient-care/patients-and-visitors/billing-and-insurance/need-help">HTTPS //WWW GEISINGER ORG/PATIENT-CARE/PATIENTS-AND- VISITORS/BILLING-AND-INSURANCE/NEED-HELP</a> IN ADDITION, REGISTRATION PERSONNEL ALSO REFER UNINSURED AND/OR LOW INCOME PATIENTS TO FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE POLICY



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

Employer identification number  
23-1512747

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	Yes			
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	Yes			



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	DAVID J FELICIO, ESQUIRE 0 74,220 0 DAVID A GATESMAN 113,679 0 0 GERALD R NEWHOUSE 163,610 0 0 KEVIN F BRENNAN, CPA, FHFMA 0 248,228 0 LISA F TORCHIA 114,006 0 0 RICHARD E LAVANTURE 89,566 0 0

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS

Return Reference	Explanation
SCHEDULE J, PART III	<p>PART I, LINE 4A - SEVERANCE PAYMENT UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GEISINGER SERVICE AND POSITION</p> <p>PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY</p> <p>FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER- AND "SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM</p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1512747  
**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHINH N PHAM MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	406,731	-----	6,295	12,869	29,233	455,128	-----
KYLE C SNYDER MHA CAO, DIRECTOR	(i)	309,713	-----	28,485	54,655	29,073	421,926	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
LENKE ERKI MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	461,064	-----	20,186	15,991	23,509	520,750	-----
DANIEL E LOHR ESQUIRE ASST SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	361,636	-----	22,646	19,614	26,366	430,262	-----
DAVID J FELICIO ESQUIRE SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	780,508	-----	138,025	192,060	27,281	1,137,874	74,220
LORI R GRAMLEY ESQUIRE ASST SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	217,301	-----	2,715	14,621	10,150	244,787	-----
RANDY B MORRIS TREASURER	(i)	286,135	-----	23,997	13,812	20,573	344,517	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
ELLEN R LENKEVICH CRNP VP CHIEF NURSING OFF	(i)	246,351	-----	9,604	18,589	18,089	292,633	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
JOSEPH A TORCHIA MD CMO, HSHS	(i)	466,429	-----	33,074	13,531	11,739	524,773	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
CHARLES J ARRISON DIRECTOR, PHARMACY	(i)	185,319	-----	9,014	8,970	17,950	221,253	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
GLORIA SANTOS AVP, NURSING	(i)	154,507	-----	34,664	7,221	21,142	217,534	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
RICHARD SCHREIBER ASSOC CH INFO OFF	(i)	232,426	-----	27,019	11,810	7,565	278,820	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
JASON STANFORD PHD RTRTCMD RADIATION PHYSICIST	(i)	172,136	-----	54,795	7,661	27,845	262,437	-----
	(ii)	16,591	-----	1,904	945	2,227	21,667	-----
AMI ZUMKHAWALA-COOK DIRECTOR, HSHS OPS	(i)	124,008	-----	42,202	9,841	1,181	177,232	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
ANDREW R WALKER MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	249,144	-----	1,498	11,666	24,614	286,922	-----
BARBARA SUMBATIAN MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	193,243	-----	29,787	13,952	17,600	254,582	-----
COURTNEY K BAKER DO FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	191,182	-----	18,882	2,324	9,083	221,471	-----
DAVID A GATESMAN FORMER KEY EMPLOYEE	(i)	-----	-----	114,886	1,081	684	116,651	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
GERALD R NEWHOUSE FORMER KEY EMPLOYEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	74,630	-----	178,769	4,090	2,909	260,398	-----
JAGADEESH K MOOLA MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	222,173	-----	26,729	12,377	27,293	288,572	-----

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
KEVIN F BRENNAN CPA FHFMA FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	540,734	200,000	279,518	19,614	9,990	1,049,856	
LISA F TORCHIA FORMER KEY EMPLOYEE	(i)	-----	-----	118,102	-----	855	118,957	
	(ii)	-----	-----	-----	-----	-----	-----	
MICHAEL J PASZEK MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	322,503	-----	23,434	19,086	17,224	382,247	
PAUL D BRETTSCHEIDER MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	255,212	-----	18,554	13,658	25,972	313,396	
RICHARD E LAVANTURE FORMER KEY EMPLOYEE	(i)	-----	-----	148,270	-----	-----	148,270	
	(ii)	-----	-----	-----	-----	-----	-----	
THOMAS J GRIFONE MD FORMER 5 HIGHEST	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	351,286	-----	28,886	14,949	26,544	421,665	



**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY

Employer identification number  
23-1512747

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL SERLUCCO	FORMER DIRECTOR	MORTGAGE ON SPACE FOR PATIENT CARE	X		1,200,000	681,047		No	Yes		Yes	
(2) GLORIA SANTOS	HIGHEST COMPENSATED	RECRUITMENT		X	25,000	22,007		No	Yes		Yes	
(3) GLORIA SANTOS	HIGHEST COMPENSATED	RECRUITMENT		X	25,000	17,633		No	Yes		Yes	
<b>Total</b>												

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALEXANDRA B POCHAK	FAMILY	57,320	EMPLOYEE COMP/BEN		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	ALEXANDRA B POCHAK IS A FAMILY MEMBER OF RANDY B MORRIS, AN OFFICER OF HOLY SPIRIT HOSPITAL

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

Employer identification number

23-1512747

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY (DOING BUSINESS AS GEISINGER HOLY SPIRIT HOSPITAL), SHARES GEISINGER HOLY SPIRIT'S MISSION AS A COMMUNITY CATHOLIC HEALTH SYSTEM AND SERVES TO CARRY OUT THE HEALING MINISTRY OF JESUS CHRIST TO ALL IN NEED AND PROVIDING HIGH QUALITY, ETHICALLY-GUIDED, AND COST-EFFECTIVE HEALTH SERVICES IN A CARING, PATIENT- FOCUSED ENVIRONMENT TO DEVELOP HEALTHY COMMUNITIES IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH (GH) IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES, INCLUDING BONDS ISSUED PRIOR TO DECEMBER 31, 2002, WITH A TOTAL OUTSTANDING BALANCE OF 1,719,446,520, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2019 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GH SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER EIN 23-1996150 GEISINGER CLINIC EIN 23-6291113 MARWORTH EIN 23-2171417 GEISINGER SYSTEM SERVICES EIN 23-2164794 COMMUNITY MEDICAL CENTER EIN 24-0862246 GEISINGER-BLOOMSBURG HOSPITAL EIN 23-2193572 GEISINGER-LEWISTOWN HOSPITAL EIN 23-1352187 HOLY SPIRIT HOSPITAL EIN 23-1512747 GEISINGER COMMONWEALTH SCHOOL OF MEDICINE EIN 26-0812968 ATLANTICARE REGIONAL MEDICAL CENTER EIN 21-0634549 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH, EIN 23-1995911

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>PATIENT CARE SERVICES PATIENT CARE SERVICES IS DRIVEN BY THE HOSPITAL'S MISSION, VISION, AND VALUES (MVV) THE MVV ELEMENTS, DESCRIBED BELOW, ARE AN ESSENTIAL COMPONENT TO PROVIDE HIGHLY SKILLED, COMPETENT, AND COMPASSIONATE NURSING CARE AT THE BEDSIDE AND TO FULFILL OUR NURSES' COMMITMENT TO EXCELLENCE IN CLINICAL PRACTICE, EDUCATION, AND NURSING RESEARCH MISSION GEISINGER HOLY SPIRIT IS A COMMUNITY CATHOLIC HEALTH SYSTEM SPONSORED BY THE SISTERS OF CHRISTIAN CHARITY TO CARRY OUT THE HEALING MINISTRY OF JESUS CHRIST TO ALL IN NEED WE PROVIDE HIGH QUALITY, ETHICALLY-GUIDED, AND COST-EFFECTIVE HEALTH SERVICES IN A CARING, PATIENT-FOCUSED ENVIRONMENT TO DEVELOP HEALTHY COMMUNITIES IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA VISION GEISINGER HOLY SPIRIT WILL EXEMPLIFY GODS LOVE THROUGH OUR SERVICES AND SPIRIT OF CARING WE WILL FOCUS ON SERVICES THAT PROVIDE COMMUNITY VALUE, INCLUDING DEMONSTRATED COMMITMENT TO OUR HEALING MISSION OF PATIENT-CENTERED CARE INNOVATIVE, COLLABORATIVE, AND RELATIONSHIP-BASED DELIVERY MODELS CARE OF THE DISFRANCHISED AND VULNERABLE EXCELLENCE IN CLINICAL QUALITY OUTSTANDING PATIENT AND EMPLOYEE SATISFACTION SOUND FINANCIAL STEWARDSHIP TO ENSURE OUR CONTINUING COMMITMENT TO THE COMMUNITY VALUES IN OUR SERVICE AND OUR CARE, WE COMMIT OURSELVES TO THESE VALUES DIGNITY WE VALUE THE SACREDNESS OF LIFE AND THE DIGNITY OF EACH PERSON WHOLISM WE PROMOTE THE PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL NEEDS OF EACH PERSON SERVICE WE MEET THE NEEDS OF OTHERS WITH COMPASSION AND COMPETENCE STEWARDSHIP WE RESPONSIBLY USE THE RESOURCES ENTRUSTED TO OUR CARE QUALITY WE COMMIT OURSELVES TO CONTINUOUS IMPROVEMENT AND TO THE SATISFACTION OF THOSE WE SERVE INTEGRITY WE CONSISTENTLY DEMONSTRATE HIGH ETHICAL STANDARDS AND THE VALUES OF OUR ORGANIZATION AWARDS AND RECOGNITION GEISINGER HOLY SPIRIT HOSPITAL MAINTAINED MULTIPLE QUALITY AWARDS IN 2019 (1)HIGHMARK AWARDS INCLUDE HIGHMARK BLUE SHIELD, DESIGNATED BLUE DISTINCTION CENTER FOR CARDIAC CARE, BLUE DISTINCTION CENTER+ FOR KNEE AND HIP REPLACEMENT, BLUE DISTINCTION CENTER FOR MATERNITY CARE, BLUE DISTINCTION CENTER FOR SPINE SURGERY (2)AMERICAN HEART ASSOCIATION AWARDS INCLUDE GOLD 2019 "GET WITH THE GUIDELINES" FOR AFIB, GOLD PLUS 2019 "GET WITH THE GUIDELINES" FOR HEART FAILURE AND STROKE, AND GOLD PLUS 2018 RECEIVING "MISSION LIFELINE" (3)AWARDED BY THE JOINT COMMISSION IS THE NATIONAL QUALITY APPROVAL FOR ADVANCED CERTIFICATION IN INPATIENT DIABETES CARE AND PRIMARY STROKE CARE (4) AWARDED BY THE AMERICAN COLLEGE OF CARDIOLOGY IS THE CHEST PAIN CENTER ACCREDITED PRIMARY PCI WITH RESUSCITATION (5) OTHER ACHIEVEMENTS INCLUDE THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS ACCREDITED BREAST CENTER, AND NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) AS A NICHE DESIGNATED HOSPITAL NEW FOR 2019 IS THE AMERICAN COLLEGE OF SURGEONS AMERICAN</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>SOCIETY FOR METABOLIC AND BARIATRIC SURGERY ACCREDITATION (MBSAQIP) PRESENTATIONS REGISTERED NURSES IN PATIENT CARE SERVICES AND CLINICAL EDUCATION PROVIDED PRESENTATIONS IN HOUSE, AT PROFESSIONAL CONFERENCES, AND AT VARIOUS OTHER VENUES IN HOUSE PRESENTATIONS - TRAUMATIC BRAIN INJURY SESSION 1 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 2 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 3 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - TRAUMATIC BRAIN INJURY SESSION 4 - PRESENTED BY LAUREN MCNAUGHTON MSN, RN, CCRN, HHP - SEPSIS - MAKING THE PIECES FIT - PRESENTED MONTHLY IN NURSING ORIENTATION BY MARYANN M BROGDEN-BRANDT, ND, MSN, RN, APN-C, CCNS, SCRIN, CRITICAL CARE CLINICAL NURSE SPECIALIST/STROKE &amp; SEPSIS COORDINATOR - NIH STROKE SCALE - DO YOU SEE WHAT I SEE - PRESENTED BY MARYANN M BROGDEN-BRANDT, ND, MSN, RN, APN-C, CCNS, SCRIN, CRITICAL CARE CLINICAL NURSE SPECIALIST/STROKE &amp; SEPSIS COORDINATOR ON 4/25/19, 4/30/19, 5/3/19, 5/23/19, AND 5/24/19 - STRESS MANAGEMENT AND AROMATHERAPY, NURSING SELF CARE (4/15/19) - PRESENTED BY LAUREN MCNAUGHTON, MSN, RN, CCRN, HHP - MANAGING PATIENT WITH COMORBID PSYCHIATRIC ILLNESS AT HOME (7/18/18) - PRESENTED BY MARY ROCK, DNP, CRNP, FNP, CNS - MANAGING TRAUMA AND LOSS (5/14/19) - PRESENTED BY JODY BRANDT, MSW, LSW, AND PATRICIA VOGL, MSW, LSW - CORE ESSENTIALS PROGRAM (9/12, 9/19, 9/26, 10/3, 10/24, 10/31, 11/14) PRESENTED BY DEBORAH AUDETTE DNP, RN, ACNS-BC, CCRN-CSC, ANN HENDRICKSON, MS, RN, ACNS-BC AND MARYANN BROGDEN-BRANDT, ND, MSN, RN, APN-C, CCNS, SCRIN - ESSENTIAL OILS CLINICAL SIGNIFICANCE IN ACUTE AND CRITICAL CARE (9/27/18, 10/24/18) - PRESENTED BY LAUREN MCNAUGHTON, MSN, RN, CCRN, HHP - CORE ESSENTIALS PROGRAM - DEBORAH AUDETTE, DNP, RN, ACNS-BC, CCRN, CSC, &amp; MELANIE DUFFY MSN, RN, CCRN, CCNS - PRESENTATION ON EVIDENCE-BASED PRACTICE IN COLLABORATION WITH MESSIAH COLLEGE SENIOR NURSING RESEARCH CLASS AND GHS RNS WHO WORKED WITH GROUPS OF SENIOR NURSING STUDENTS TO IDENTIFY PI ISSUE, PICO QUESTION, RESEARCH, AND RECOMMENDATIONS - TOTAL OF 9 CLASSES IN 2018 9/12, 9/19, 9/26, 10/10, 10/24, 10/31, 11/7, 11/14, AND 12/12 - DELIRIUM PROTOCOL BUNDLE PILOT ON 6 ORTHO - ANN HENDRICKSON MS, RN, ACNS-BC - DELIRIUM AND ITS RISK FACTORS AN EDUCATIONAL MODULE - PRESENTATION TO 6 ORTHO AND 6 MAIN STAFF FOR PILOT ON DELIRIUM PROTOCOL BUNDLE - 5/29/2019, 5/30/2019, 6/1/2019, 6/2/2019, AND 6/3/2019 - TOTAL OF 12 PRESENTATIONS - CORE ESSENTIALS PRESENTATION - AUGUST, 2018 - DEBORAH AUDETTE, DNP, RN, ACNS-BC, CCRN-CSC, ANN HENDRICKSON, MS, RN, ACNS-BC, MELANIE DUFFY, MSN, RN, CCRN, CCNS, AND MARYANN M BROGDEN, ND, MSN, RN, APN-C, CCNS, CSRN - HAVE YOU EVER WONDERED WHY? - PRESENTATION ON EVIDENCE-BASED PRACTICE AND CORE ESSENTIALS PROGRAM, PRESENTED TO STAFF RNS AT LEWISTOWN HOSPITAL NURSING RESEARCH/EBP CONFERENCE - DECEMBER 13, 2018 - DR RICHARD SCHREIBER, DIPLOMATE CLINICAL INFORMATICS, ASSOCIATE CHIEF INFORMATICS OFFICER</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>- VENOUS THROMBOLYTIC DISEASE OLD DISEASE, NEW APPROACHES - PAUL FRAUNDORFER, RPH, PHD - PHARMACOLOGIC THERAPIES FOR VENOUS THROMBOEMBOLISM (VTE) - DEBORAH AUDETTE, DNP, RN, ACNS- BC, CCRN-CSC - A FOCUSED EDUCATION PROGRAM TO IMPROVE NURSES' KNOWLEDGE OF DELIRIUM, RECOGNITION AND IMPLEMENTATION OF PREVENTATIVE MEASURES - MICHAEL HAFFER, RN, EMT-B - IMPLEMENTING A SITTER REDUCTION PROGRAM TO REDUCE COST WHILE MAINTAINING PATIENT SAFETY - PEGGY TRAHAN, RN, PCCN, &amp; JENNIFER KANE, BSN, RN, PCCN - QUALITY IMPROVEMENT IN MEAL-INSULIN GAP POSTER PRESENTATIONS - DEBORAH AUDETTE, DNP, RN ACNS-BC, CCRN-CSC - A FOCUSED EDUCATION PROGRAM TO IMPROVE NURSES' KNOWLEDGE OF DELIRIUM, RECOGNITION AND IMPLEMENTATION OF PREVENTATIVE MEASURES - BETH BRADLEY, MSN, RN, &amp; LEAH PARDOE, MAS, RNC-OB - IMPROVING OBSTETRICAL PATIENT EXPERIENCE THROUGH INNOVATIVE MEDICATION COMMUNICATION - KARRIE PETERSON, BSN, RN - INTERDISCIPLINARY ROUNDING AND REDUCING THE PATIENT LENGTH OF STAY - JUDY HIMES, BSN, RN, CWON, &amp; LINDA O'BRIEN, BSN, RN, CWON - IMPLEMENTING WOUND PHOTO DOCUMENTATION IN THE EMR A PROCESS IMPROVEMENT INITIATIVE - PATRICIA NOVAK, MSN, RN, &amp; DONNA PHOTNAM, MSN, RN - REDUCING RESTRAINT USAGE THROUGH DE-ESCALATION TECHNIQUES - LAUREN MCNAUGHTON, MSN, RN, CCRN, RACHAEL ENGLE, BSN, RN, CCRN, &amp; AMY NEWELL, BSN, RN, CCRN - RESTRAINT USAGE IN THE ICU - ROBYN RHOADES, BSN, RN, MA, MA, NE-BC, ANDREA WEATHERFORD, BSN, RN, CEN, &amp; LINDSEY LONGWELL, BSN, RN - DECREASING DEPENDENCY ON AGENCY STAFF HOW CAN OUR FLOAT POOL MEET OUR NEEDS? - SHEILA MARIE RHODES, RN, CNOR, &amp; TAMARA ANN RICE, RN, CPAN - VTE INCIDENCE REDUCTION IN THE AMBULATORY SURGICAL CARE/DAY SURGERY SETTING THROUGH USE OF SCREENING AND PROPHYLAXIS - PAMELA HARRIS-HAMAN, DNP, CRNP, &amp; MARTHA LEE, BSN, RNC, NIC - EFFECTIVE SKIN CARE INTERVENTIONS ON PRE-TERM INFANTS IN THE NICU STUDENT POSTER PRESENTATIONS - JESSICA RYDER, BSN, RN, CCRN, &amp; AMANDA SHEETS, BSN, RN, CCRN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - THE USE OF FISH OIL TO PREVENT ATRIAL FIBRILLATION IN POSTOPERATIVE CARDIAC PATIENTS - SARAH TROUTMAN, RN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - EVIDENCE-BASED INTERVENTIONS TO INCREASE LABORING WOMEN'S SATISFACTION - ANN MARIE MCKILLIP, RN WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - SAFE ADMINISTRATION OF PARENTERAL ANTIBIOTIC THERAPY (OPAT) THROUGH A PICC LINE IN PATIENTS WITH A HISTORY OF IV DRUG USE - SHERRI HEFNER, RN-BC, &amp; NICOLE SHEEDY, BSN, RN-BC WITH MESSIAH COLLEGE SENIOR NURSING STUDENTS IN CORE ESSENTIALS PROGRAM - THE EFFECT OF CLEAR LIQUIDS TWO-HOURS PRE-PROCEDURE VERSUS CURRENT PRACTICE OF NOTHING BY MOUTH AFTER MIDNIGHT OTHER PRESENTATIONS - IMPLEMENTING A DELIRIUM PROTOCOL BUNDLE FOR OLDER ADULT POSTOPERATIVE HIP FRACTURE PATIENTS ON AN ORTHOPEDIC UNIT, ANN HENDRICKSON, DNP, RN, ACNS- BC, AT NURSING SHARED GOVERNANCE COUNCIL, 4/23/2019, GEISINGER HOLY SPIRIT - GERIATRIC TRAUMA, ANN HENDRIC</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V	FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL GEISINGER ORGANIZATIONS AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR ALL REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2018 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,602



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, THREE VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS EMPLOYEES OF RELATED TAX-EXEMPT ORGANIZATIONS FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? DANIEL E LOHR, ESQUIRE, LORI R GRAMLEY, ESQUIRE, KYLE C SNYDER, MHA, DEBORAH KEYS, HANK STRAUB, LAURIE SALTZGIVER, ESQUIRE, LENKE ERKI, MD, NORA HABIG, PATRICIA HUSIC, RANDY B MORRIS, REVEREND ROBERT F SHARMAN, RON DRNEVICH, SISTER JOANN MARIE AUMAND, SCC, SISTER MARIE PAULINE DEMEK, SCC, AND DAVID J FELICIO, ESQUIRE ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATE OF THE ENTITY ALL OF THE AFFILIATES ARE PART OF GEISINGER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 6	GEISINGER HEALTH SERVES AS THE SOLE CORPORATE MEMBER OF HOLY SPIRIT HEALTH SYSTEM AND HOLY SPIRIT HEALTH SYSTEM SERVES AS CORPORATE MEMBER FOR HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INC , HOLY SPIRIT CORPORATION AND SOLE SHAREHOLDER OF HOLY SPIRIT VENTURES INC THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN THE PENNSYLVANIA NONPROFIT CORPORATION LAW

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF DIRECTORS OF THE CORPORATION SHALL SERVE AS THE GOVERNING BODY OF THE CORPORATION THE PRESIDENT OF THE CORPORATION SHALL BE A DIRECTOR BY REASON OF HOLDING SUCH OFFICE THE REMAINING DIRECTORS SHALL BE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS THE MEMBERS OF THE CORPORATION MAY SERVE AS DIRECTORS AND DIRECTORS MAY SUCCEED THEMSELVES FROM TERM TO TERM VACANCIES ON THE BOARD OF DIRECTORS SHALL BE FILLED BY THE MEMBERS AT THEIR DISCRETION AT THE ANNUAL MEETING OF THE MEMBERS OR AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 11B	ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN IS PROVIDED TO ASSIST IN THE REVIEW IN ACCORDANCE WITH THE GEISINGER HEALTH BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, GEISINGER ORGANIZATIONS' FORM 990 FILINGS ARE REVIEWED ANNUALLY THE FORM 990 IS PREPARED BY GEISINGER TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN GEISINGER THE CHIEF FINANCIAL OFFICER (CFO) OF GEISINGER AND THE INDIVIDUAL ORGANIZATIONS SENIOR FINANCIAL MANAGERS REVIEW THEIR RESPECTIVE FORM 990 PRIOR TO MAKING THE FINAL RETURN AVAILABLE TO THE BOARD IN ADDITION, THE CHIEF LEGAL OFFICER AND CHIEF HUMAN RESOURCE OFFICER OF GEISINGER REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY FOR PURPOSES OF THEIR ANNUAL AUDIT OF GEISINGER CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY GEISINGER ORGANIZATIONS TO IDENTIFY MATERIAL ITEMS, INCLUDING IF THERE ARE ANY UNCERTAIN TAX POSITIONS THAT MAY BE REQUIRED TO BE RECOGNIZED THE COMPANY HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED FOR REPORTING PERIOD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE SUBJECT TO THE GEISINGER CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS AND OTHERS DESIGNATED BY THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL FINANCIAL INTERESTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST WITH ANY AFFILIATE WITHIN GEISINGER THE DISCLOSURES ARE REVIEWED BY THE OFFICE OF THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEES AND BOARD OF DIRECTORS AFTER REVIEW OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM DEPARTMENT OF LEGAL SERVICES AND ANY DISCUSSION WITH THE PERSON DESIRED BY THE BOARD OR COMMITTEE, THE BOARD DECIDES IF A CONFLICT EXISTS AND TAKES APPROPRIATE ACTION THE INDIVIDUAL DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GEISINGER EMPLOYED BOARD DIRECTORS, OFFICERS, AND EXECUTIVE MANAGEMENT IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR INTERMEDIATE SANCTION PURPOSES. THE PROCESS REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PARTIES, USE OF APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS. ON AN ANNUAL BASIS AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANT COMPLETES A COMPARATIVE ASSESSMENT OF COMPENSATION FOR THE CEO AND SENIOR MANAGEMENT WITHIN GEISINGER. THE CONSULTANT'S REPORT IS PRESENTED TO THE GEISINGER FAMILY COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT. THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE GEISINGER FAMILY COMMITTEE TO ENSURE THAT THE PROGRAM IS RESPONSIBLE TO THE GEISINGER CHARITABLE MISSION, REFLECTS REASONABLE COMPENSATION WITHIN THE NONPROFIT MARKET AND IS COMPLIANT WITH THE IRS'S INTERMEDIATE SANCTION REQUIREMENTS. THE SURVEY DATA IN THE COMPARATIVE ANALYSIS IS CAPTURED FOR FUNCTIONALLY COMPARABLE POSITIONS IN MULTIPLE SIMILAR NONPROFIT ORGANIZATIONS AND REFLECTS TOTAL REMUNERATION PROVIDED IN THE MARKET. ALL SURVEYS ARE CONDUCTED BY THIRD PARTY ORGANIZATIONS AND NOT CONDUCTED AT THE SPECIFIC DIRECTION OF GEISINGER. ANY COMPENSATION ADJUSTMENTS ARE APPROVED BY THE GEISINGER FAMILY COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT. THE GEISINGER FAMILY COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE SCHEDULE O RESPONSE TO FORM 990, PART VI SECTION B, QUESTION 15A

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE GO TO <a href="https://www.geisinger.org/about-geisinger/news-and-media/for-media/annual-reports-financial-statements">HTTPS //WWW GEISINGER ORG/ABOUT- GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/ANNUAL-REPORTS FINANCIAL STATEMENTS</a> , FORM 990, FORM 990-T, THE CONFLICTS OF INTEREST POLICY, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VIII	FORM 990, PART VIII, LINE 2F IC SUPPORT SERVICE REVENUE REPORTED WITHIN THE LINE 2F REVENUE REPRESENTS REVENUE FROM INTERCOMPANY MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED TAXABLE ORGANIZATIONS THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS ARE ALL CONTROLLED BY GEISINGER HEALTH THE SERVICES, PROVIDED AT OR BELOW COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT OPERATION OF GEISINGER IN CARRYING OUT ITS CHARITABLE MISSION THE SERVICES ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC UNDER IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND SHOULD NOT BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO CONDITIONS (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE, AND (2) THERE MUST BE A PROFIT MOTIVE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>OUTSIDE AGENCY CLINICAL 3,996,008 0 0 CONTRACTED PHYS SVC OTHER 1,367,347 384,921 0 CLEANING SERVICE 297,869 2,297 0 CONSULTING FEE 17,034 302,980 0 COLLECTION AGENCY FEE 109,488 0 0 EQUIP MAINT SVC CONTRACTS 2,111,234 38,737 0 OUTSIDE PURCHASED SERVICE 18,555,119 1,345,858 0 ISS TRAINING AND SVC SCHOOL E 30,245 0 0 OUT AGENCY NONCLIN TEMP 713,272 0 0 REPAIR OF EQUIPMENT 46,868 0 0 RECRUIT NONPROVIDER 313 10,800 0 OUTSIDE TESTS PURCHASE 400,387 0 0 LOCUM PHYSICIAN SVC HOURLY 41,252 0 0</p> <p>TOTAL 27,686,436 2,085,593 0</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART X	FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E UNRELATED BUSINESS INCOME TAX EXPENSE 138,434

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	TRANSFER FROM GEISINGER HEALTH 190,089 TRANSFER FROM PARENT HOLY SPIRIT HEALTH SYSTEM 12,800,000 ASSET IMPAIRMENT CHARGE -21,723,286 ASSETS RELEASED FROM RESTRICTION -30,000 TOTAL -8,763,197 THE AMOUNT REPORTED AS ASSET IMPAIRMENT CHARGE REPRESENTS THE REVALUATION OF HOLY SPIRIT HOSPITALS LAND, BUILDINGS, AND EQUIPMENT TO FAIR MARKET VALUE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII	FORM 990, PART XII, LINE 3A AS A RESULT OF A FEDERAL AWARD, WAS THE ORGANIZATION REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE AUDIT ACT OR OMB CIRCULAR A-133? FEDERAL AWARDS ARE AUDITED AS A PART OF THE GEISINGER'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133 FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER- AND "SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

**SCHEDULE R  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

**Employer identification number**  
23-1512747

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

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





**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN FORM 990, SCHEDULE R, THE HOLY SPIRIT HOSPITAL IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES AND FACILITIES, AND TRANSFERS OF ASSETS THESE INTERORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES THESE TYPES OF INTER ORGANIZATION TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF GEISINGER PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 23-1512747

**Name:** HOLY SPIRIT HOSPITAL OF THE SISTERS  
OF CHRISTIAN CHARITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHRO	PA	501C3	7	N/A		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSN SVCS	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HMO	PA	501C4		GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LNGTM CARE	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSN SVCS	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSN SVCS	PA	501C3	10	HSHS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	10	GC		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 26-0812968	EDUCATION	PA	501C3	2	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	GH		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	HOSPITAL	PA	501C3	3	N/A		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	HEALTHCARE	PA	501C3	3	GSL HOSP		No
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS		No
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH		No
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM		No
6550 DELILAH ROAD SUITE 304 EGG HARBOR TOWNSHIP, NJ 08234 23-3836022	HOME HEALT	NJ	501C3	10	AH SYSTEM		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KEYSTONE ACCOUNTABLE CARE ORG LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ACO	PA	N/A					No			No	
(1) LIFESOURCE GEISINGER BLOOD CTR LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
(2) GEISINGER ENCOMPASS HEALTH LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
(3) EVANGELICAL-GEISINGER HEALTH LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
(4) LEMED II  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
(5) GEISINGER-SCA HOLDINGS LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	
(6) CAMP HILL AMBULATORY CENTERS  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	HSH	RELATED	374,767	1,953,117		No		Yes		51 000 %
(7) GRANDVIEW SURGERY CENTER LTD  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
(8) LACKAWANNA PHYS AMB SURG CTRLLC  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
(9) SOUTHERN JERSEY ONCOLOGY PROPERTIES  2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
(10) ATLANTICARE SURGERY CENTER LLC  2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
(11) COOPERATIVE HEALTH SRVS OF S JERSEY  1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	
(12) GEISINGER-HM JOINT VENTURE LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 83-1871064	HEALTHCARE	PA	N/A					No			No	
(13) KEYSTONE HEALTHCARE PARTNERSHIP LLC  901 HUGH WALLIS ROAD LAFAYETTE, LA 70508 83-3134941	HOME HLTH	PA	N/A					No			No	
(14) SOUTHERN JERSEY MEDICAL PROPERTIES  2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 38-3830843	REAL ESTAT	NJ	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A						No
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A						No
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A						No
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A						No
(4) GEISINGER ASSURANCE COMPANY LTD 23 LINE TREE BAY AVE PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A						No
(5) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes	
(6) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A						No
(7) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A						No
(8) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A						No
(9) GNJ PHYSICIANS GROUP PC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSIC SVC	NJ	N/A						No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GEISINGER ASSURANCE COMPANY LTD	M	1,220,738	GAAP
(1)	GEISINGER CLINIC	L	399,655	GAAP
(2)	GEISINGER CLINIC	M	253,424	GAAP
(3)	GEISINGER CLINIC	P	1,365,073	GAAP
(4)	GEISINGER COMMUNITY MEDICAL CENTER	L	651	GAAP
(5)	GEISINGER HEALTH	C	14,848,309	GAAP
(6)	GEISINGER HEALTH	L	1,704	GAAP
(7)	GEISINGER HEALTH PLAN	L	26,531,716	GAAP
(8)	GEISINGER LEWISTOWN HOSPITAL	L	10,136	GAAP
(9)	GEISINGER LEWISTOWN HOSPITAL	M	40	GAAP
(10)	GEISINGER MEDICAL CENTER	M	3,299,383	GAAP
(11)	GEISINGER MEDICAL CENTER	L	3,245	GAAP
(12)	GEISINGER RISK RETENTION GROUP	P	1,158,568	GAAP
(13)	GEISINGER SYSTEM SERVICES	M	18,005,394	GAAP
(14)	GEISINGER WYOMING VALLEY MEDICAL CE	L	1,962	GAAP
(15)	GEISINGER WYOMING VALLEY MEDICAL CE	M	569	GAAP
(16)	HOLY SPIRIT CORPORATION	L	14,635	GAAP
(17)	HOLY SPIRIT CORPORATION	K	1,112,094	GAAP
(18)	HOLY SPIRIT HEALTH SYSTEM	L	10,941	GAAP
(19)	HOLY SPIRIT HEALTH SYSTEM	M	473,201	GAAP
(20)	HOLY SPIRIT VENTURES INC	L	14,635	GAAP
(21)	HOLY SPIRIT VENTURES INC	K	571,776	GAAP
(22)	ISS SOLUTIONS INC	M	5,866,788	GAAP
(23)	SPIRIT PHYSICIAN SERVICES INC	L	270,932	GAAP
(24)	SPIRIT PHYSICIAN SERVICES INC	M	14,462,802	GAAP

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b> SPIRIT PHYSICIAN SERVICES INC	A	398,539	GAAP
<b>(1)</b> WEST SHORE ADVANCED LIFE SUPPORT	M	255,677	GAAP