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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

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

GEISINGER HEALTH

Doing business as

GEISINGER HEALTH FOUNDATION

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

F Name and address of principal officer

JAEWON RYU MD JD

100 N ACADEMY AVE MC 22-01

DANVILLE, 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)

H(c) Group exemption number ▶

D Employer identification number

23-1995911

E Telephone number

(570) 271-6624

G Gross receipts \$ 87,421,627

I Tax-exempt status

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

J Website: ▶ WWW GEISINGER ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile PA

Part I

Summary

Activities & Governance

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

TO ENSURE GEISINGER AFFILIATE ENTITIES HAVE ADEQUATE FINANCIAL RESOURCES TO FULFILL THEIR MISSIONS AND TO INITIATE AND ADMINISTER GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL GEISINGER ENTITIES

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

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

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

Revenue

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

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

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

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

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

Prior Year

9,904,516

Current Year

9,678,978

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,430,445

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

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

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Prior Year

21,529,182

Current Year

11,251,018

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

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

Beginning of Current Year

2,227,901,843

End of Year

2,326,288,240

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

2020-07-13

Date

KEVIN V ROBERTS MBA CPA EVP, CFO, 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

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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  
 GEISINGER HEALTH SERVES TO ENSURE GEISINGER AFFILIATE ENTITIES HAVE ADEQUATE FINANCIAL RESOURCES TO FULFILL THEIR MISSIONS AND TO INITIATE AND ADMINISTER GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL GEISINGER ENTITIES

**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

<b>4a</b>	(Code )	(Expenses \$ 19,910,728	including grants of \$ 11,251,018 )	(Revenue \$ 8,314,500 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses</b>	19,910,728		
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b> Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b> Yes	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

**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> . . . . .	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 Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<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	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<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> . . . . .	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> . . . . .	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> . . . . .	26	No
<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> . . . . .	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> . . . . .	28a Yes	
<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> . . . . .	28b	No
<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> . . . . .	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 Yes	
<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 Yes	
<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> . . . . .	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> . . . . .	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> . . . . .	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> . . . . .	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> . . . . .	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 18	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 1	
<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>	65		
<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>	No
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>	
<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>	Yes
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<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>	Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes
<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>12a</b>	
<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? If "No," provide an explanation in Schedule O . . . .				<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

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

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

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: FL, KY, MA, MI, MN, NJ, NY, PA, MD

**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 ☐ 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  
 ► SCOTT GALLAGHER AVP FINANCE 100 NORTH ACADEMY AVENUE MC 49-52 DANVILLE, PA 17822 (570) 214-3612

## 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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,199,837	19,557,991	4,068,058

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYHARE LLC, 16 DEVON RD NEWTOWN, PA 18940	CONSULTING	404,689
WYOU TV22, 62 SOUTH FRANKLIN ST WILKESBARRE, PA 18701	TV PROMOTION	118,900

**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 **▶ 2**



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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

2,713

b

Membership dues

1b

c

Fundraising events

1c

533,626

d

Related organizations

1d

e

Government grants (contributions)

1e

f

All other contributions, gifts, grants, and similar amounts not included above

1f

9,142,639

g

Noncash contributions included in lines 1a - 1f \$

189,318

h

Total. Add lines 1a-1f

9,678,978

Program Service Revenue

2a

INTERCOMPANY REVENUE

Business Code

541900

8,314,500

8,314,500

b

c

d

e

f

All other program service revenue

g

Total. Add lines 2a-2f

8,314,500

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

1,322,576

1,322,576

4

Income from investment of tax-exempt bond proceeds

5

Royalties

6a

Gross rents

(i) Real

(ii) Personal

b

Less rental expenses

c

Rental income or (loss)

d

Net rental income or (loss)

7a

Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

67,776,850

b

Less cost or other basis and sales expenses

c

Gain or (loss)

67,776,850

d

Net gain or (loss)

67,776,850

67,776,850

8a

Gross income from fundraising events (not including \$ 533,626 of contributions reported on line 1c) See Part IV, line 18

a

258,875

b

Less direct expenses

b

298,246

c

Net income or (loss) from fundraising events

-39,371

-39,371

9a

Gross income from gaming activities See Part IV, line 19

a

69,848

b

Less direct expenses

b

c

Net income or (loss) from gaming activities

69,848

69,848

10a

Gross sales of inventory, less returns and allowances

a

b

Less cost of goods sold

b

c

Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

11a

b

c

d

All other revenue

e

Total. Add lines 11a-11d

12

Total revenue. See Instructions

87,123,381

8,314,500

69,129,903

Form 990 (2018)

**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.	11,251,018	11,251,018		
<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.	632,948	545,765	35,035	52,148
<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).				
<b>7</b> Other salaries and wages.	2,867,890	2,472,867	158,743	236,280
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	100,341	86,520	5,554	8,267
<b>9</b> Other employee benefits.	567,000	488,901	31,385	46,714
<b>10</b> Payroll taxes.	238,931	206,020	13,225	19,686
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	11,832		11,832	
<b>c</b> Accounting.	803		803	
<b>d</b> Lobbying.	26,167		26,167	
<b>e</b> Professional fundraising services. See Part IV, line 17.	505,915			505,915
<b>f</b> Investment management fees.	2,217,799	2,217,799		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,111,578	696,255		415,323
<b>12</b> Advertising and promotion.	1,162,099	567,478	60,456	534,165
<b>13</b> Office expenses.	583,467	429,755		153,712
<b>14</b> Information technology.	8,724	4,872	1,269	2,583
<b>15</b> Royalties.				
<b>16</b> Occupancy.	258,003	222,466	14,281	21,256
<b>17</b> Travel.	138,900	66,182		72,718
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	15,149	14,747		402
<b>20</b> Interest.	532,284	532,284		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	1,189	1,025	66	98
<b>23</b> Insurance.	136,347		136,347	
<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> INTERCOMPANY EXPENSES	842,522	6,138	718,024	118,360
<b>b</b> RECRUITMENT	201,882			201,882
<b>c</b> BOOKS, LICENSES, FEES, DUES	172,329	100,636	30,757	40,936
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	23,585,117	19,910,728	1,243,944	2,430,445
<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 . . . . .	1,438,523	<b>1</b>	1,695,607
	<b>2</b> Savings and temporary cash investments . . . . .	61,693,727	<b>2</b>	6,065,387
	<b>3</b> Pledges and grants receivable, net . . . . .	3,587,315	<b>3</b>	3,140,247
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<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 . . . . .		<b>5</b>	
	<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 . . . . .	15,030	<b>7</b>	7,693
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	35,000	<b>9</b>	158,270
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 60,179		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 58,990	2,379	<b>10c</b> 1,189
	<b>11</b> Investments—publicly traded securities . . . . .	292,772,686	<b>11</b>	276,443,651
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,862,957,183	<b>12</b>	2,038,773,016
	<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 . . . . .	5,400,000	<b>15</b>	3,180
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,227,901,843	<b>16</b>	2,326,288,240	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	146,986	<b>17</b>	10,219,756
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	52,667,589
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	11,054,854	<b>23</b>	9,891,736
	<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 . . . . .	3,762,137	<b>25</b>	23,381,087
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	14,963,977	<b>26</b>	96,160,168
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,090,412,542	<b>27</b>	2,106,138,794
	<b>28</b> Temporarily restricted net assets . . . . .	47,904,075	<b>28</b>	46,797,990
	<b>29</b> Permanently restricted net assets . . . . .	74,621,249	<b>29</b>	77,191,288
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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> <b>Total net assets or fund balances</b> . . . . .	2,212,937,866	<b>33</b>	2,230,128,072	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	2,227,901,843	<b>34</b>	2,326,288,240	

**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>	87,123,381
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,585,117
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	63,538,264
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,212,937,866
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,854,752
<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>	-70,202,810
<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>	2,230,128,072

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<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?		No
<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		

**Software ID:**  
**Software Version:**  
**EIN:** 23-1995911  
**Name:** GEISINGER HEALTH

Form 990 (2018)

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

SEE SCHEDULE O I MISSION, VISION, VALUES - GEISINGERS PURPOSE EVERYTHING WE DO IS ABOUT CARING FOR OUR PATIENTS, OUR MEMBERS, OUR GEISINGER FAMILY OF PHYSICIANS AND EMPLOYEES, AND OUR COMMUNITIES - AT GEISINGER WE VALUE KINDNESS - WE STRIVE TO TREAT EVERYONE AS WE WOULD HOPE TO BE TREATED OURSELVES EXCELLENCE WE TREASURE COLLEAGUES WHO HUMBLY STRIVE FOR EXCELLENCE LEARNING WE SHARE OUR KNOWLEDGE WITH THE BEST AND BRIGHTEST TO BETTER PREPARE THE CAREGIVERS OF TOMORROW INNOVATION WE CONSTANTLY SEEK NEW AND BETTER WAYS TO CARE FOR OUR PATIENTS, OUR MEMBERS, OUR COMMUNITIES AND THE NATION II GENERAL INFORMATION GEISINGER HEALTH (GH), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE FORTY-TWO GEISINGER AFFILIATED ENTITIES (THIRTY-FIVE NOT-FOR-PROFIT ENTITIES, SEVEN FOR PROFIT ENTITIES AND TWO FOREIGN CORPORATIONS) AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GH IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER NOT-FOR-PROFIT ENTITIES THE AFFILIATED ENTITIES OF GH ARE - GEISINGER MEDICAL CENTER (GMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A REGIONAL REFERRAL TERTIARY CARE MEDICAL CENTER IN DANVILLE, PENNSYLVANIA, A SEPARATE OUTPATIENT AMBULATORY CAMPUS ON WOODBINE LANE, DANVILLE, PENNSYLVANIA, AND GEISINGER SHAMOKIN AREA COMMUNITY HOSPITAL (GSACH) WHICH IS A CAMPUS OF GEISINGER MEDICAL CENTER IN SHAMOKIN, PENNSYLVANIA - COMMUNITY MEDICAL CENTER, DBA GEISINGER-COMMUNITY MEDICAL CENTER(CMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE HOSPITAL IN SCRANTON, PENNSYLVANIA COMMUNITY MEDICAL CENTER HOLDS A 51% MEMBERSHIP INTEREST IN GEISINGER SCA HOLDINGS, LLC, A DELAWARE LIMITED LIABILITY COMPANY AND JOINT VENTURE WITH SCA PENNSYLVANIA HOLDINGS, LLC, WHICH IN TURN IS THE MAJORITY OWNER OF LACKAWANNA PHYSICIANS AMBULATORY SURGERY CENTER, LLC,DOING BUSINESS AS NORTH EAST SURGERY CENTER - GEISINGER-BLOOMSBURG HOSPITAL (GBH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR- PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED ACUTE- CARE HOSPITAL IN BLOOMSBURG, PENNSYLVANIA - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE, COMMUNITY HOSPITAL IN WILKES-BARRE, PENNSYLVANIA, AND GEISINGER SOUTH WILKES-BARRE CAMPUS(GSWB) WHICH IS AN AMBULATORY CAMPUS LOCATED IN SOUTH WILKES-BARRE, PENNSYLVANIA - GEISINGER-LEWISTOWN HOSPITAL (GLH), IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED ACUTE-CARE HOSPITAL IN LEWISTOWN, PENNSYLVANIA - HOLY SPIRIT HOSPITAL OF THE SISTER OF CHRISTIAN CHARITY (HSH), DBA GEISINGER HOLY SPIRIT, IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE-CARE, COMMUNITY-BASED HOSPITAL IN CAMP HILL, PENNSYLVANIA - GEISINGER CLINIC (GC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP MEDICAL PRACTICE GEISINGER CLINIC PROVIDES PHYSICIAN STAFF FOR PATIENT CARE, EDUCATION AND CLINICAL RESEARCH, OPERATES CARESITE PHARMACIES AND CAREWORKS CONVENIENT CARE CLINICS - FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL (FHA) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI- SPECIALTY GROUP PRACTICE IN LEWISTOWN, PENNSYLVANIA - SPIRIT PHYSICIANS SERVICES, INC , (SPSI)(DOING BUSINESS AS GEISINGER HOLY SPIRIT MEDICAL GROUP) IS A PENNSYLVANIA 501(C)(3) AND 509(A)(2) NONPROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP PRACTICE IN HARRISBURG, PENNSYLVANIA AND SURROUNDING COMMUNITIES - MARWORTH (MW) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT RESIDENTIAL ALCOHOL AND CHEMICAL DEPENDENCY DETOXIFICATION AND REHABILITATION FACILITY IN WAVERLY, PENNSYLVANIA, WITH AN INPATIENT CENTER AND OUTPATIENT AND FAMILY ADDICTION TREATMENT PROGRAMS - GEISINGER COMMUNITY HEALTH SERVICES (GCHS), A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION, OWNS AND OPERATES HOME CARE AND HOSPICE PROGRAMS AND HEALTH CARE SERVICES IN A PATIENT'S HOME OR PLACE OF RESIDENCE THE HOME HEALTH AND HOSPICE PROGRAMS BECAME PART OF A JOINT VENTURE EFFECTIVE APRIL 1, 2019 - GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), A PENNSYLVANIA 501 (C)(3) NOT-FOR-PROFIT, OPERATED A LONG-TERM CARE NURSING HOME LOCATED IN BLOOMSBURG, PENNSYLVANIA THE FACILITY WAS SOLD JANUARY 31, 2018 - MOUNTAIN VIEW NURSING HOME, INC (MVNH) DBA MOUNTAIN VIEW CARE CENTER, A PENNSYLVANIA 501 (C)(3) NOT-FOR-PROFIT ENTITY OPERATED A LONG-TERM CARE, SKILLED NURSING, AND REHABILITATION FACILITY WHICH PROVIDED SKILLED NURSING CARE IN SCRANTON, PENNSYLVANIA THE FACILITY WAS SOLD JANUARY 31, 2018 - WEST SHORE ADVANCED LIFE SUPPORT SERVICES, INC (WSALS) (DOING BUSINESS AS GEISINGER EMS), IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH PROVIDES AMBULANCE AND MEDICAL TRANSPORT SERVICES ACROSS CENTRAL PENNSYLVANIA - GEISINGER HEALTH PLAN (GHP) IS A PENNSYLVANIA 501(C)(4) NOT-FOR-PROFIT HEALTH MAINTENANCE CORPORATION OPERATING HEALTH INSURANCE PRODUCT LINES - GEISINGER SYSTEM SERVICES IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, HEALTHCARE TRANSFORMATION, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, AND FACILITIES SERVICES TO GEISINGER AFFILIATES - KEYSTONE HEALTH INFORMATION EXCHANGE, INCORPORATED (KEYHIE), IS A PENNSYLVANIA 501(C)(3) AND 509(A)(1) NOT-FOR-PROFIT CORPORATION WHICH COLLABORATES WITH OTHER HEALTH CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH INFORMATION TECHNOLOGY FOR ALL PROVIDERS IN GEISINGER'S SERVICE AREA AND TO IMPROVE THE EXCHANGE OF HEALTH CARE INFORMATION WHEN PATIENTS TRANSITION FROM ONE HEALTH CARE SETTING TO ANOTHER - GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP (RRG) IS A NON- PROFIT CORPORATION DOMICILED IN THE STATE OF VERMONT AND REGISTERED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, TO PROVIDE PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR VARIOUS GEISINGER ENTITIES INCLUDING GEISINGER MEDICAL CENTER, GEISINGER CLINIC, GEISINGER WYOMING VALLEY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, GEISINGER-BLOOMSBURG HOSPITAL, GEISINGER-LEWISTOWN HOSPITAL, AND GEISINGER JERSEY SHORE HOSPITAL - HOLY SPIRIT HEALTH SYSTEM (HSHS) (REFERRED TO AS GEISINGER HOLY SPIRIT) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE CORPORATE PARENT FOR HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INCORPORATED, HOLY SPIRIT VENTURES, INCORPORATED, HOLY SPIRIT CORPORATION, AND WEST SHORE ADVANCED LIFE SUPPORT SERVICES INC - HOLY SPIRIT CORPORATION (HSC) IS A PENNSYLVANIA 501(C)(2) NOT-FOR-PROFIT REAL ESTATE HOLDING CORPORATION WITH PROPERTIES IN CAMP HILL, DILLSBURG AND MECHANICSBURG, INCLUDING THE MEDICAL ARTS BUILDING, AMERICAN OFFICE CENTER AND KINDER CARE CENTER - LEWISTOWN AMBULATORY CARE CORPORATION (LACC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OPERATING A REAL ESTATE HOLDING COMPANY THAT OWNS AND/OR MANAGES THE LEWISTOWN NON-HOSPITAL REAL ESTATE ASSETS - GEISINGER ASSURANCE COMPANY, LTD (GAC) IS FOR-PROFIT COMPANY DOMICILED IN THE CAYMAN ISLANDS WHICH PROVIDES REINSURANCE AGAINST LIABILITY ARISING OUT OF SYSTEM ACTIVITIES, INCLUDING MEDICAL, LEGAL AND GENERAL LIABILITY THE GEISINGER ASSURANCE COMPANY PROVIDES 100% OF THE REINSURANCE FOR THE SYSTEM'S PRIMARY LIABILITY COVERAGE - ATLANTICARE BEHAVIORIAL HEALTH, INC (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT CORPORATION PROVIDING OUTPATIENT MENTAL HEALTH, SUBSTANCE ABUSE/ADDICTION RECOVERY SERVICES AND FAMILY CARE SERVICES TO RESIDENTS OF SOUTHEASTERN NEW JERSEY - ATLANTICARE FOUNDATION (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT CHARITABLE FUNDRAISING ORGANIZATION - ATLANTICARE HEALTH ENGAGEMENT, INC (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT CORPORATION PROVIDING WELLNESS AND TRANSFORMATION SERVICES TO ATLANTICARE REGIONAL MEDICAL CENTER, INC , ATLANTICARE PHYSICIAN GROUP AND ATLANTICARE HEALTH SOLUTIONS, INC - ATLANTICARE HEALTH SERVICES, INC IS A NEW JERSEY 501(C)(3) NOT-FOR- PROFIT CORPORATION PROVIDING HOSPICE, OUTPATIENT LAB, HOME CARE SERVICES AS WELL AS OPERATING A MEDICALLY INTEGRATED FITNESS CENTER AND LEASING SURGICAL AND MEDICAL OFFICE SUITES - ATLANTICARE HEALTH SYSTEM, INC (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS AND IS THE SOLE MEMBER OF ATLANTICARE REGIONAL HEALTH SERVICES, INC , ATLANTICARE FOUNDATION, ATLANTICARE HEALTH ENGAGEMENT, INC , AND ATLANTICARE HEALTH SOLUTIONS, INC - ATLANTICARE REGIONAL M

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			
CHRISTOPHER B SULLIVAN ..... DIRECTOR	0 50 ..... 0 25	X						0	0	0
GAIL R WILENSKY PHD ..... DIRECTOR	0 50 .....	X						0	0	0
HEATHER M ACKER ..... DIRECTOR, VI	0 50 ..... 0 25	X						0	0	0
JEFFREY A JACOBSON ..... DIRECTOR	0 50 ..... 3 25	X						0	0	0
JOHN C BRAVMAN PHD ..... DIRECTOR, CH	0 50 ..... 0 25	X		X				0	0	0
JOSEPH JOHN BRIDY ..... DIRECTOR	0 50 .....	X						0	0	0
KAREN DAVIS PHD ..... DIRECTOR	0 50 ..... 0 25	X						0	0	0
MICHAEL CHARLTON ..... DIRECTOR	0 50 ..... 0 25	X						0	0	0
PAMELA D KEHALY ..... DIRECTOR	0 50 ..... 0 25	X						0	0	0
ROBERT J DIETZ ..... DIRECTOR	0 50 ..... 4 25	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			
ROBERT E POOLE ..... DIRECTOR	0 25 .....	X						0	0	0
THOMAS H LEE JR MD MSC ..... DIRECTOR	0 50 .....	X						0	0	0
VIRGINIA MCGREGOR ..... DIRECTOR	0 25 0 50 .....	X						0	0	0
WILLIAM R GRUVER ..... DIRECTOR	4 00 0 50 .....	X						0	0	0
WILLIAM E SORDONI ..... DIRECTOR	0 50 .....	X						0	0	0
EUGENE M ARNONE ..... DIRECTOR	0 50 .....	X						0	0	0
JAEWON RYU MD JD ..... INTERIM PRES	40 00 .....	X		X				0	1,422,096	305,781
DAVID T FEINBERG MD MBA ..... PRES, CEO,DI	40 00 .....	X		X				0	3,584,621	1,183,261
DANIEL E LOHR ESQUIRE ..... ACLO, ASST S	40 00 .....			X				0	384,282	45,980
DAVID J FELICIO ESQUIRE ..... EVP, CLO, SE	40 00 .....			X				0	918,533	219,341

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			
DAVID H LEDBETTER PHD FACMG ..... EVP,CH SCI	..... 40 00			X				0	1,226,356	258,632
DOMINIC MOFFA MBA FACHE ..... EVP, CH STR	..... 40 00			X				0	971,721	249,263
KAREN MURPHY RN PHD ..... EVP,CHIEF IN	..... 40 00			X				0	680,347	162,720
LORI R GRAMLEY ESQUIRE ..... ACLO, ASST S	..... 40 00			X				0	220,016	24,771
STEVEN J SCHEINMAN MD ..... EVP, CAO, DE	..... 40 00			X				0	943,041	148,255
STEVEN R YOUSO ..... EVP, INSURAN	..... 40 00			X				0	1,713,650	231,760
SUSAN M ROBEL RNC BSN MHA ..... EVP, CNO	..... 40 00			X				0	693,519	173,386
AMY B BRAYFORD ..... EVP,CH OF ST	..... 40 00			X				0	1,123,879	217,992
KEVIN V ROBERTS MBA CPA ..... EVP, CFO, TR	..... 40 00			X				0	1,132,816	345,222
EDELYN L MILLER ..... EVP,CAO,CLIN	..... 40 00			X				0	1,248,958	267,108



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			
ROBIN ENDICOTT ..... VP, PHILANTH	40 00 .....				X			225,995	0	24,753
NANCY G LAWTON-KLUCK ..... CH PHILANTH	40 00 .....				X			335,859	0	49,386
BRIAN E EBERSOLE ..... SENIOR DIREC	40 00 .....					X		96,216	50,938	27,893
CAROL RHEAM TEVIS ..... SYSTEM DIREC	40 00 .....					X		131,177	0	16,508
CLAIR J BARBER ..... AVP, GIFT PL	40 00 .....					X		162,585	0	10,992
CRYSTAL A QUINTIN ..... REGIONAL DIR	40 00 .....					X		122,256	0	8,278
MARK J LICHTENFELD ..... AVP,GEISINGE	40 00 .....					X		125,749	0	37,871
JOANNE E WADE ..... FORMER OFFIC	..... 40 00						X	0	657,860	7,950
KEVIN F BRENNAN CPA FHFMA ..... FORMER OFFIC	..... 40 00						X	0	1,020,252	29,604
EARL P STEINBERG MD MPP ..... FORMER OFFIC	..... 40 00						X	0	735,661	14,916



<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> GEISINGER HEALTH		<b>Employer identification number</b> 23-1995911

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	94,194,751	577,656,675	71,461,949	9,904,516	9,678,978	762,896,869
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	94,194,751	577,656,675	71,461,949	9,904,516	9,678,978	762,896,869
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						762,896,869

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	94,194,751	577,656,675	71,461,949	9,904,516	9,678,978	762,896,869
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,645,026	33,789,414	476,483	497,616	1,322,576	69,731,115
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	542,537	430,947	426,083	373,681	328,723	2,101,971
11	<b>Total support.</b> Add lines 7 through 10						834,729,955
12	Gross receipts from related activities, etc (see instructions)					12	46,237,123
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 91.390 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 87.830 %
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

**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 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 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 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? <i>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.</i>	<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)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<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? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<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? <i>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.</i>	<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)? <i>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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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).</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

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

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

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

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

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



Part V

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

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

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

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	2014 - FUNDRAISING 423,359 2014 - GAMING 117,813 2014 - PHEAA WORK STUDY 1,365 2015 - FUNDRAISING 317,573 2015 - GAMING 112,327 2015 - PHEAA WORK STUDY 1,047 2016 - FUNDRAISING 348,050 2016 - GAMING 78,033 2017 - FUNDRAISING 287,071 2017 - GAMING 86,610 2018 - FUNDRAISING 258,875 2018 - GAMING 69,848

**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 GEISINGER HEALTH	<b>Employer identification number</b> 23-1995911
--	---

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

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

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

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

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 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?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		26,167
<b>j</b>	Total. Add lines 1c through 1i			26,167
<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 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  
GEISINGER HEALTH

Employer identification number  
23-1995911

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	370,396,000	364,612,000	104,316,000	106,772,000	106,445,000
b Contributions	2,213,000	954,000	253,720,000	3,027,000	5,503,000
c Net investment earnings, gains, and losses	4,882,000	8,483,000	10,396,000	-2,009,000	-1,560,000
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,933,000	-3,653,000	-3,820,000	-3,474,000	-3,616,000
f Administrative expenses					
g End of year balance	373,558,000	370,396,000	364,612,000	104,316,000	106,772,000

2

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

a

Board designated or quasi-endowment

74 400 %

b

Permanent endowment

21 360 %

c

Temporarily restricted endowment

4 240 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		60,179	58,990	1,189
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,189

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 . . . . .	2,038,773,016	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	2,038,773,016	

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INVESTMENT IN JOINT VENTURE	20,100,000
ANNUITIES PAYABLE	2,025,568
AMOUNT DUE TO AFFILIATES	1,255,519
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	23,381,087

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 <b>1</b>			
<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 <b>1</b> :			
<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:** 23-1995911  
**Name:** GEISINGER HEALTH

**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

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	<p>EFFECTIVE JULY 1, 2007, GEISINGER(1) ADOPTED ACCOUNTING STANDARDS CODIFICATION 740 (FIN 48 ), (FORMERLY KNOWN AS "STATEMENT 109 ACCOUNTING FOR INCOME TAXES- OR "FAS 109") FIN 48 CLARIFIES 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 RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERTAINTIES WITH RESPECT 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 GEISINGER 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</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER HEALTH

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► 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**

**Employer identification number**  
23-1995911

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		68,035,666
<b>3a</b> Sub-total					68,035,666
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					68,035,666

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No



**Part V**   **Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 68,035,666

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493195027150																																																																																														
SCHEDULE G (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service		Supplemental Information Regarding Fundraising or Gaming Activities  Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information			OMB No 1545-0047																																																																																													
					2018																																																																																													
					Open to Public Inspection																																																																																													
Name of the organization GEISINGER HEALTH				Employer identification number 23-1995911																																																																																														
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.																																																																																																		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.																																																																																																		
a <input checked="" type="checkbox"/> Mail solicitations		e <input checked="" type="checkbox"/> Solicitation of non-government grants																																																																																																
b <input checked="" type="checkbox"/> Internet and email solicitations		f <input checked="" type="checkbox"/> Solicitation of government grants																																																																																																
c <input checked="" type="checkbox"/> Phone solicitations		g <input checked="" type="checkbox"/> Special fundraising events																																																																																																
d <input checked="" type="checkbox"/> In-person solicitations																																																																																																		
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																		
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization																																																																																																		
<table><tr><th rowspan="2">(i) Name and address of individual or entity (fundraiser)</th><th rowspan="2">(ii) Activity</th><th colspan="2">(iii) Did fundraiser have custody or control of contributions?</th><th rowspan="2">(iv) Gross receipts from activity</th><th rowspan="2">(v) Amount paid to (or retained by) fundraiser listed in col (i)</th><th rowspan="2">(vi) Amount paid to (or retained by) organization</th></tr><tr><th>Yes</th><th>No</th></tr><tr><td>GRAYHARE LLC 16 DEVON RD  NEWTOWN, PA 18940</td><td>CONSULTING</td><td></td><td>No</td><td></td><td>266,698</td><td>-266,698</td></tr><tr><td>JUDY H GRAHAM LLC 275 MEADOWSWEET DRIVE  STATE COLLEGE, PA 16810</td><td>CONSULTING</td><td></td><td>No</td><td></td><td>195,697</td><td>-195,697</td></tr><tr><td>RUFFALO NOEL LEVITZ PO BOX 718  DES MOINES, IA 503030718</td><td>CONSULTING</td><td></td><td>No</td><td></td><td>36,935</td><td>-36,935</td></tr><tr><td>JONATHON G TIDD 325 NORTH FLYNN JANS COURT WEST  PEARCE, AZ 85625</td><td>CONSULTING</td><td></td><td>No</td><td></td><td>6,585</td><td>-6,585</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">Total ▶</td><td></td><td>505,915</td><td>-505,915</td></tr></table>						(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	Yes	No	GRAYHARE LLC 16 DEVON RD  NEWTOWN, PA 18940	CONSULTING		No		266,698	-266,698	JUDY H GRAHAM LLC 275 MEADOWSWEET DRIVE  STATE COLLEGE, PA 16810	CONSULTING		No		195,697	-195,697	RUFFALO NOEL LEVITZ PO BOX 718  DES MOINES, IA 503030718	CONSULTING		No		36,935	-36,935	JONATHON G TIDD 325 NORTH FLYNN JANS COURT WEST  PEARCE, AZ 85625	CONSULTING		No		6,585	-6,585																																																		Total ▶					505,915	-505,915
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)			(vi) Amount paid to (or retained by) organization																																																																																										
		Yes	No																																																																																															
GRAYHARE LLC 16 DEVON RD  NEWTOWN, PA 18940	CONSULTING		No		266,698	-266,698																																																																																												
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JONATHON G TIDD 325 NORTH FLYNN JANS COURT WEST  PEARCE, AZ 85625	CONSULTING		No		6,585	-6,585																																																																																												
Total ▶					505,915	-505,915																																																																																												
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing  FL, KY, MA, NJ, NY, PA, VA, MN, MI, MD																																																																																																		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018																																																																																																		

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>GWV GOLF TOURNA</u> (event type)	<u>HSH GOLF TOURNA</u> (event type)	<u>18</u> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	89,820	85,866	610,832	786,518
	<b>2</b> Less Contributions . . . . .	72,120	80,743	375,355	528,218
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	17,700	5,123	235,477	258,300
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	490		16,447	16,937
	<b>6</b> Rent/facility costs . . . . .	9,486	3,150		12,636
	<b>7</b> Food and beverages . . . . .	6,713			6,713
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	40,269	2,258	207,365	249,892
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				286,178
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-27,878	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .			69,848	69,848
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				69,848

**9** Enter the state(s) in which the organization conducts gaming activities PA

**a** Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>13</b> Indicate the percentage of gaming activity conducted in	
<b>a</b> The organization's facility	<b>13a</b> 80 000 %
<b>b</b> An outside facility	<b>13b</b> 20 000 %
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records	

Name ► LINDA J VAJI

Address ► 100 NORTH ACADEMY AVENUE MC 24-20  
DANVILLE, PA 178212576

<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____	
<b>c</b> If "Yes," enter name and address of the third party	

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► NANCY LAWTON-KLUCK

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► CHIEF PHILANTHROPY OFFICER

☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Return Reference	Explanation
SCHEDULE G, PART IV	THE GAMING MANAGER IS NOT COMPENSATED SPECIFICALLY FOR GAMING ACTIVITIES, THESE ACTIVITIES ARE ONLY A SMALL PERCENTAGE OF HER RESPONSIBILITIES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER HEALTH

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

**Employer identification number**  
23-1995911

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **33**

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	GEISINGER HEALTH DOES NOT AWARD GRANTS, GEISINGER HEALTH PROVIDES ASSISTANCE IN THE FORM OF CHARITABLE CONTRIBUTIONS TO TAX-EXEMPT ORGANIZATIONS THAT QUALIFY FOR 501 (C)(3)STATUS UNDER THE INTERNAL REVENUE CODE, LIMITED 501(C)(4) ORGANIZATIONS BASED ON EXPLICIT CRITERIA, PUBLIC BENEFIT OR NON-EXEMPT ORGANIZATIONS WHOSE ACTIVITIES FURTHER THE EXEMPT PURPOSE OF GEISINGER HEALTH GEISINGER HEALTH NOTIFIES THE PUBLIC BENEFIT OR NON-EXEMPT ORGANIZATIONS OF THE INTENT AND PURPOSE OF THE CHARITABLE CONTRIBUTION ORGANIZATIONS SEEKING SUPPORT MUST DEMONSTRATE THAT THEY EFFECTIVELY MEET AN IMPORTANT COMMUNITY NEED

Additional Data

Software ID:  
Software Version:  
EIN: 23-1995911  
Name: GEISINGER HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER JERSEY SHORE HOSPITAL 1020 THOMPSON JERSEY SHORE, PA 17740	24-0792115	3	19,877				CAPITAL/PROG SERVICE
GEISINGER WYOMING VALLEY MED CTR 1000 EAST MOUNTAIN DRIVE WILKES BARRE, PA 187110027	23-1996150	3	887,094				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	24-0795959	3	2,647,057				CAPITAL/PROG SERVICE
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-6291113	3	2,757,624				CAPITAL/PROG SERVICE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-2164794	3	155,707				CAPITAL/PROG SERVICE
MARWORTH PO BOX 36 WAVERLY, PA 184717736	23-2171417	3	29,912				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2193572	3	91,955				CAPITAL/PROG SERVICE
COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2279376	3	2,871,021				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2967235	3	479,801				CAPITAL/PROG SERVICE
GEISINGER LEWISTOWN HOSPITAL 400 HIGHLAND AVENUE LEWISTOWN, PA 17044	23-1352187	3	176,387				CAPITAL PROG/SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER COMMONWEALTH SCHOOL OF ME 525 PINE STREET SCRANTON, PA 18509	26-0812968	3	18,816				CONTRIBUTION SUPPORT
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2311553	4	43,029				CAPITAL PROG/SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CARE IMPROVEMENT TEN PENN CENTER 1801 MARKET ST STE 710 PHILADELPHIA, PA 19103	23-2152039	3	25,000				CONTRIBUTION SUPPORT
COUNTRYSIDE CONSERVANCY PO BOX 55 LA PLUME, PA 184400055	23-2787790	3	10,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RAND CORP OFFICE OF DEVELOPMENT 1776 MAIN ST PO BOX 2138 SANTA MONICA, CA 904072138	95-1958142	3	30,000				CONTRIBUTION SUPPORT
HOLY SPIRIT HOSPITAL 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1512747	3	269,814				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPIRIT PHYSICIAN SERVICES INC 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	25-1766971	3	18,325				CAPITAL/PROG SERVICE
PA'S STATE SYSTEM OF HIGH EDUC FOUN 2986 N 2ND STREET HARRISBURG, PA 17110	22-2686249	3	20,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEMOCRACY COLLABORATIVE 1422 EUCLID AVENUE STE 1652 CLEVELAND, OH 44115	20-0387511	3	10,000				CONTRIBUTION SUPPORT
BEYOND VIOLENCE 1612 WALNUT STREET BERWICK, PA 18603	23-2899786	3	10,000				CONTRIBUTION SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS IN THE HEART OF PA 350 HALE AVENUE HARRISBURG, PA 17104	24-0795960	3	10,000				CONTRIBUTION SUPPORT
FOUNDATION OF PA MEDICAL SOCIETY 777 EAST PARK DRIVE PO BOX 8820 HARRISBURG, PA 17105	37-1732501	3	15,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LACKAWANNA HERITAGE VALLEY AUTHORITY 213 SOUTH 7TH AVENUE SCRANTON, PA 18505	23-2745483	GOV	25,000				CONTRIBUTION SUPPORT
AMERICUS HOSE COMPANY 100 LINDEN STREET PO BOX 675 SUNBURY, PA 17801	24-0512220	4	8,415				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIPARTISAN POLICY CENTER 1225 EYE STREET NW SUITE 1000 WASHINGTON, DC 20005	73-1628382	3	100,000				CONTRIBUTION SUPPORT
BOROUGH OF LEWISBURG 55 SOUTH FIFTH STREET LEWISURG, PA 17837	24-6000616	GOV	15,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANOVER TWNSHP COMMUNITY AMBULANCE 1001 CENTER STREET HANOVER TOWNSHIP, PA 18706	23-2716811	3	15,000				CONTRIBUTION SUPPORT
MILLVILLE BOROUGH 136 MOREHEAD AVENUE PO BOX 30 MILLVILLE, PA 17846	24-6002559	GOV	10,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKESBARRE, PA 18702	20-3531527	3	40,000				CONTRIBUTION SUPPORT
THINKBIG PEDIATRIC CANCER FUND 225 COLUMBIA MALL DRIVE SUITE 61 BLOOMSBURG, PA 17815	47-1955469	3	25,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMGA FOUNDATION ONE PRINCE STREET ALEXANDRIA, VA 22314	54-6059304	3	25,000				CONTRIBUTION SUPPORT
NICHOLAS WOLFF FOUNDATION INC CAMP VICTORY 58 CAMP VICTORY ROAD MILLVILLE, PA 17846	23-2481065	3	14,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS HOSE CO OF JERSEY SHORE PO BOX 5086 JERSEY SHORE, PA 17740	23-1967558	3	7,500				CONTRIBUTION SUPPORT
DRIVE (COUNCIL OF GOVERNMENTS)	47-4155853	4	203,153				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY COLUMBIA MONTGOMERY COUNTY PO BOX 313 BLOOMSBURG, PA 17815	24-0840626	3	6,596				CONTRIBUTION SUPPORT
ALL OTHER ASSISTANCE COMBINED EACH INDIVIDUALLY 5000 OR LESS DANVILLE, PA 17822		3	159,935				CONTRIBUTION SUPPORT



Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization GEISINGER HEALTH	Employer identification number 23-1995911
--	--	--

Part I Questions Regarding Compensation		Yes	No
<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.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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.	<b>1b</b>	Yes	
<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?	<b>2</b>	Yes	
<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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<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:			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<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:			
<b>a</b> The organization?	<b>5a</b>		No
<b>b</b> Any related organization?	<b>5b</b>		No
If "Yes," on line 5a or 5b, describe in Part III.			
<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:			
<b>a</b> The organization?	<b>6a</b>		No
<b>b</b> Any related organization?	<b>6b</b>		No
If "Yes," on line 6a or 6b, describe in Part III.			
<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.	<b>7</b>		No
<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.	<b>8</b>		No
<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)?	<b>9</b>		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

See Additional Data Table**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	FIRST CLASS TRAVEL - FROM TIME TO TIME, FIRST CLASS TRAVEL EXPENSES ARE REIMBURSED FOR A GEISINGER DIRECTOR TRAVELING TO/FROM BOARD MEETINGS. THE EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	DAVID J FELICIO, ESQUIRE 0 74,220 0 DAVID H LEDBETTER, PHD, FACMG 0 194,899 0 STEVEN J SCHEINMAN, MD 0 54,678 0 STEVEN R YOUSO 0 686,446 0 SUSAN M ROBEL, RNC, BSN, MHA 0 108,598 0 AMY B BRAYFORD 0 70,989 0 EDELYN L MILLER 0 188,139 0 CAROL RHEAM TEVIS 60,528 0 0 CLAIR J BARBER 97,280 0 0 JOANNE E WADE 277,119 211,788 0 KEVIN F BRENNAN, CPA, FHFMA 0 248,228 0 EARL P STEINBERG, MD, MPP 398,028 0 0 DAVID P TILTON, MBA, FACHE 829,445 0 0

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: 23-1995911  
Name: GEISINGER HEALTH

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				
JAEWON RYU MD JD INTERIM PRESIDENTCEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,351,415	-----	70,681	273,817	31,964	1,727,877	-----
DAVID T FEINBERG MD MBA PRES, CEO,DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	3,371,760	100	212,761	1,158,031	25,230	4,767,882	-----
DANIEL E LOHR ESQUIRE ACLO, ASST SECTY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	361,636	-----	22,646	19,614	26,366	430,262	-----
DAVID J FELICIO ESQUIRE EVP, CLO, SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	780,508	-----	138,025	192,060	27,281	1,137,874	74,220
DAVID H LEDBETTER PHD FACMG EVP,CH SCI OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	962,710	100	263,546	220,558	38,074	1,484,988	194,899
DOMINIC MOFFA MBA FACHE EVP, CH STRATEGY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	887,386	-----	84,335	217,830	31,433	1,220,984	-----
KAREN MURPHY RN PHD EVP,CHIEF INNOVATION	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	627,684	-----	52,663	149,618	13,102	843,067	-----
LORI R GRAMLEY ESQUIRE ACLO, ASST SECTY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	217,301	-----	2,715	14,621	10,150	244,787	-----
STEVEN J SCHEINMAN MD EVP, CAO, DEAN GCSOM	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	843,859	-----	99,182	144,613	3,642	1,091,296	-----
STEVEN R YOUSO EVP, INSURANCE OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	978,780	-----	734,870	213,579	18,181	1,945,410	686,446
SUSAN M ROBEL RNC BSN MHA EVP, CNO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	543,123	-----	150,396	145,229	28,157	866,905	108,598
AMY B BRAYFORD EVP,CH OF STAFF,CHRO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,021,351	-----	102,528	189,102	28,890	1,341,871	70,989
KEVIN V ROBERTS MBA CPA EVP, CFO, TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,083,074	-----	49,742	329,614	15,608	1,478,038	-----
EDELYN L MILLER EVP,CAO,CLINICAL OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,019,495	-----	229,463	245,682	21,426	1,516,066	188,139
ROBIN ENDICOTT VP, PHILANTHROPY	(i)	217,423	-----	8,572	15,136	9,617	250,748	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
NANCY G LAWTON-KLUCK CH PHILANTHROPY OFF	(i)	328,835	-----	7,024	19,614	29,772	385,245	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
BRIAN E EBERSOLE SENIOR DIRECTOR	(i)	95,428	-----	788	4,905	12,768	113,889	-----
	(ii)	50,521	-----	417	3,461	6,759	61,158	-----
CLAIR J BARBER AVP, GIFT PLANNING	(i)	64,306	-----	98,279	3,277	7,715	173,577	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
MARK J LICHTENFELD AVP,GEISINGER HEALTH	(i)	123,240	100	2,409	6,752	31,119	163,620	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
JOANNE E WADE FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	154,083	11,441	492,336	6,623	1,327	665,810	-----

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				
KEVIN F BRENNAN CPA FHFMA FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	540,734	200,000	279,518	19,614	9,990	1,049,856	
EARL P STEINBERG MD MPP FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	289,262	43,799	402,600	11,000	3,916	750,577	
DAVID P TILTON MBA FACHE FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)			829,445	6,435		835,880	



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER HEALTH

Employer identification number  
23-1995911

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A GEISINGER AUTHORITY SERIES 2005ABC	23-2471439	368497FA6	07-07-2005	190,000,000	LOANED TO 501(C)(3)S, REFUND 09/06/2000 BONDS		X		X	X	
B GEISINGER AUTHORITY SERIES 2007	23-2471439	368497FC2	05-10-2007	120,000,000	LOANED TO 501(C)(3)S TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C GEISINGER AUTHORITY SERIES 2011A	23-2471439	368497GN7	06-09-2011	140,181,194	LOANED TO 501(C)(3)S, REFUND 8/11/98 BONDS		X		X	X	
D GEISINGER AUTHORITY SERIES 2011 BC	23-2471439	368497GY3	06-09-2011	100,000,000	LOANED TO 501(C)(3)S TO FUND HOSPITAL IMPROVEMENTS		X		X	X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .			51,150,000					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	191,965,947		120,955,503		140,205,854		100,007,751	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	126,061,434				38,315,000			
7	Issuance costs from proceeds . . . . .	945,305							
8	Credit enhancement from proceeds . . . . .	8,000							
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	62,985,261		120,000,000		101,866,194		100,000,000	
11	Other spent proceeds . . . . .	1,965,947		955,503		24,660		7,750	
12	Other unspent proceeds . . . . .							1	
13	Year of substantial completion . . . . .	2006		2008		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .	X		X			X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .					X		X	
<b>b</b>	Exception to rebate? . . . . .						X		X
<b>c</b>	No rebate due? . . . . .						X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X		X			X	X	
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
<b>b</b>	Name of provider . . . . .	JP MORGAN		JPMORGANCITIBK					
<b>c</b>	Term of hedge . . . . .	2670 0000000000 %		3000 0000000000 %					
<b>d</b>	Was the hedge superintegrated? . . . . .	X		X					
<b>e</b>	Was the hedge terminated? . . . . .		X		X				

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	

Part VI

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

Return Reference	Explanation
SCHEDULE K - DIFFERENCES IN ISSUE PRICE EXPLANATION	GEISINGER AUTHORITY SERIES 2005ABC 1,965,947 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS LESS REBATE PAID GEISINGER AUTHORITY SERIES 2007 955,503 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM FUNDS LESS REBATE PAID GEISINGER AUTHORITY SERIES 2011A 24,660 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS GEISINGER AUTHORITY SERIES 2011 B,C 7,751 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS WEST SHORE AREA AUTHORITY SER 2011A 60,235 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND ESCROW FUNDS 173,990 REPRESENTS THE DEBT SERVICE FUND FOR THE 1997 BOND ISSUE AND WAS APPLIED TO THE REDEMPTION OF THE REFUNDED 1997 BONDS 128,661 REPRESENTS THE DEBT SERVICE FUND BALANCE OF THE 2001 BOND ISSUE WHICH WAS DEPOSITED IN THE ESCROW FOR THE REFUNDED 2001 BONDS 2,179,399 REPRESENTS THE DEBT SERVICE RESERVE FUND ALLOCABE TO THE 1997 BONDS AND IS BEING APPLIED TO THE REDEMPTION OF THE 1997 BONDS WEST SHORE AREA AUTHORITY SER 2011B 1144 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM FUNDS 4,891,036 REPRESENTS THE DEBT SERVICE FUND BALANCE AND THE DEBT SERVICE RESERVE FUND BALANCE FROM THE 2001 ISSUE WHICH WERE DEPOSITED IN THE ESCROW FOR THE REFUNDED 2001 BONDS AND APPLIED TO THE REDEMPTION OF THE REFUNDED 2001 BONDS GEISINGER AUTHORITY SERIES 2013 31,209 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS GEISINGER AUTHORITY SERIES 2014 14,813 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS GEISINGER AUTHORITY SERIES 2015 15,036 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS GEISINGER AUTHORITY SERIES 2017A1,2 214,130 REPRESENTS INVESTMENT INCOME EARNED ON PROGRAM AND DEBT SERVICE FUNDS

Return Reference	Explanation
<p>SCHEDULE K - ADDITIONAL INFORMATION</p>	<p>GEISINGER AUTHORITY SERIES 2005ABC THE PROCEEDS FROM THE SALE OF THE SERIES 2005 BONDS WERE USED TOGETHER WITH OTHER MONEYS OF GEISINGER TO (I) PROVIDE FOR THE CURRENT REFUNDING OF THE AUTHORITY'S HEALTH SYSTEM REVENUE REFUNDING BONDS, SERIES 2000 OUTSTANDING IN THE AGGREGATE AMOUNT OF 125.0 MILLION, (II) TO ESTABLISH A REVOLVING POOLED LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES, AND (III) PAY CERTAIN COSTS OF ISSUANCE OF THE 2005 BONDS</p> <p>GEISINGER AUTHORITY SERIES 2007 THE PROCEEDS OF 120.0 MILLION FROM THE SALE OF THE SERIES 2007 BONDS WERE USED TO ESTABLISH A REVOLVING POOLED LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES. DURING FISCAL 2009, 51.2 MILLION OF THE SERIES 2007 BONDS WERE CURRENTLY REFUNDED BY A PORTION OF THE SERIES A OF 2009 BONDS, LEAVING AN OUTSTANDING BALANCE OF 68.9 MILLION</p> <p>GEISINGER AUTHORITY SERIES 2011A THE PROCEEDS FROM THE SALE OF THE SERIES 2011 BONDS WERE USED, TOGETHER WITH OTHER MONEYS OF GEISINGER, TO (I) PROVIDE FOR THE CURRENT REFUNDING OF A PORTION OF THE AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES A OF 1998 OUTSTANDING IN THE AGGREGATE AMOUNT OF 38.3 MILLION, AND (II) TO ESTABLISH A REVOLVING POOLED LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES</p> <p>GEISINGER AUTHORITY SERIES 2011B,C THE PROCEEDS FROM THE SALE OF THE SERIES 2011B AND 2011C BONDS WERE USED, TOGETHER WITH OTHER MONEYS OF GEISINGER, TO ESTABLISH A REVOLVING POOLED LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES</p> <p>WEST SHORE AREA AUTHORITY SERIES 2011A THE 2011 BONDS WERE ISSUED TO FINANCE THE COSTS AND EXPENSES ASSOCIATED WITH THE FOLLOWING: (A) CURRENT REFUNDING THE AUTHORITY'S OUTSTANDING HOSPITAL REVENUE BONDS SERIES OF 1997; (B) ADVANCE REFUNDING A PORTION OF THE AUTHORITY'S OUTSTANDING HOSPITAL REVENUE BONDS- SERIES OF 2001; (C) DESIGNING, ACQUIRING, CONSTRUCTING, RENOVATING, IMPROVING, INSTALLING AND EQUIPPING VARIOUS CAPITAL PROJECTS OF THE HOSPITAL, INCLUDING, BUT NOT LIMITED TO, RENOVATIONS, IMPROVEMENTS AND ADDITIONS TO THE EXISTING FACILITIES OF THE HOSPITAL, INCLUDING BUT NOT LIMITED TO, MODERNIZATION, RENOVATION AND EQUIPPING OF SURGICAL SUITES INCLUDING OPERATING ROOMS, SPECIAL PROCEDURE ROOMS AND POST ANESTHESIA RECOVERY AREAS, AND THE RENOVATION AND EQUIPPING OF MEDICAL SURGICAL FLOORS INCLUDING PATIENT ROOMS; (D) ACQUIRING REAL ESTATE FOR AND DESIGNING, ACQUIRING, CONSTRUCTING, RENOVATING, IMPROVING, INSTALLING AND EQUIPPING OF, A NEW DATA CENTER AND OTHER INFORMATION SYSTEM IMPROVEMENTS; (E) ACQUIRING VARIOUS CAPITAL EQUIPMENT FOR USE IN OR IN CONNECTION WITH THE FACILITIES OF THE HOSPITAL, AND (F) FINANCING CONTINGENCIES AND PAYING ALL OR ANY PORTION OF THE COSTS AND EXPENSES INCIDENT TO THE ISSUANCE OF THE 2011 BONDS</p> <p>WEST SHORE AREA AUTHORITY SERIES 2011B THE 2011 BONDS WERE ISSUED TO FINANCE THE COSTS AND EXPENSES ASSOCIATED WITH A PROJECT OF THE AUTHORITY WHICH IS COMPRISED OF THE FOLLOWING: (A) CURRENT REFUNDING THE AUTHORITY'S OUTSTANDING HOSPITAL REVENUE BONDS SERIES OF 2001; (B)</p>

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	<p>) DESIGNING, ACQUIRING, CONSTRUCTING, RENOVATING, IMPROVING, INSTALLING AND EQUIPPING VARIOUS CAPITAL PROJECTS OF THE HOSPITAL, INCLUDING, BUT NOT LIMITED TO, RENOVATIONS, IMPROVEMENTS AND ADDITIONS TO THE EXISTING FACILITIES OF THE HOSPITAL, (C) ACQUIRING VARIOUS CAPITAL EQUIPMENT FOR USE IN OR IN CONNECTION WITH THE FACILITIES OF THE HOSPITAL, AND (D) FINANCING CONTINGENCIES AND PAYING ALL OR ANY PORTION OF THE COSTS AND EXPENSES INCIDENT TO THE ISSUANCE OF THE 2011 BONDS GEISINGER AUTHORITY SERIES 2013 THE PROCEEDS FROM THE SALE OF THE SERIES 2013 BONDS WERE USED TO (I) PAY OFF BANK LOANS WHICH CURRENTLY REFUNDED DEBT OF RECENTLY ACQUIRED GEISINGER ENTITIES, IN THE AGGREGATE AMOUNT OF 54.4 MILLION PURSUANT TO PROP. TREAS. REG. 1.150-1 (D), GEISINGER HEALTH IS ALLOCATING THE PROCEEDS OF THE BONDS USED TO REDEEM THE REFUNDED DEBT TO THE ORIGINAL ASSETS FINANCED OR REFINANCED BY THE ACQUIRED ENTITIES, AND (II) TO ESTABLISH A REVOLVING POOLED LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES GEISINGER AUTHORITY SERIES 2014 THE PROCEEDS FROM THE SALE OF THE SERIES 2014 BONDS WERE USED TO PROVIDE FOR THE CURRENT REFUNDING OF THE AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES C OF 2005 AND SERIES C OF 2011 OUTSTANDING IN THE AGGREGATE AMOUNT OF 112.7 MILLION GEISINGER AUTHORITY SERIES 2015 THE PROCEEDS FROM THE SALE OF THE SERIES 2015 BONDS WERE USED TO (I) PROVIDE FOR THE CURRENT REFUNDING OF (I) THE AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES B OF 2009 AND SERIES C OF 2009 OUTSTANDING IN THE AGGREGATE AMOUNT OF 115.0 MILLION AND (II) ATLANTICARE REGIONAL MEDICAL CENTER (ARMC) SERIES 2007, SERIES 2012A, SERIES 2012B, AND SERIES 2014 IN THE AGGREGATE AMOUNT OF 224.3 MILLION GEISINGER AUTHORITY SERIES 2017A1,2 THE PROCEEDS FROM THE SALE OF THE SERIES 2017 BONDS WERE USED TO PROVIDE FOR THE (I) CURRENT REFUNDING OF (I) THE AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES 2002 OUTSTANDING IN THE AGGREGATE AMOUNT OF 50.0 MILLION, (II) THE AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES B OF 2013 OUTSTANDING IN THE AGGREGATE AMOUNT OF 50.0 MILLION (III) LEWISTOWN HOSPITAL SERIES 2007 IN THE AGGREGATE AMOUNT OF 16.9 MILLION, (IV) PART OF THE HOLY SPIRIT SERIES A AND B OF 2011 IN THE AGGREGATE AMOUNT OF 27.7 MILLION, AND (V) GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) BRIDGE LOAN IN THE AGGREGATE AMOUNT OF 34.8 MILLION 2 THE ADVANCE-REFUNDING OF THE GEISINGER AUTHORITY'S HEALTH SYSTEM REVENUE BONDS, SERIES 2009A THIS ADVANCE-REFUNDING WAS ACCOMPLISHED BY CREATING AN IRREVOCABLE TRUST CONTAINING US GOVERNMENT SECURITIES OR SECURITIES COLLATERALIZED BY U.S. GOVERNMENT SECURITIES THE SECURITIES AND EARNINGS THEREON ARE CONSIDERED SUFFICIENT TO FULLY SERVICE THE DEBT UNTIL THEY ARE CALLED OR MATURE FOR FINANCIAL REPORTING PURPOSES, THE DEBT IS CONSIDERED DEFEASED, AND 3 TO ESTABLISH A REVOLVING POOL LOAN PROGRAM TO FINANCE CERTAIN ONGOING CAPITAL EXPENDITURES THE SERIES A-1 OF 2017 BONDS ARE COMPRISED OF 350.4 MILLION OF FIXED RATE</p>

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	BONDS DUE IN ANNUAL INSTALLMENTS THE SERIES A-2 OF 2017 BONDS ARE COMPRISED OF 235.7 MILLION OF FIXED RATE BONDS DUE IN ANNUAL INSTALLMENTS

Schedule L

(Form 990 or 990-EZ)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER HEALTH

Employer identification number  
23-1995911

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EARL P STEINBERG MD MPP	BUSINESS	181,270	STOCK PURCHASE		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	EARL P STEINBERG, MD, MPP IS A FORMER OFFICER OF GEISINGER HEALTH ("GH")



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SCHEDULE M  
(Form 990)

Noncash Contributions

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

Department of the Treasury  
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

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

Name of the organization  
GEISINGER HEALTH

Employer identification number  
23-1995911

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	3	1,900	SELLING PRICE OF PROPERTY
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		59,923	SELLING PRICE OF PROPERTY
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	8	109,711	PROCEEDS FROM SALE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	3	775	SELLING PRICE OF PROPERTY
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	2	5,020	SELLING PRICE OF PROPERTY
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( GIFT CERT )	X	3	106	FACE VALUE
26 Other ► ( MISC )	X	14	10,192	VARIOUS
27 Other ► ( FOOD )	X	5	1,691	SELLING PRICE
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			1

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

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

Yes

32a

No

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

Cat No 51227J

Schedule M (Form 990) (2018)

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
GEISINGER HEALTH

**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**

**Employer identification number**

23-1995911

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GEISINGER HEALTH SERVES TO ENSURE GEISINGER AFFILIATE ENTITIES HAVE ADEQUATE FINANCIAL RESOURCES TO FULFILL THEIR MISSIONS AND TO INITIATE AND ADMINISTER GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL GEISINGER ENTITIES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990	<p>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</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>SEE SCHEDULE O I MISSION, VISION, VALUES - GEISINGERS PURPOSE EVERYTHING WE DO IS ABOUT CARING FOR OUR PATIENTS, OUR MEMBERS, OUR GEISINGER FAMILY OF PHYSICIANS AND EMPLOYEES, AND OUR COMMUNITIES - AT GEISINGER WE VALUE KINDNESS - WE STRIVE TO TREAT EVERYONE AS WE WOULD HOPE TO BE TREATED OURSELVES EXCELLENCE WE TREASURE COLLEAGUES WHO HUMBL Y STRIVE FOR EXCELLENCE LEARNING WE SHARE OUR KNOWLEDGE WITH THE BEST AND BRIGHTEST TO BETTER PREPARE THE CAREGIVERS OF TOMORROW INNOVATION WE CONSTANTLY SEEK NEW AND BETTER WAYS TO CARE FOR OUR PATIENTS, OUR MEMBERS, OUR COMMUNITIES AND THE NATION II GENERAL INFORMATION GEISINGER HEALTH (GH), A 501(C)(3) NOT-FOR-PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE FORTY-TWO GEISINGER AFFILIATED ENTITIES (THIRTY-FIVE NOT-FOR-PROFIT ENTITIES, SEVEN FOR-PROFIT ENTITIES AND TWO FOREIGN CORPORATIONS) AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GH IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER NOT-FOR-PROFIT ENTITIES THE AFFILIATED ENTITIES OF GH ARE - GEISINGER MEDICAL CENTER (GMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A REGIONAL REFERRAL TERTIARY CARE MEDICAL CENTER IN DANVILLE, PENNSYLVANIA, A SEPARATE OUTPATIENT AMBULATORY CAMPUS ON WOODBINE LANE, DANVILLE, PENNSYLVANIA, AND GEISINGER SHAMOKIN AREA COMMUNITY HOSPITAL (GSACH) WHICH IS A CAMPUS OF GEISINGER MEDICAL CENTER IN SHAMOKIN, PENNSYLVANIA - COMMUNITY MEDICAL CENTER, DBA GEISINGER-COMMUNITY MEDICAL CENTER(CMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE HOSPITAL IN SCRANTON, PENNSYLVANIA COMMUNITY MEDICAL CENTER HOLDS A 51% MEMBERSHIP INTEREST IN GEISINGER SCA HOLDINGS, LLC, A DELAWARE LIMITED LIABILITY COMPANY AND JOINT VENTURE WITH SCA PENNSYLVANIA HOLDINGS, LLC, WHICH IN TURN IS THE MAJORITY OWNER OF LACKAWANNA PHYSICIANS AMBULATORY SURGERY CENTER, LLC, DOING BUSINESS AS NORTH EAST SURGERY CENTER - GEISINGER-BLOOMSBURG HOSPITAL (GBH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED ACUTE-CARE HOSPITAL IN BLOOMSBURG, PENNSYLVANIA - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE, COMMUNITY HOSPITAL IN WILKES-BARRE, PENNSYLVANIA, AND GEISINGER SOUTH WILKES-BARRE CAMPUS(GSWB) WHICH IS AN AMBULATORY CAMPUS LOCATED IN SOUTH WILKES-BARRE, PENNSYLVANIA - GEISINGER-LEWISTOWN HOSPITAL (GLH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED ACUTE-CARE HOSPITAL IN LEWISTOWN, PENNSYLVANIA - HOLY SPIRIT HOSPITAL OF THE SISTER OF CHRISTIAN CHARITY (HSH), DBA GEISINGER HOLY SPIRIT, IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE-CARE, COMMUNITY-BASED HOSPITAL IN CAMP HILL, PE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>PENNSYLVANIA - GEISINGER CLINIC (GC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP MEDICAL PRACTICE GEISINGER CLINIC PROVIDES PHYSICIAN STAFF FOR PATIENT CARE, EDUCATION AND CLINICAL RESEARCH, OPERATES CARESITE PHARMACIES AND CAREWORKS CONVENIENT CARE CLINICS - FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL (FHA) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP PRACTICE IN LEWISTOWN, PENNSYLVANIA - SPIRIT PHYSICIANS SERVICES, INC., (SPSI) (DOING BUSINESS AS GEISINGER HOLY SPIRIT MEDICAL GROUP) IS A PENNSYLVANIA 501(C)(3) AND 509(A)(2) NONPROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP PRACTICE IN HARRISBURG, PENNSYLVANIA AND SURROUNDING COMMUNITIES - MARWORTH (MW) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT RESIDENTIAL ALCOHOL AND CHEMICAL DEPENDENCY DETOXIFICATION AND REHABILITATION FACILITY IN WAVERLY, PENNSYLVANIA, WITH AN INPATIENT CENTER AND OUTPATIENT AND FAMILY ADDICTION TREATMENT PROGRAMS - GEISINGER COMMUNITY HEALTH SERVICES (GCHS), A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION, OWNS AND OPERATES HOME CARE AND HOSPICE PROGRAMS AND HEALTH CARE SERVICES IN A PATIENT'S HOME OR PLACE OF RESIDENCE THE HOME HEALTH AND HOSPICE PROGRAMS BECAME PART OF A JOINT VENTURE EFFECTIVE APRIL 1, 2019 - GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT, OPERATED A LONG-TERM CARE NURSING HOME LOCATED IN BLOOMSBURG, PENNSYLVANIA THE FACILITY WAS SOLD JANUARY 31, 2018 - MOUNTAIN VIEW NURSING HOME, INC (MVNH) DBA MOUNTAIN VIEW CARE CENTER, A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ENTITY OPERATED A LONG-TERM CARE, SKILLED NURSING, AND REHABILITATION FACILITY WHICH PROVIDED SKILLED NURSING CARE IN SCRANTON, PENNSYLVANIA THE FACILITY WAS SOLD JANUARY 31, 2018 - WEST SHORE ADVANCED LIFE SUPPORT SERVICES, INC (WSALS) (DOING BUSINESS AS GEISINGER EMS), IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH PROVIDES AMBULANCE AND MEDICAL TRANSPORT SERVICES ACROSS CENTRAL PENNSYLVANIA - GEISINGER HEALTH PLAN (GHP) IS A PENNSYLVANIA 501(C)(4) NOT-FOR-PROFIT HEALTH MAINTENANCE CORPORATION OPERATING HEALTH INSURANCE PRODUCT LINES - GEISINGER SYSTEM SERVICES IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, HEALTHCARE TRANSFORMATION, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, AND FACILITIES SERVICES TO GEISINGER AFFILIATES - KEYSTONE HEALTH INFORMATION EXCHANGE, INCORPORATED (KEYHIE), IS A PENNSYLVANIA 501(C)(3) AND 509(A)(1) NOT-FOR-PROFIT CORPORATION WHICH COLLABORATES WITH OTHER HEALTH CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH INFORMATION TECHNOLOGY FOR ALL PROVIDERS IN GEISINGER'S SERVICE AREA AND TO IMPROVE THE EXCHANGE OF HEALTH CARE INFORMATION WHEN PATIENTS TRANSITION FROM ONE HEALTH CARE SETTING TO ANOTHER - GEISINGER INSURANCE CORPORATION, RISK RETENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ON GROUP (RRG) IS A NON- PROFIT CORPORATION DOMICILED IN THE STATE OF VERMONT AND REGISTER ED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, TO PROVIDE PRIMARY PROFESSIONAL LIABILITY COV ERAGE FOR VARIOUS GEISINGER ENTITIES INCLUDING GEISINGER MEDICAL CENTER, GEISINGER CLINIC, GEISINGER WYOMING VALLEY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, GEISINGER-BLOOMSBURG H OSPITAL, GEISINGER-LEWISTOWN HOSPITAL, AND GEISINGER JERSEY SHORE HOSPITAL - HOLY SPIRIT HEALTH SYSTEM (HSHS) (REFERRED TO AS GEISINGER HOLY SPIRIT) IS A PENNSYLVANIA 501(C)(3) NO T-FOR-PROFIT CORPORATION THAT SERVES AS THE CORPORATE PARENT FOR HOLY SPIRIT HOSPITAL OF T HE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INCORPORATED, HOLY SPIRIT VENT URES, INCORPORATED, HOLY SPIRIT CORPORATION, AND WEST SHORE ADVANCED LIFE SUPPORT SERVICES INC - HOLY SPIRIT CORPORATION (HSC) IS A PENNSYLVANIA 501(C)(2) NOT-FOR-PROFIT REAL EST ATE HOLDING CORPORATION WITH PROPERTIES IN CAMP HILL, DILLSBURG AND MECHANICSBURG, INCLUDI NG THE MEDICAL ARTS BUILDING, AMERICAN OFFICE CENTER AND KINDER CARE CENTER - LEWISTOWN A MBULATORY CARE CORPORATION (LACC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION O PERATING A REAL ESTATE HOLDING COMPANY THAT OWNS AND/OR MANAGES THE LEWISTOWN NON-HOSPITAL REAL ESTATE ASSETS - GEISINGER ASSURANCE COMPANY, LTD (GAC) IS FOR-PROFIT COMPANY DOMIC ILED IN THE CAYMAN ISLANDS WHICH PROVIDES REINSURANCE AGAINST LIABILITY ARISING OUT OF SYS TEM ACTIVITIES, INCLUDING MEDICAL, LEGAL AND GENERAL LIABILITY THE GEISINGER ASSURANCE CO MPANY PROVIDES 100% OF THE REINSURANCE FOR THE SYSTEM'S PRIMARY LIABILITY COVERAGE - ATLA NTICARE BEHAVIORIAL HEALTH, INC (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-P ROFIT CORPORATION PROVIDING OUTPATIENT MENTAL HEALTH, SUBSTANCE ABUSE/ADDICTION RECOVERY S ERVICES AND FAMILY CARE SERVICES TO RESIDENTS OF SOUTHEASTERN NEW JERSEY - ATLANTICARE FO UNDATION (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT CHARITABLE FUNDR AISING ORGANIZATION - ATLANTICARE HEALTH ENGAGEMENT, INC (A MEMBER OF GEISINGER) IS A NE W JERSEY 501(C)(3) NOT-FOR-PROFIT CORPORATION PROVIDING WELLNESS AND TRANSFORMATION SERVIC ES TO ATLANTICARE REGIONAL MEDICAL CENTER, INC , ATLANTICARE PHYSICIAN GROUP AND ATLANTICA RE HEALTH SOLUTIONS, INC - ATLANTICARE HEALTH SERVICES, INC IS A NEW JERSEY 501(C)(3) NO T-FOR- PROFIT CORPORATION PROVIDING HOSPICE, OUTPATIENT LAB, HOME CARE SERVICES AS WELL AS OPERATING A MEDICALLY INTEGRATED FITNESS CENTER AND LEASING SURGICAL AND MEDICAL OFFICE S UITES - ATLANTICARE HEALTH SYSTEM, INC (A MEMBER OF GEISINGER) IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, STRATEGIC PLANNING, MARKETING AND P UBLIC RELATIONS AND IS THE SOLE MEMBER OF ATLANTICARE REGIONAL HEALTH SERVICES, INC , ATLA NTICARE FOUNDATION, ATLANTICARE HEALTH ENGAGEMENT, INC , AND ATLANTICARE HEALTH SOLUTIONS, INC - ATLANTICARE REGIONAL M</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF 1099'S FILED BY GSS FOR THE 2018 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,602 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATIONS EIN IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI	<p>FORM 990, PART I, SECTION A, LINE 4 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, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE THE VOTING MEMBER IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX- EXEMPT ORGANIZATION FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? ROBERT E POOLE, WILLIAM E SORDONI , DANIEL E LOHR, ESQUIRE, JEFFREY A JACOBSON, LORI R GRAMLEY, ESQUIRE, ROBERT J DIETZ, VIRGINIA MCGREGOR, HEATHER M ACKER, CHRISTOPHER B SULLIVAN, JOHN C BRAVMAN, PHD, KAREN DAVIS, PHD, MICHAEL CHARLTON, PAMELA D KEHALY, STEVEN R YOUSO, THOMAS H LEE, JR, MD, MSC, DAVID J FELICIO, ESQUIRE, JAEWON RYU, MD, JD, DAVID T FEINBERG, MD, MBA, KEVIN V ROBERTS, MBA, CPA, AND EDELYN L MILLER 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 1A	THERE WAS A DELEGATION OF AUTHORITY TO THE GEISINGER HEALTH EMERGENCY ACTION COMMITTEE WHICH IS COMPRISED OF THE CHAIR OF THE BOARD, VICE-CHAIR OF THE BOARD, THE PRESIDENT AND CEO (EX-OFFICIO DIRECTOR), THE HOLY SPIRIT HEALTH SYSTEM ("HSHS") DIRECTOR DESIGNEE, THE ATLANTICARE HEALTH SYSTEM ("AHS") DIRECTOR DESIGNEE, CHAIR OF THE FINANCE COMMITTEE AND CHAIR OF THE PATIENT EXPERIENCE, ACADEMIC AFFAIRS AND QUALITY COMMITTEE UNDER THE NONPROFIT CORPORATION LAW AND UNDER GEISINGER HEALTH'S CORPORATE BYLAWS, THE EMERGENCY ACTION COMMITTEE SHALL EXERCISE THE POWER AND AUTHORITY OF THE BOARD OF DIRECTORS TO ACT ON EMERGENCY MATTERS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	<p>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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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**

Return Reference	Explanation
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

Return Reference	Explanation
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">HTTPS //WWW GEISINGER ORG/ABOUT- GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/ANNUAL-REPORTS</a> FINANCIAL STATEMENTS, 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS TO AFFILIATES -339,800,000 TRANSFERS FROM AFFILIATES 291,806,370 CHANGE IN SUBSIDIARY EQUITY -22,209,180 TOTAL -70,202,810

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493195027150	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.				OMB No 1545-0047
					2018
	Department of the Treasury Internal Revenue Service	Open to Public Inspection			
Name of the organization GEISINGER HEALTH				Employer identification number 23-1995911	

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>	Yes	
<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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS   AS SHOWN IN FORM 990, SCHEDULE R, GEISINGER HEALTH 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 INTER ORGANIZATION 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: 23-1995911  
Name: GEISINGER HEALTH

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 24-0795959	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSN SVCS	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HMO	PA	501C4		GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS	Yes	
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	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LNGTM CARE	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSN SVCS	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	
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	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 26-0812968	EDUCATION	PA	501C3	2	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	GH	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	HOSPITAL	PA	501C3	3	N/A	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	HEALTHCARE	PA	501C3	3	GSL HOSP	Yes	
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS	Yes	
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH	Yes	
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM	Yes	
6550 DELILAH ROAD SUITE 304 EGG HARBOR TOWNSHIP, NJ 08234 23-3836022	HOME HEALT	NJ	501C3	10	AH SYSTEM	Yes	
PNC BANK NA 620 LIBERTY AVENUE 10 PITTSBURGH, PA 152222705 24-6021891	TRUST	PA	4947A1	12	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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	N/A					No			No	
(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 PARTNERSHIPLLC  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					Yes	
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
(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					Yes	
(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					Yes	
(7) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A					Yes	
(8) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A					Yes	
(9) GNJ PHYSICIANS GROUP PC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSIC SVC	NJ	N/A					Yes	

**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>(1)</b>	GEISINGER CLINIC	B	269,950,472	GAAP
<b>(1)</b>	GEISINGER-BLOOMSBURG HOSPITAL	B	7,000,000	GAAP
<b>(2)</b>	HOLY SPIRIT HEALTH SYSTEMS	B	191,544	GAAP
<b>(3)</b>	HOLY SPIRIT HOSPITAL	B	14,648,538	GAAP
<b>(4)</b>	RISK RETENTION GROUP	B	1,000	GAAP
<b>(5)</b>	SPIRIT PHYSICIAN SERVICES INC	B	49,139,242	GAAP
<b>(6)</b>	WEST SHORE ADVANCED LIFE SUPPORT	B	4,722,901	GAAP
<b>(7)</b>	GEISINGER - LEWISTOWN HOSPITAL	B	126,246	GAAP
<b>(8)</b>	GEISINGER CLINIC	B	230,770	GAAP
<b>(9)</b>	GEISINGER COMMUNITY MEDICAL CENTER	B	2,786,488	GAAP
<b>(10)</b>	GEISINGER JERSEY SHORE HOSPITAL	B	19,777	GAAP
<b>(11)</b>	GEISINGER MEDICAL CENTER	B	1,128,722	GAAP
<b>(12)</b>	GEISINGER WYOMING VALLEY MEDICAL CT	B	575,086	GAAP
<b>(13)</b>	GEISINGER-BLOOMSBURG HOSPITAL	B	46,589	GAAP
<b>(14)</b>	HOLY SPIRIT HOSPITAL	B	190,089	GAAP
<b>(15)</b>	SPIRIT PHYSICIAN SERVICES INC	B	18,325	GAAP
<b>(16)</b>	FAMILY HEALTH ASSOCIATES	C	6,400,000	GAAP
<b>(17)</b>	GEISINGER - LEWISTOWN HOSPITAL	C	6,500,000	GAAP
<b>(18)</b>	GEISINGER HEALTH PLAN	C	45,000,000	GAAP
<b>(19)</b>	GEISINGER MEDICAL CENTER	C	115,000,000	GAAP
<b>(20)</b>	GEISINGER WYOMING VALLEY MEDICAL CT	C	103,000,000	GAAP
<b>(21)</b>	GEISINGER-BLOOMSBURG HEALTH CARE CT	C	4,000,000	GAAP
<b>(22)</b>	HOLY SPIRIT CORPORATION	C	2,749,611	GAAP
<b>(23)</b>	HOLY SPIRIT VENTURES	C	3,103,087	GAAP
<b>(24)</b>	ISS SOLUTIONS	C	1,900,000	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>	KEY HIE	C	1,000	GAAP
<b>(1)</b>	MOUNTAIN VIEW NURSING HOME INC	C	10,000,000	GAAP
<b>(2)</b>	GEISINGER SYSTEM SERVICES	C	19,777	GAAP
<b>(3)</b>	GEISINGER CLINIC	K	13,234	GAAP
<b>(4)</b>	GEISINGER SYSTEM SERVICES	K	209,133	GAAP
<b>(5)</b>	GEISINGER CLINIC	L	3,255,840	GAAP
<b>(6)</b>	GEISINGER MEDICAL CENTER	L	3,368,784	GAAP
<b>(7)</b>	GEISINGER WYOMING VALLEY MEDICAL CT	L	1,650,756	GAAP
<b>(8)</b>	MARWORTH	L	39,120	GAAP
<b>(9)</b>	GEISINGER SYSTEM SERVICES	M	6,798	GAAP
<b>(10)</b>	GEISINGER COMMUNITY MEDICAL CENTER	M	6,099	GAAP
<b>(11)</b>	GEISINGER-BLOOMSBURG HOSPITAL	M	3,761	GAAP
<b>(12)</b>	GEISINGER CLINIC	M	704,403	GAAP
<b>(13)</b>	GEISINGER CLINIC	M	8,445	GAAP
<b>(14)</b>	GEISINGER MEDICAL CENTER	M	84,785	GAAP
<b>(15)</b>	GEISINGER MEDICAL CENTER	M	31,007	GAAP
<b>(16)</b>	GEISINGER MEDICAL CENTER	M	1,232	GAAP
<b>(17)</b>	GEISINGER MEDICAL CENTER	M	334	GAAP
<b>(18)</b>	GEISINGER SYSTEM SERVICES	M	52,815	GAAP
<b>(19)</b>	GEISINGER SYSTEM SERVICES	M	4,058	GAAP
<b>(20)</b>	GEISINGER SYSTEM SERVICES	M	885	GAAP
<b>(21)</b>	GEISINGER SYSTEM SERVICES	M	4,241	GAAP
<b>(22)</b>	GEISINGER SYSTEM SERVICES	M	5,457	GAAP
<b>(23)</b>	GEISINGER WYOMING VALLEY MEDICAL CT	M	89,906	GAAP
<b>(24)</b>	HOLY SPIRIT HOSPITAL	M	1,704	GAAP

**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
<b>(51)</b> GEISINGER - LEWISTOWN HOSPITAL	M	1,161	GAAP
<b>(1)</b> GEISINGER ASSURANCE COMPANY LTD	M	1,856	GAAP
<b>(2)</b> GEISINGER SYSTEM SERVICES	M	657,154	GAAP
<b>(3)</b> GEISINGER - LEWISTOWN HOSPITAL	R	92,059	GAAP
<b>(4)</b> GEISINGER CLINIC	R	1,881,216	GAAP
<b>(5)</b> GEISINGER COMMONWEALTH SCHOOL OF ME	R	18,816	GAAP
<b>(6)</b> GEISINGER COMMUNITY HEALTH SERVICES	R	489,352	GAAP
<b>(7)</b> GEISINGER COMMUNITY MEDICAL CENTER	R	136,065	GAAP
<b>(8)</b> GEISINGER HEALTH PLAN	R	43,029	GAAP
<b>(9)</b> GEISINGER JERSEY SHORE HOSPITAL	R	4,914	GAAP
<b>(10)</b> GEISINGER MEDICAL CENTER	R	1,632,251	GAAP
<b>(11)</b> GEISINGER SYSTEM SERVICES	R	136,270	GAAP
<b>(12)</b> GEISINGER WYOMING VALLEY MEDICAL CT	R	318,884	GAAP
<b>(13)</b> GEISINGER-BLOOMSBURG HOSPITAL	R	81,861	GAAP
<b>(14)</b> HOLY SPIRIT HEALTH SYSTEMS	R	73,697	GAAP
<b>(15)</b> HOLY SPIRIT HOSPITAL	R	9,682	GAAP
<b>(16)</b> MARWORTH	R	29,912	GAAP