

29303145242009

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))**2017**Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed <input checked="" type="checkbox"/> Exempt under section 501(c)(3) (03) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a)		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>GEISINGER SYSTEM SERVICES</b> Number, street, and room or suite no. If a P.O. box, see instructions <b>100 N ACADEMY AVE, MC 49-70</b> City or town, state or province, country, and ZIP or foreign postal code <b>DANVILLE PA 17822</b>		D Employer identification number (Employees' trust, see instructions) <b>23-2164794</b> E Unrelated business activity codes (See instructions) <b>541900 531120</b>	
C Book value of all assets at end of year <b>1010060057</b>		F Group exemption number (See instructions) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

Describe the organization's primary unrelated business activity

**SUPPORT SERVICES**

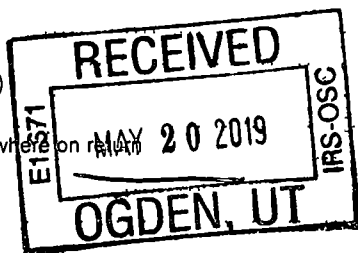
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation  
**GEISINGER HEALTH 23-1995911**

J The books are in care of ▶ **THOMAS CULVER, CONTROLLER** Telephone number ▶ **570-214-2413**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement) <b>SEE STMT 1</b>			5	-1,967	-1,967
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8	51,380	42,933
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions, attach schedule) <b>SEE STMT 2</b>			12	324,790	324,790
13	Total. Combine lines 3 through 12			13	374,203	42,933
						331,270

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	1,128
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	0
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	1,128
31	Net operating loss deduction (limited to the amount on line 30)	30	330,142
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	330,142
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000
		34	329,142



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☒ See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1) \$ (2) \$ (3) \$ 62,603

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 92,034

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Tax on Non-Compliant Facility Income. See instructions 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 44 40 92,034

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 (see instructions) 41c 58,849

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e 58,849

42 Subtract line 41e from line 40 42 33,185

43 Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (att sch) 43

44 Total tax. Add lines 42 and 43 44 33,185

45a Payments. A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b 26,690

c Tax deposited with Form 8868 45c

d Foreign organizations. Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total 45g 26,690

46 Total payments. Add lines 45a through 45g 46 26,690

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 6,495

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49

50 Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here N/A

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ N/A

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

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 below (see instructions)?

☐ Yes ☒ No

THIS TAX RETURN

PREPARED BY A

NON-PAID PREPARER.

Form 990-T (2017)

DAA

5/15

INT

255

FTP

1,519

FTP

194

TOT

8,463

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property(1) **N/A**

(2)

(3)

(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions included in column 8</b>				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) <b>XG HEALTH SOLUTIONS</b>	<b>46-1657345</b>				
(2) <b>GEISINGER HLTH PLAN</b>	<b>23-2311553</b>	<b>1,269,172</b>	<b>2,759</b>	<b>2,759</b>	<b>2,656</b>
(3) <b>GEISINGER MED. CTR.</b>	<b>24-0795959</b>	<b>690,677</b>	<b>41,491</b>	<b>41,491</b>	<b>38,123</b>
(4) <b>ISS SOLUTIONS INC.</b>	<b>23-2077663</b>				

## Nonexempt Controlled Organizations

**SEE STATEMENT**

7 Taxable Income	8 Not unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1) <b>-2,720,425</b>	<b>-2,720,425</b>	<b>5,883</b>	<b>5,883</b>	<b>1,728</b>
(2)				
(3)				
(4) <b>3,502,745</b>	<b>1,877,158</b>	<b>1,247</b>	<b>1,247</b>	<b>426</b>
<b>Totals</b>			<b>51,380</b>	<b>42,933</b>

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

Form **990-T** (2017)

**Federal Statements****Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
PEG US POOLED CORPORATE	\$ -1,967	\$	\$ -1,967
TOTAL	\$ -1,967	\$ 0	\$ -1,967

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
PREMIER PURCHASING K-1 UBA	\$ 152,314
TAXABLE FRINGE BENEFITS	172,476
TOTAL	\$ 324,790

# Alternative Minimum Tax—Corporations

OMB No 1545-0123

► Attach to the corporation's tax return.

► Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>GEISINGER SYSTEM SERVICES</b>	Employer identification number <b>23-2164794</b>
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**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1 Taxable income or (loss) before net operating loss deduction . . . . .	1	329,142
<b>2 Adjustments and preferences:</b>		
a Depreciation of post-1986 property . . . . .	2a	
b Amortization of certified pollution control facilities . . . . .	2b	
c Amortization of mining exploration and development costs . . . . .	2c	
d Amortization of circulation expenditures (personal holding companies only) . . . . .	2d	
e Adjusted gain or loss . . . . .	2e	
f Long-term contracts . . . . .	2f	
g Merchant marine capital construction funds . . . . .	2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	2h	
i Tax shelter farm activities (personal service corporations only) . . . . .	2i	
j Passive activities (closely held corporations and personal service corporations only) . . . . .	2j	
k Loss limitations . . . . .	2k	
l Depletion . . . . .	2l	
m Tax-exempt interest income from specified private activity bonds . . . . .	2m	
n Intangible drilling costs . . . . .	2n	
o Other adjustments and preferences . . . . .	2o	
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o . . . . .	3	329,142
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
a ACE from line 10 of the ACE worksheet in the instructions . . . . .	4a	329,142
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions . . . . .	4b	0
c Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . . .	4c	0
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive) . . . . .	4d	0
e ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c . . . . .	}	
• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount . . . . .		
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT . . . . .	5	329,142
6 Alternative tax net operating loss deduction. See instructions . . . . .	6	0
7 <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	7	329,142
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	8a	0
b Multiply line 8a by 25% (0.25) . . . . .	8b	0
c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	8c	0
9 Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	9	329,142
10 Multiply line 9 by 20% (0.20) . . . . .	10	33,185
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions . . . . .	11	0
12 Tentative minimum tax. Subtract line 11 from line 10 . . . . .	12	33,185
13 Regular tax liability before applying all credits except the foreign tax credit . . . . .	13	92,034
14 <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	14	0

**General Business Credit**

► Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Identifying number

**23-2164794****GEISINGER SYSTEM SERVICES****Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**

(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked . . . . .	1		
2	Passive activity credits from line 2 of all Parts III with box B checked <b>2</b> . . . . .	2		
3	Enter the applicable passive activity credits allowed for 2017. See instructions . . . . .	3		
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .	4	<b>64,323</b>	<b>00</b>
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .	5		
6	Add lines 1, 3, 4, and 5 . . . . .	6	<b>64,323</b>	<b>00</b>

**Part II Allowable Credit**

7	Regular tax before credits:			
	• Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 . . . . .			
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .			
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return . . . . .	7	<b>92,034</b>	<b>00</b>
8	Alternative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 35 . . . . .			
	• Corporations. Enter the amount from Form 4626, line 14 . . . . .	8	<b>0</b>	<b>00</b>
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . . .			
9	Add lines 7 and 8 . . . . .	9	<b>92,034</b>	<b>00</b>
10a	Foreign tax credit . . . . .	10a	<b>0</b>	<b>00</b>
b	Certain allowable credits (see instructions) . . . . .	10b	<b>0</b>	<b>00</b>
c	Add lines 10a and 10b . . . . .	10c	<b>0</b>	<b>00</b>
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .	11	<b>92,034</b>	<b>00</b>
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	12	<b>92,034</b>	<b>00</b>
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) . . . . .	13	<b>16,759</b>	<b>00</b>
14	Tentative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 33 . . . . .			
	• Corporations. Enter the amount from Form 4626, line 12 . . . . .	14	<b>33,185</b>	<b>00</b>
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .			
15	Enter the greater of line 13 or line 14 . . . . .	15	<b>33,185</b>	<b>00</b>
16	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	16	<b>58,849</b>	<b>00</b>
17	Enter the <b>smaller</b> of line 6 or line 16 . . . . .	17	<b>58,849</b>	<b>00</b>
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			



**Part II Allowable Credit (Continued)****Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions . . . . .	18		
19	Enter the greater of line 13 or line 18 . . . . .	19		
20	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	20		
21	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	21		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	22		
23	Passive activity credit from line 3 of all Parts III with box B checked	23		
24	Enter the applicable passive activity credit allowed for 2017. See instructions . . . . .	24		
25	Add lines 22 and 24 . . . . .	25		
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	26		
27	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	27	75,275	00
28	Add lines 17 and 26 . . . . .	28	58,849	00
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	16,426	00
30	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	30	0	00
31	Reserved . . . . .	31		
32	Passive activity credits from line 5 of all Parts III with box B checked	32	0	00
33	Enter the applicable passive activity credits allowed for 2017. See instructions . . . . .	33	0	00
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	34	0	00
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	35	0	00
36	Add lines 30, 33, 34, and 35 . . . . .	36	0	00
37	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	37	0	00
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Form 1040, line 54, or Form 1040NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	38	58,849	00

Name(s) shown on return

Identifying number

**GEISINGER SYSTEM SERVICES****23-2164794****Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☒ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from -- all Parts III with box A or B checked. Check here if this is the consolidated Part III. ☐

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity				
<b>1a</b>	Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b>	Reserved	<b>1b</b>		
<b>c</b>	Increasing research activities (Form 6765)	<b>1c</b>		
<b>d</b>	Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b>	Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>		
<b>f</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b>	Indian employment (Form 8845)	<b>1g</b>		
<b>h</b>	Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b>	New markets (Form 8874)	<b>1i</b>		
<b>j</b>	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>		
<b>k</b>	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>		
<b>l</b>	Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b>	Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b>	Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b>	Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b>	Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b>	Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b>	Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b>	Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b>	Enhanced oil recovery credit (Form 8830)	<b>1t</b>		
<b>u</b>	Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b>	Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b>	Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b>	Carbon dioxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b>	Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b>	Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b>	Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b>	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>		
<b>zz</b>	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	64,323	00
<b>2</b>	Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	64,323	00
<b>3</b>	Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	0	00
<b>4a</b>	Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b>	Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b>	Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b>	Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b>	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b>	Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b>	Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b>	Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b>	Reserved	<b>4j</b>		
<b>z</b>	Other	<b>4z</b>		
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	0	00
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	64,323	00

FEDERAL STATEMENTS

STATEMENT 1- FORM 3800, PART I, LINE 4, Carryforward of the General Business Credit to 2017:

Year Tax Credit Originated	2011
Amount of Credit as Reported on the Original Return	\$ 107,775
Amount Allowed for. 2017	64,323
Was the total carryforward amount changed from the originally reported amount:	NO
Amount allowed in previous years.	43,452
Amount currently allowed:	58,849