

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20

Go to 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

A Check box if address changed
B Exempt under section
501(c)(3)
408(e)
408A
529(a)

Name of organization GEISINGER-BLOOMSBURG HOSPITAL
Number, street, and room or suite no. 100 N ACADEMY AVE, MC 49-70
City or town, state or province, country, and ZIP or foreign postal code DANVILLE PA 17822-9800

D Employer identification number 23-2193572
E Unrelated business activity code

C Book value of all assets at end of year 48,098,618

F Group exemption number
G Check organization type 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses NONE
Describe the only (or first) unrelated trade or business here

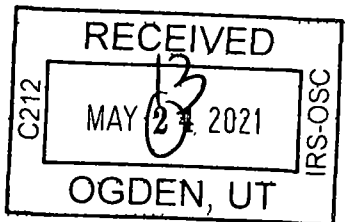
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes
GEISINGER HEALTH 23-1995911

J The books are in care of KEVIN LANCIOTTI, VP FINANC Telephone number 570-214-6181

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 for Unrelated Trade or Business Income.

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-31 for Deductions.



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Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

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.

Paid Preparer Use Only: Form fields for Preparer's name, signature, date, firm's name, EIN, and address.

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

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

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

(see instructions)

1. Description of property		
(1)	<b>N/A</b>	
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. 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)

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

**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) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net 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)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (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) N/A				
(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) N/A						
(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 25

**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) N/A						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**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) N/A						
(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 26

**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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

**Credit for Prior Year Minimum Tax—Corporations**

**2019**

▶ Attach to the corporation's tax return.  
 ▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

Name <b>GEISINGER-BLOOMSBURG HOSPITAL</b>		Employer identification number <b>23-2193572</b>
<b>1</b>	Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827 . . .	<b>1</b> 211
<b>2</b>	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	<b>2</b> 0
<b>3</b>	Enter the refundable minimum tax credit (see instructions) . . . . .	<b>3</b> 211
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b> 211
<b>5a</b>	Enter the <b>smaller</b> of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions . . . . .	<b>5a</b> 211
<b>b</b>	<b>Current year minimum tax credit.</b> Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c . . . . .	<b>5b</b> 0
<b>c</b>	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) . . . . .	<b>5c</b> 211
<b>6</b>	<b>Minimum tax credit carryforward.</b> Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years . . . . .	<b>6</b> 0

**Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**What's New**

**Refundable minimum tax credit.** For tax years beginning in 2018 and 2019, a corporation is allowed an AMT refundable credit amount equal to 50% (100% for tax years beginning in 2019) of the excess minimum tax credit over the corporation's regular tax liability. The corporation can make an election to take 100% of the refundable credit in 2018. If the corporation makes this election, no credit is allowed for 2019. See section 53(e). Also, see the instructions for line 3.

**Purpose of Form**

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward.

**Who Should File**

Form 8827 should be filed by corporations that had a minimum tax credit carryover from 2018 to 2019.

**Line 2**

Enter the corporation's 2019 regular income tax liability, as defined in section 26(b), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2).

**Line 3**

The minimum tax credit limitation is increased by the AMT refundable credit amount. If the corporation did not make an election under section 53(e)(5) to take the entire refundable credit amount in 2018, 100% of the available minimum tax credits in excess of the 2019 regular tax liability is refundable for 2019. If the corporation made the election under section 53(e)(5) no refundable credit is allowed for 2019.

If applicable, complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions. Enter the amount from line 3 of the worksheet on Form 8827, line 3.

**Note:** A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year. See section 53(e)(4).

FORM 990T: CONSENT PLAN AND APPORTIONMENT SCHEDULE FOR A CONTROLLED GROUP

Pursuant to regulations issued under IRC Sections 38, 179, and 1561, the component members of the controlled group listed below consent to the following apportionment plan.

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other Section 179 deduction	(e) Other General business credit limit	(e) Other Large corporation exemption
(1) PARENT Geisinger Health	23-1995911	2020-06	0	0	0	0
(2) Geisinger Medical Center	24-0795959	2020-06	0	0	0	25,000
(3) Geisinger Wyoming Valley Medical Center	23-1996150	2020-06	0	0	0	0
(4) Marworth	23-2171417	2020-06	0	0	0	0
(5) Geisinger Clinic	23-6291113	2020-06	0	0	0	50,000
(6) Geisinger System Services	23-2164794	2020-06	0	0	25,000	300,000
(7) Geisinger Community Health Services	23-2967235	2020-06	0	0	0	0
(8) Geisinger Health Plan	23-2311553	2020-06	0	0	0	260,000
(9) Geisinger Insurance Corporation, Risk Retention Group	14-1909894	2020-06	0	0	0	0
(10) Geisinger Jersey Shore Hospital	24-0792115	2020-06	0	0	0	0
(11) Geisinger Jersey Shore Foundation	23-2480603	2020-06	0	0	0	0
(12) Community Medical Center	24-0862246	2020-06	0	0	0	10,000
(13) Mountain View Nursing Home, Inc	23-2568288	2020-06	0	0	0	0
(14) Geisinger-Bloomsburg Hospital	23-2193572	2020-06	0	0	0	0
(15) Geisinger-Bloomsburg Healthcare Center	23-2242854	2020-06	0	0	0	0
(16) Geisinger-Lewistown Hospital	23-1352187	2020-06	0	0	0	2,500
(17) Lewistown Ambulatory Care Corporation	23-2344362	2020-06	0	0	0	0
(18) Family Health Associates of Geisinger-Lewistown Hospital	25-1651582	2020-06	0	0	0	0
(19) Keystone Health Information Exchange, Inc	46-4359893	2020-06	0	0	0	0
(20) Geisinger Commonwealth School of Medicine	26-0812968	2020-06	0	0	0	0
(21) Holy Spirit Health System	25-1865142	2020-06	0	0	0	0
(22) Holy Spirit Hospital of the Sisters of Christian Charity	23-1512747	2020-06	0	0	0	2,500
(23) Spirit Physician Services, Inc	25-1766971	2020-06	0	0	0	0
(24) West Shore Advanced Life Support Services, Inc	23-2463002	2020-06	0	0	0	50,000
(25) Holy Spirit Corporation	23-2214540	2020-06	0	0	0	0
(26) Holy Spirit Ventures, Inc	23-2407709	2020-06	0	0	0	300,000
(27) ISS Solutions, Inc	23-2077663	2020-06	250,000	0	1,000,000	0
(28) Geisinger Indemnity Insurance Company	23-2815174	2019-12	0	0	0	0
(29) Geisinger Quality Options, Inc	20-4275139	2019-12	0	0	0	0
(30) Geisinger Assurance Company, Ltd	98-1016737	2020-06	0	0	0	0

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(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other Section 179 deduction	(e) Other General business credit limit	(e) Other Large corporation exemption	
(31) Atlanticare Health Services, Inc	22-3265214	2020-06	0	0	0	0	
(32) Atlanticare Regional Medical Center	21-0634549	2020-06	0	0	0	0	
(33) Atlanticare Health Solutions, Inc	38-3856295	2020-06	0	0	0	0	
(34) Atlanticare Assurance Alliance, Inc	46-3730123	2020-06	0	0	0	0	
(35) GNJ Physicians Group, PC	82-0681884	2020-06	0	0	0	0	
(36) GSL Hospital	82-4432109	2020-06	0	0	0	0	
(37) GSLPG	82-5423865	2020-06	0	0	0	0	
(38) Geisinger Medical Center Muncy	85-1226106	2020-06	0	0	0	0	
The organizations can be contacted at 100 North Academy Avenue MC 49-70 Danville, PA 17822	TOTALS		250,000	0	1,000,000	25,000	1,000,000