		İ					_			Ϊ	OMB No 1545-0047
-Forn	.990-Т		Exempt Org (ar endar year 2019 or other tax								2019
	ortment of the Treasury			rs.gov/Form990T fo	or instruc	tions	and the latest info	rmation	١.		en to Public Inspection for
A	Check box if address changed	<u> </u>	Name of organization	<u> </u>			ee instructions)	ilizatio	D Employer ide		(c)(3) Organizations Only tion number
_	xempt under section								(Employees' tru	st, see	instructions)
ŀ	X 501(C) (3) €	Print	_GEISINGER-				ITAL		23-21	0.2	E70
}	408(e) 220(e) 408A 530(a)	Type	Number, street, and room or 100 N ACAI				70		E Unrelated but		· · · · · · · · · · · · · · · · · · ·
ŀ	408A 530(a)	Туре	City or town, state or proving						(See instruction		activity code
<u> </u>	Book value of all assets		DANVILLE	io, coamy, and an			17822-980	00			
	at end of year	F G	roup exemption number	er (See instruction	s) 🕨						
	48,098,618	G C	heck organization type	► X 501(c) corpor	ation	501(c) tru	ust	401(a) trust		Other trust
	Enter the number of the	organiz	ation's unrelated trades	or businesses	-		Describe the only	(or firs	t) unrelated trad		
	NONE		anha tha first in the bla						Dodo Lood II. o		nly one, complete
	Parts I–V If more than o Schedule M for each add			· ·		previ	ous sentence, cor	npiete	Parts I and II, co	ompi	ete a
	During the tax year, was					rent-s	subsidiary controlle	ed gro	Jp?		► X Yes No
1	f "Yes," enter the name	and ide	ntifying number of the				-	_	•		
	GEISINGER			MUL VD E	TATA AT		23-19959				70-214-6181
~~~~~	The books are in care of		e or Business Inc		TIANTA	<del>-</del>	(A) Income	1 егер	hone number > (B) Expenses		(C) Net
1a	Gross receipts or sale		e or business me	ome			(2) 1100110		(B) Expended		(0) //0:
b	Less returns and allow			c Balance	<b>•</b>	1c					
2	Cost of goods sold (So	chedule	A, line 7)			2					
3	Gross profit Subtract	line 2 fro	om line 1c			_3_					
4a	Capital gain net incom	•	•			4a					
b	Net gain (loss) (Form 479)			<b>'</b> )		4b		<del></del>	······································		
С 5	Capital loss deduction		ts o and S corporation (at	tach		4c	<del> </del>	<del></del>	······································		
•	statement)	i ti i ci Si ii j	and 5 corporation (at	tacri		5	ĺ				
6	Rent income (Schedul	e C)				6					
7	Unrelated debt-finance	ed incom	ne (Schedule E)			7					
8	Interest, annuities, royaltie	es, and re	nts from controlled organiz	zation (Schedule F)		8					
9	Investment income of a se			ation (Schedule G)		9					
10	Exploited exempt activ	•	'			10		<del></del> -	<del></del>		
11 12	Advertising income (See ins		•			11 12	<del> </del> -		· - <del></del>	,	
13	Total. Combine lines 3					13		-	·		0
P	irt II Deductio	ns No	t Taken Elsewher	e (See instruct	tions fo	r lım	itations on ded	luctio	ns ) (Deduction	ons	must be directly
			he unrelated busin				<del></del>			1	
14 _15	Salaries and wages	ers, dire	ctors, and trustees (Sc	hedule K)					}	15	
	Repairs and maintena	nce							 	16	_
516 517	Bad debts									17	
<del>-</del> 18	Interest (attach schedu	ule) (see	e instructions)							18	
19	Taxes and licenses						1 1		ļ	19	
530 521	Depreciation (attach F		•				20				•
	Less depreciation clair	ned on	Schedule A and elsewl	nere on return			21a			21b	0
22 153	Depletion  Contributions to deferr	ed com	nensation plans	RECE	IVED	<del>- , , , , ,</del>	ד		<del> -</del>	22	
<del>2</del> 24	Employee benefit prog	•	,	12	7		.1			24	
23 24 125 736	Excess exempt expens		nedule I)	MAY 2	2024	780	1		<u> </u>	25	
7 ³ 6	Excess readership cos	its (Sch	edule J)	O MAILE	2021	850	-1			26	
27	Other deductions (atta		· .	OCDEN	1 117	_1∝	1			27	<del></del>
28	Total deductions. Add		-	OGDEN			1		-	28	
29 20	Unrelated business tax								-	29	
30	Deduction for net oper instructions)	auny 108	s ansing in tax years t	regioning on or an	ei Janua	ıı <b>y</b> 1, 4	2010 (366			30	
31	_Unrelated business tax	<u>cable i</u> nc	come Subtract line 30	from line 29						31	

DAA For Paperwork Reduction Act Notice, see instructions.

69

	990T (2019) GEISINGER-BLOOMSBURG HOSPITAL	23-21935	12		Page 2
Pa	Total Unrelated Business Taxable income	<del></del>		<del></del>	
32	Total of unrelated business taxable income computed from all unrelated trades or business.	nesses (see			
	instructions)			32	
	Amounts paid for disallowed fringes			33	
	Charitable contributions (see instructions for limitation rules)			34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	is Subtract line		- 1	
	34 from the sum of lines 32 and 33			35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018	3 (see			
	instructions)		_	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36	from line 35	(	h 37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		٩	() <u>/88  </u>	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greate	r than line 37,		, l	
	enter the smaller of zero or line 37			39	0
Pa	t IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		j	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form '	1041)	l	<b>▶</b> 41	· · · · · · · · · · · · · · · · · · ·
42	Proxy tax. See instructions		J	42	
43	Alternative minimum tax (trusts only)			43	
44	Tax on Noncompliant Facility Income. See instructions			44	· · · · · · · · · · · · · · · · · · ·
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0
Pa	t.У Tax and Payments				
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
	General business credit Attach Form 3800 (see instructions)	46c		$\neg$ 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		$\neg$ 1	
	Total credits. Add lines 46a through 46d		•	46e	
	Subtract line 46e from line 45			47	
40	Other laxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att s	sch )		48	
	Total tax. Add lines 47 and 48 (see instructions)			49	0
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line	3		50	
	Payments A 2018 overpayment credited to 2019	51a			· · · · · · · · · · · · · · · · · · ·
	2019 estimated tax payments	51b		$\dashv$ 1	
	Tax deposited with Form 8868	51c		┪ ┃	
	Foreign organizations Tax paid or withheld at source (see instructions)	51d		7 1	
	Backup withholding (see instructions)	51e		$\dashv$ $\blacksquare$	
	Credit for small employer health insurance premiums (attach Form 8941)	51f		$\dashv$ 1	
	Other credits, adjustments, and payments Form 2439	JII		-	
g	Form 4136 X Other 211 Total	da	21	1	
52	Total payments. Add lines 51a through 51g Form 8827	ــــــــــــــــــــــــــــــــــــــ		<u> </u>	211
	Paymonto. Nac mico o la timoagni o lg		. ∟	53	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached				0
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		10,	55	211
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of		¶		211
***************************************	Enter the amount of line 55 you want Credited to 2020 estimated tax		unded	> 56	211
	t VI Statements Regarding Certain Activities and Other Inform				Ty N-
57	At any time during the 2019 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "YES," the c	i signature or other au	thority to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the	name of the foreign	country		
	here ▶ N/A				X
	During the tax year, did the organization receive a distribution from, or was it the grant	or of, or transferor to,	a foreign	trust?	X
	If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt/filterest received or accrued during the tax year ▶ \$	N/A			
	Under penalties of perury. I declare that beave examined this return, including accompanying schedules and stateme	nts, and to the best of my know	vledge and b	pelief, it is	
Sigi	true, correct and complete Declaration of prepared other than taxpayer) is based on all information of which prepared	r has any knowledge		,	May the IRS discuss this return with the preparer shown below
Her	EXPANA). Tallito E/G/21 DEVP, CFO, TI	REASURER			(see instructions)?
	Signeture of officer Date Title				Yes No
	Prio/Type preparer's name Preparer's signature		Date	Check	if PTIN
Paid				self-emplo	byed
Prepa	arer Firm's name THIS TAX RETURN		Fir	m's EIN 🕨	
Use (					
	Firm's address NON-PAID PREPARER.		Ph	one no	
		<del> </del>			Form <b>990-T</b> (2019)

Forn	n 990-T (2019) <b>GEISI</b>	NGER-BLOOM	ISBU	RG HOSP	ITAL	:	23-2	193572		Р	age 3
Sch	edule A - Cost of Go	ods Sold. Enter	metho	od of invent	ory valuation ▶			N/A			
1	Inventory at beginning of y	rear 1		6	Inventory at end	l of y	ear		6		
2	Purchases	2		7	Cost of goods	sold	l. Subtra	ct			
3	Cost of labor		line 6 from line 5	5 En	ter here	and					
4a	Additional sec 263A costs				ın Part I, line 2				7		
	(attach schedule)	4a		8	Do the rules of s	section	on 263A	(with respect to		Yes	No
b	Other costs	4b						ed for resale) apply		1	1
5	(attach schedule)  Total. Add lines 1 through	<del></del>			to the organizati			or its its and its property			ĺ
	edule C – Rent Incon		roper	ty and Pers			ased \	With Real Prope	rtv)	<del></del>	Ь
	ee instructions)	(1 10111 11041 1	.000.	ty und i or	ж. торого,				, ,		
<del></del>	scription of property						·				
(1)	N/A	<del> </del>					·				
(2)				<del></del>	<del>.     .     .     .     .     .     .     .     .     .     .     .     .     .       .           .     .                                        </del>			<del></del>			
(3)											
(4)											
13/		2 Rent receiv	ed or acco	ued	· · · · · · · · · · · · · · · · · · ·		-				
	(-) F	<del></del>	90 01 000					2(-) Dadicalians d			
	<ul> <li>(a) From personal property (if the personal property is more the</li> </ul>	-			nd personal property (if t for personal property ex				rectly connected with a) and 2(b) (attach so		
	more than 50%)				is based on profit or inco		'	111 0010111113 2(1	a) and 2(b) (allacii sc	rieddie)	
					<del></del>		-				
(1)		<del></del>						<del></del>			
(2)											
(3)		·									
(4) Taka			Tatal						<del></del>		
Tota	<del></del>		Total					(b) Total deductions			
	otal income. Add totals of o		) Enter					Enter here and on pag			
_	and on page 1, Part I, line 6			- /	-1:			Part I, line 6, column (	D) P		
<u>301</u>	edule E – Unrelated I	Debt-Financed	ncom	e (see instru	ctions)					<del>-</del>	
				2 Gro	ss income from or	ł		3 Deductions directly co	onnected with or alloc nced property	able to	
	<ol> <li>Description of debt-f</li> </ol>	financed property		allocab	le to debt-financed	ŀ			T T		
					property		(a) S	traight line depreciation	1	deductions	
	3-7-							(attach schedule)	(attach	schedule)	
(1)	N/A			ļ							
(2)	<del></del>	<del></del>						<del></del>			
(3)		<del></del>						<del></del>			
(4)	<del></del>	<del></del>						<del></del>			
	4 Amount of average acquisition debt on or	5 Average adjusted to of or allocable to		]	6. Column		7.0	ross income reportable	,	e deductions	
	allocable to debt-financed	debt-financed prope	erty	1 .	4 divided by column 5	ŀ		olumn 2 x column 6)		otal of columi nd 3(b))	ns
	property (attach schedule)	(attach schedule	)	'				<u> </u>	3(a) a	10 3(0))	
(1)			_			_%					
(2)				ļ		_%					
(3)	<u> </u>				<del></del>	_%			1		
(4)				<u> </u>		_%					
								here and on page 1,	Enter here a		
							Part	I, line 7, column (A)	Part I, line	7, column	(B)
Tota	Is					▶ [					
Tota	l dividends-received dedu	ctions included in c	olumn 8	. <u> </u>							

Schedule F - Interest, Annu	ities, Royalt	ies, and Ren		<b>m Controll</b> pt Controlled				(see instruc	tions)	· · · · · · · · · · · · · · · · · · ·
1 Name of controlled organization		2 Employer number	3. Net un	nrelated income se instructions)	4 To	4 Total of specified payments made		5 Part of column 4 that included in the control organization's gross inc		6 Deductions directly connected with income in column 5
(1) N/A										<del> </del>
(2)						<del></del>				
(3)				-					_	
(4)				<del></del>						<del></del>
Nonexempt Controlled Organiza	tions									
7. Taxable Income	<b>I</b>	Net unrelated income oss) (see instructions)	li li	9 Total of specific payments made		inc	luded in th	umn 9 that is e controlling gross income		. Deductions directly inected with income in column 10
(1)										
(2)										
(3)	1									
(4)				· ·						
Totals					•	Ent		5 5 and 10 d on page 1, column (A)	Ente	d columns 6 and 11 or here and on page 1, 1, line 8, column (B)
Schedule G - Investment In	come of a S	ection 501(c	1(7), (9)	or (17) O	rgani:	zation	(see in	structions)		<del></del>
1 Description of income		- 2 Amount of Ir		3 De directly	ductions connected schedule	± .	4	I. Set-asides lach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A			· · · · · · · · · · · · · · · · · · ·		-					
(2)										
(3)							<del></del>			<del></del>
(4)									_	
Totals		Enter here and o Part I, line 9, col							En Pa	ter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exer	nnt Activity	ncome Othe	er Than	Advertisi	na Inc	come	(see in	structions)	<del></del>	::::
Concadie 1 - Exploited Exel	ipt Activity	Conje, Oth		1 Auvertisi	Tig m	<del>oo</del> me	(SCC III	T		T
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expen directly connected productio unrelate business in	y I with en of ed	4 Net income ( from unrelated or or business (co 2 minus column if a gain, comp cols 5 through	trade lumn n 3) oute	from a	ss income ctivity that unrelated ss income	attribut	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)			Ť							
(3)				· · · · · · · · · · · · · · · · · · ·					<del></del>	
(4)	-				1		,			
Totals	Enter here and on page 1, Part I, line 10, col. (A)	page 1, Page 10, col	art I,		······································				•••••	Enter here and on page 1, Part II, line 25
Schedule J - Advertising In	come (see in	structions)								
Part I Income From P	eriodicals R	eported on a	Consc	olidated Ba	asis		·-			
1 Name of periodical	2. Gross advertising income	3 Direct advertising	ct	4 Advertising gain or (loss) (2 minus col 3 a gain, compticols 5 through	g col ) If ute		culation		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A				7 1 1						
(2)					Γ					
(3)					Γ					
(4)										
Totals (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	<u>a line-by-line bas</u>	ıs )		·	<del>,</del>	
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)						
Totals from Part I						
	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
Totals, Part II (lines 1-5)	<u> </u>	<u> </u>	<u> </u>			

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)		%	•
Total, Enter here and on page 1. Part II, line 14		<b>•</b>	

Form 990-T (2019)

(Rev May 2020)

Name

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

2019

► Attach to the corporation's tax return. ▶ Go to www.irs.gov/Form8827 for the latest information.

Employer identification number **GEISINGER-BLOOMSBURG HOSPITAL** 23-2193572 Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827. 211 2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions) 2 0 3 3 211 4 211 Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has 5a 211 b Current year minimum tax credit. 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 5b 0 c 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) 5c 211 Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years 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.

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).

## GEISINGER-BLOOMSBURG HOSPITAL

# 23-2193572

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

## GEISINGER-BLOOMSBURG HOSPITAL

## 23-2193572

- 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 General business credit limit	(e) Other Large corporation exemption
(31)	Atlanticare Health Services, Inc	22-3265214	2020-06	0	0	0	0	0
(32)	Atlanticare Regional Medical Center	21-0634549	2020-06	0	0	0	0	0
(33)	Atlanticare Health Solutions, Inc	38-3856295	2020-06	0	0	0	0	0
(34)	Atlanticare Assurance Alliance, Inc	46-3730123	2020-06	0	0	0	0	0
(35)	GNJ Physicians Group, PC	82-0681884	2020-06	0	0	0	0	0
(36)	GSL Hospital	82-4432109	2020-06	0	0	0	0	0
(37)	GSLPG	82-5423865	2020-06	0	0	0	0	0
(38)	Geisinger Medical Center Muncy	85-1226106	2020-06	0	0	0	0	0
	The organizations can be contacted at	TOTALS		250,000	0	1,000,000	25,000	1,000,000

The organizations can be contacted at 100 North Academy Avenue MC 49-70 Danville, PA 17822