

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
GEISINGER-BLOOMSBURG HOSPITAL

Doing business as

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

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

D Employer identification number
23-2193572

E Telephone number
(570) 271-6624

F Name and address of principal officer:
JAEWON RYU MD JD
100 N ACADEMY AVE MC 22-01
DANVILLE, PA 178229800

G Gross receipts \$ 55,411,257

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 ▶

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: 1982 **M** State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THE QUALITY OF LIFE OF THE POPULATION IT SERVES BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH AND HOSPITAL SERVICES THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM..SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> 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)	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	475	
	6	Total number of volunteers (estimate if necessary)	89	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 39			
Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	5,180,837	
	9	Program service revenue (Part VIII, line 2g)	49,737,856	48,549,316
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-41,419	-41,331
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	701,139	1,601,383
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,397,576	55,290,205
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300	300
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,819,171	24,865,475
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,532,710	30,581,256
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,352,181	55,447,031	
19	Revenue less expenses. Subtract line 18 from line 12	-1,954,605	-156,826	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	40,179,924	48,098,618
	21	Total liabilities (Part X, line 26)	30,935,708	39,906,487
22	Net assets or fund balances. Subtract line 21 from line 20	9,244,216	8,192,131	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2021-05-12

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 <input type="checkbox"/> 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

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 BLOOMSBURG HOSPITAL SERVES TO ENSURE THE QUALITY OF LIFE OF THE POPULATION IT SERVES BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH AND HOSPITAL SERVICES THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 53,548,723 including grants of \$ 300) (Revenue \$ 49,494,180)
See Additional Data

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

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

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

4e Total program service expenses ▶ 53,548,723

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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:
 ▶ KEVIN LANCIOTTI V.P. FINANCE CFO 100 NORTH ACADEMY AVE MC 01-50 DANVILLE, PA 17822 (570) 214-6181

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAEWON RYU MD JD PRESIDENT, D	40.00	X		X				0	3,766,472	835,866
(2) KEVIN V ROBERTS MBA CPA EVP, CFO, TR	40.00			X				0	1,679,991	360,091
(3) EDELYN L MILLER DIRECTOR	40.00	X						0	1,769,959	40,679
(4) DAVID J FELICIO ESQUIRE EVP, CLO, SE	40.00			X				0	1,077,100	208,192
(5) MATTHEW WALSH DIRECTOR	40.00	X						0	892,693	136,870
(6) GERALD V MALONEY DO DIRECTOR	40.00	X						0	569,733	114,718
(7) STEPHEN J PAOLUCCI MD CMO	40.00			X				0	588,924	45,171
(8) LORI R GRAMLEY ESQUIRE ACLO, ASST S	40.00			X				0	304,113	30,799
(9) ERIN M FITZGERALD CPA FHFMA FORMER 5 HIG	40.00						X	0	294,363	21,145
(10) LISSA L BRYAN SMITH CAO	40.00			X				0	270,375	38,085
(11) DANIEL E LOHR ESQUIRE FORMER OFFIC	40.00						X	0	287,662	20,511
(12) JOSEPH P RUDA CRNA FORMER 5 HIG	40.00						X	0	255,368	37,430
(13) BONNIE L HESS RN VP, NURSING	40.00					X		193,022	0	35,081
(14) LINDA D PANIKKAR CRNA FORMER 5 HIG	40.00						X	0	196,368	21,260
(15) TIMOTHY J GUSCHEL PHARMD FORMER 5 HIG	40.00						X	0	158,091	30,537
(16) JOSEPH J SEMBORSKI RPH CLINICAL PHA	40.00					X		132,670	0	29,347
(17) JEREMY R SCOTT PHARMD MANAGER, PHA	40.00					X		121,630	0	34,002

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			
(18) SHERRY L HAUN NURSING SUPE	40.00					X	107,842	0	36,954	
(19) BRENDA ALBERTSON IP NURSING O	40.00					X	111,684	0	30,581	
(20) DIANE E CAMPBELL RN RN, INPATIENT	40.00					X	110,448	0	14,453	
(21) JEFFREY A JACOBSON DIRECTOR	0.25 3.50	X					0	0	0	
(22) V CHRIS HOLCOMBE PE VICE CHAIR,	0.25 4.00	X					0	0	0	
(23) VIRGINIA MCGREGOR DIRECTOR	0.25 4.25	X					0	0	0	
(24) ROBERT J DIETZ CHAIR, DIREC	0.25 4.50	X					0	0	0	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							777,296	12,111,212	2,121,772	

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 ▶ 15

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 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>	4 Yes	
5 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>	5	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
MEDEFIS CONSOLIDATED, PO BOX 5068 NEW YORK, NY 100875068	TEMPORARY HELP	841,031
HCSC, PO BOX 8016 LANCASTER, PA 17604	LAUNDRY SERVICE	178,818
PHILIPS HEALTHCARE, PO BOX 100355 ATLANTA, GA 303840355	MEDICAL SERVICE	118,087
ENCOMPASS HEALTH, 9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242	MEDICAL SERVICE	117,263

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 ▶ 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,180,837		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		5,180,837		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PATIENT SERVICE REVENUE		622110	47,620,206	47,620,206		
b RENTAL INCOME		541900	783,117			783,117
c IC NON PROFIT SHARED SERVICES		531120	143,905	143,905		
d INTEREST INCOME FROM PAYORS		524298	2,088	2,088		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			48,549,316			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,675			15,675	
	4 Income from investment of tax-exempt bond proceeds		1,389			1,389	
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a	229,936				
		b Less: rental expenses	6b	62,657			
	c Rental income or (loss)	6c	167,279				
	d Net rental income or (loss)			167,279			167,279
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b		58,395		
	c Gain or (loss)	7c		-58,395			
	d Net gain or (loss)			-58,395			-58,395
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a EHR MEANINGFUL USE	900099		782,761	782,761			
b PENSION VALUATION	900099		278,637			278,637	
c CAFETERIA SALES	722514		162,718			162,718	
d All other revenue			209,988	162,103		47,885	
e Total. Add lines 11a-11d			1,434,104				
12 Total revenue. See instructions			55,290,205	48,711,063		1,398,305	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	300	300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	224,273	224,273		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,532,032	18,292,074	239,958	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	846,983	836,147	10,836	
9 Other employee benefits	3,869,823	3,820,315	49,508	
10 Payroll taxes	1,392,364	1,374,551	17,813	
11 Fees for services (non-employees):				
a Management				
b Legal	281,196	281,196		
c Accounting	6,000	6,000		
d Lobbying	659		659	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,978	5,073	8,905	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,597,818	2,261,322	336,496	
12 Advertising and promotion	302	302		
13 Office expenses	1,288,584	1,182,378	106,206	
14 Information technology	73,045	71,193	1,852	
15 Royalties				
16 Occupancy	1,351,658	1,276,071	75,587	
17 Travel	37,863	29,327	8,536	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,448	9,337	6,111	
20 Interest	856,518	808,620	47,898	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,656,224	2,523,488	132,736	
23 Insurance	1,033,863	964,524	69,339	
24 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.)				
a INTER-ENTITY SERVICES	11,764,317	11,012,238	752,079	
b MEDICAL SUPPLIES	5,950,882	5,931,613	19,269	
c UNCOLLECTIBLE EXPENSE	1,898,120	1,898,108	12	
d IC TEACHING & ADMIN REV	689,607	689,607		
e All other expenses	65,174	50,666	14,508	
25 Total functional expenses. Add lines 1 through 24e	55,447,031	53,548,723	1,898,308	0
26 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
Assets	1 Cash—non-interest-bearing	865,322	1	2,511,561
	2 Savings and temporary cash investments	5,151,806	2	10,311,116
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,896,487	4	2,367,872
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	6,965	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	170,611	7	224,185
	8 Inventories for sale or use	257,420	8	426,039
	9 Prepaid expenses and deferred charges	156,818	9	335,304
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,181,301		
	b Less: accumulated depreciation	10b 17,081,123	18,644,104	10c 19,100,178
	11 Investments—publicly traded securities	121,166	11	142,870
	12 Investments—other securities. See Part IV, line 11	799,350	12	905,295
	13 Investments—program-related. See Part IV, line 11	198,593	13	191,089
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,911,282	15	11,583,109
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,179,924	16	48,098,618	
Liabilities	17 Accounts payable and accrued expenses	652,371	17	477,230
	18 Grants payable		18	
	19 Deferred revenue		19	3,908,282
	20 Tax-exempt bond liabilities	23,977,627	20	28,997,675
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	6,305,710	25	6,523,300
	26 Total liabilities. Add lines 17 through 25	30,935,708	26	39,906,487
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-2,288,858	27	-3,485,535
	28 Net assets with donor restrictions	11,533,074	28	11,677,666
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,244,216	32	8,192,131	
33 Total liabilities and net assets/fund balances	40,179,924	33	48,098,618	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,290,205
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,447,031
3	Revenue less expenses. Subtract line 2 from line 1	3	-156,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,244,216
5	Net unrealized gains (losses) on investments	5	-23,521
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-871,738
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,192,131

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 3a** 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Software ID:**Software Version:****EIN:** 23-2193572**Name:** GEISINGER-BLOOMSBURG HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

I. GENERAL INFORMATION GEISINGER-BLOOMSBURG HOSPITAL (GBH), A 501(C)(3) NOT-FOR-PROFIT CORPORATION AND MEMBER OF GEISINGER, OWNS AND OPERATES A 76 BED, ACUTE CARE, HOSPITAL IN BLOOMSBURG, PA. GBH IS CONVENIENTLY LOCATED ONLY A FEW MILES FROM SEVERAL MAJOR HIGHWAYS THROUGHOUT CENTRAL PA. THE FACILITY OPENED IN 1905, ANSWERING A PRESSING NEED FOR HEALTH AND WELLNESS CARE IN THE COMMUNITY. GBH PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. II. MAJOR PROGRAM SERVICES OFFERED BY GBH INCLUDE: GENERAL MEDICAL CARE PROVIDED BY IN-HOUSE HOSPITALIST AND SUPPORTED BY CONSULTATIVE SERVICES IN THE AREAS OF CARDIOLOGY, NEUROLOGY AND PULMONOLOGY. EMERGENCY DEPARTMENT IS COMMITTED TO PROVIDING HIGH QUALITY, PROMPT EMERGENCY SERVICES. GBH'S ED IS STAFFED 24/7 WITH FULL-TIME PHYSICIANS AND NURSES THAT ARE TRAINED IN EMERGENCY MEDICINE AND ARE PREPARED TO TREAT CASES FROM PEDIATRICS TO CRITICAL CARE. IMMEDIATE ACCESS TO LABORATORY SERVICES, X-RAYS, CAT SCANS, 3D-4D ULTRASOUND, MRI AND SURGICAL SERVICES. MOST INSURANCES, INCLUDING MEDICARE AND MEDICAID, ARE ACCEPTED AND NO PATIENT IS REFUSED TREATMENT BECAUSE OF INABILITY TO PAY. THE WOMAN'S HEALTH UNIT FOCUSES ON ALL ASPECTS OF WOMEN'S HEALTH AND EDUCATION, PROVIDING OBSTETRICAL AND GYNECOLOGICAL CARE FOR WOMEN OF ALL AGES. SERVICES INCLUDE BUT NOT LIMITED TO ROUTINE VISITS AND TREATMENTS, PREVENTATIVE HEALTHCARE, BIRTH CONTROL EDUCATION, FAMILY PLANNING, OBSTETRICS, SURGERY & SURGERY CONSULTATIONS, MENOPAUSE COUNSELING, MIDWIFERY, LACTATION EDUCATION AND SUPPORT. MENTAL HEALTH & PSYCHIATRIC SERVICES IS A DESIGNATED COUNT 302 TRIAGE SITE THAT PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES DESIGNED TO HELP INDIVIDUALS LIVE AS INDEPENDENTLY AS POSSIBLE. ADULTS TO GERIATRICS CAN ACCESS QUICK, EFFICIENT ADMISSION 24/7 AND RECEIVE TREATMENT THROUGH ONE- ON-ONE PATIENT COUNSELING, TREATMENT MEETINGS AND ACTIVITIES 7 DAYS PER WEEK. A PSYCHIATRIST IS AVAILABLE DAILY. ADMISSIONS ARE CONFIDENTIAL AND MAY BE MADE BY PROFESSIONALS AS WELL BY INDIVIDUALS CONCERNED ABOUT THEMSELVES OR OTHERS. INPATIENT CARE IS PROVIDED THROUGH MULTIPLE PROFESSIONALS WHO COMPRISE THE TREATMENT TEAM. OTHER SERVICES INCLUDE: CARDIAC SERVICES SURGERY SPECIALTIES- RADIOLOGY ORTHOPEDIC ICCU UROLOGY LABORATORY SERVICES OTOLARYNGOLOGY PHYSICAL THERAPY GYNECOLOGY RESPIRATORY SERVICES GENERAL SURGERY SLEEP SERVICES OUTPATIENT ADDICTION MEDICINE NEUROLOGY III. PROGRAM SERVICE ACCOMPLISHMENTS UNCOMPENSATED CARE GEISINGER-BLOOMSBURG HOSPITAL RECOGNIZES ITS MISSION IN THIS REGARD; GBH PROVIDES FREE OR SUBSIDIZED CARE BELOW COST AND SUPPORTS VARIOUS HEALTH- RELATED ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITY. A. CHARITY CARE THE PRIMARY CONCERN OF GBH IS THE DELIVERY OF HEALTH CARE TO ALL CITIZENS OF CENTRAL PENNSYLVANIA REGARDLESS OF THEIR ABILITY TO PAY. THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GBH INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY. THE COST OF PROVIDING CHARITY CARE WAS 752,010 FOR THE FISCAL YEAR. B. MEDICARE/MEDICAID/OTHER GOVERNMENTAL IN RECOGNIZING ITS MISSION TO THE COMMUNITY, GBH PROVIDES SERVICES TO THE ELDERLY (MEDICARE) AND THE INDIGENT (MEDICAID), AS WELL AS OTHERS. GBH PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT THE GOVERNMENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTH CARE. THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT RECEIVED AS REIMBURSEMENT UNDER THE PROGRAM. THE COST OF PROVIDING HEALTHCARE SERVICES TO MEDICARE AND MEDICAID PATIENTS EXCEEDED REIMBURSEMENT BY APPROXIMATELY 7,819,385 DURING THE FISCAL YEAR. C. OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GBH PROVIDES SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED. THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES WAS 297,146 DURING THE FISCAL YEAR. COMMUNITY HEALTH, EDUCATION, AND OUTREACH GBH STRIVES TO BE A VALUABLE RESOURCE FOR THE COMMUNITY AND ITS RESIDENTS. GBH PROVIDES MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR THAT SERVE COMMUNITY HEALTH NEEDS. THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, COMMUNITY HEALTH EDUCATION, AND OTHER UNIQUE SERVICES. A. CLINICAL SERVICES THE COST TO GBH OF PROVIDING NUTRITIONAL SERVICES FOR THE ALS CLINIC DURING THE FISCAL YEAR WITH 83 ATTENDEES AND A COST OF 344. B. HEALTH EDUCATION GBH SPONSORS REGULAR COMMUNITY EDUCATION PROGRAMS. THE APPROXIMATE COST IS 8,869 ON TOPICS SUCH AS: COPD AWARENESS HEALTH FAIRS BASIC LIFE SUPPORT HEAD START READING/ACTIVITY PROGRAM PRENATAL EDUCATION C. COMMUNITY BUILDING ACTIVITIES GBH IS DEVELOPING NEW PROGRAMS TO IMPROVE THE SURROUNDING COMMUNITY WHILE WORKING TOGETHER WITH THE FOLLOWING OUTSIDE ORGANIZATIONS TO DETERMINE THE NEEDS SUCH AS: BLOOMSBURG UNIVERSITY MARCH OF DIMES COLUMBIA MONTOUR CHAMBER OF COMMERCE LEADERSHIP WILKES-BARRE NORTH BRANCH LAND TRUST OSTERHOUT FREE LIBRARY KIWANIS CLUB UNITED IN RECOVERY COLUMBIA CHILD DEVELOPMENT PROGRAM THE COST OF THESE ACTIVITIES DURING THE FISCAL YEAR WAS 70,498. D. HEALTH CARE SUPPORT SERVICES IN CONJUNCTION WITH CHARITABLE COMMUNITY ORGANIZATIONS AND/OR BUSINESS, GBH PARTICIPATED IN ACTIVITIES AT A COST TO GBH OF 127,164. ACTIVITIES INCLUDED A MEDICATION TAKE BACK PROGRAM, VETERAN'S DINNER, CLOTHING FOR PSYCH PATIENTS, TRANSPORTATION FOR INDIGENT PATIENTS. E. CASH FINANCIAL COMMUNITY DONATIONS GBH OFFERS A 300 SCHOLARSHIP TO A BLOOMSBURG HIGH SCHOOL SENIOR WHO WANTS TO PURSUE A DEGREE IN NURSING. F. GIFTS IN-KIND FINANCIAL DONATIONS FOR THE COMMUNITY AT A COST OF 11,137, LINEN CLEANING EXCHANGE PROGRAM FOR AMBULANCES, FIRST AID STATION CLEANING, SUPPLIES FOR THE WOMEN'S CENTER AND MEETING SPACE FOR AA, AND THE RENAISSANCE JAMBOREE. G. COMMUNITY BENEFIT OPERATIONS THE COST OF DEDICATED STAFF PARTICIPATING ON THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM 658. H. HEALTH PROFESSIONS EDUCATION THE COST OF HEALTH PROFESSIONS EDUCATION, INCLUDING: STUDENT VOLUNTEER, NURSE EXTERN AND INTERNS SUPERVISION WAS 42,493 GENERAL PROGRAM SERVICES A. RESIDENCY PROGRAMS: GBH HOSTS EMERGENCY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, NEUROLOGY, PEDIATRIC AND PSYCHIATRIC RESIDENTS AS A PART OF THEIR EDUCATION REQUIREMENTS UNDER GEISINGER MEDICAL CENTER'S ACCREDITED PROGRAMS. ALL THE PROGRAMS ARE ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). THE UNCOMPENSATED COSTS FOR GRADUATE MEDICAL EDUCATION TOTALED 2,268,071 DURING THE FISCAL YEAR. B. OTHER CASH CONTRIBUTIONS GEISINGER BLOOMSBURG HOSPITAL PROVIDED FINANCIAL ASSISTANCE TO THE COMMUNITY THROUGH A COMMUNITY ASSISTANCE PAYMENT. THE VALUE OF THE PAYMENT 4,630. C. VOLUNTEER SERVICES THE VOLUNTEERS OF GEISINGER BLOOMSBURG HOSPITAL ARE AN ACTIVE AND VITAL PART OF THE ACTIVITIES OF THE HOSPITAL. THE HOURS OF VOLUNTEER SERVICES ARE IMPORTANT CONTRIBUTION TO THE MISSION OF GBH. VOLUNTEERS FROM LOCAL COMMUNITIES HAVE CONTRIBUTED 8,191 HOURS TOWARD THE COMMON PURPOSE OF SERVICING THE HEALTHCARE OF THE COMMUNITY. THE VALUE OF THIS CONTRIBUTION OF 221,403 IS GIVEN BACK TO THE COMMUNITY THROUGH LOWER COSTS IN BOTH PATIENT SERVICES AND "WELLNESS" PROGRAMS. COMMUNITY BENEFITS SUMMARY CHARITY CARE 752,010 MEDICARE/MEDICAID/OTHER GOVERNMENTAL 7,819,385 OTHER UNCOMPENSATED PATIENT SERVICES 297,146 COMMUNITY HEALTH, EDUCATION, OUTREACH AND OTHER 261,463 HEALTH PROFESSIONS EDUCATION 2,268,071 COMMUNITY ASSISTANCE PAYMENT 4,630 VOLUNTEER SERVICES (VALUED AT 01/01/2020 PA STATEWIDE AVERAGE WEEKLY WAGE) 221,403 TOTAL 11,624,108 STATISTICS FISCAL YEAR ENDED JUNE 30, 2020 ADMISSIONS (INCLUDING NURSERY, PSYCH, & SNF) 2,370 ADMISSIONS (EXCLUDING NURSERY, PSYCH, & SNF) 1,371 OUTPATIENT VISITS (INCLUDING ER VISITS) 86,234 DISCHARGES (EXCLUDING NURSERY, PSYCH, & SNF) 1,380 AVERAGE LENGTH OF STAY (EXCLUDING NURSERY, PSYCH, & SNF) 2.7 PERCENT OF OCCUPANCY (EXCLUDING NURSERY, PSYCH, & SNF) 18.4% PATIENT SERVICE DAYS (EXCLUDING NURSERY, PSYCH, & SNF) 3,759 TOTAL OR CASES 2,646 LICENSED BEDS (EXCLUDING NURSERY, PSYCH, & SNF) 56 BASSINETS IN NURSERY 14

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number
23-2193572

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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	Total. Add lines 1 through 3						
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	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	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	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 Part VI when and how the organization made the determination.</i>		
c	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 Part VI what controls the organization put in place to ensure such use.</i>		
4a	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	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	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 Part VI 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>		
5a	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 Part VI, 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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 Part VI.</i>		
7	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>		
8	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>		
9a	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 Part VI.</i>		
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 Part VI.</i>		
c	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 Part VI.</i>		
10a	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	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>		

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?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 23-2193572

Name: GEISINGER-BLOOMSBURG HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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-BLOOMSBURG HOSPITAL	Employer identification number 23-2193572
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		659
j	Total. Add lines 1c through 1i			659
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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	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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 for instructions and the latest information.

Name of the organization
GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number
23-2193572

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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,533,073	11,326,065	9,330,663	8,734,417	9,063,100
b Contributions	191,278	-281,634	441,212	12,000	11,073
c Net investment earnings, gains, and losses	-335,872	488,643	1,554,190		134
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,677,667	11,533,073	11,326,065	9,330,663	8,734,417

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 91.270 %
 - c** Temporarily restricted endowment ▶ 8.730 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (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		432,243		432,243
b Buildings		11,761,534	5,713,131	6,048,403
c Leasehold improvements				
d Equipment		20,849,443	10,817,298	10,032,145
e Other		3,138,081	550,694	2,587,387
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,100,178

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

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) BENEFICIAL INTEREST PERPETUAL TRUSTS	10,658,530
(2) DUE FROM AFFILIATES	513,667
(3) DEFERRED PENSION COMPENSATION	405,302
(4) OTHER RECEIVABLES	5,610
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,583,109

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	
(2) DUE TO AFFILIATES	3,631,286
(3) PENSION COSTS	2,290,720
(4) EST. 3RD PARTY PAYOR SETTLEMENTS	314,255
(5) PATIENT CREDITS AND REFUNDS	197,465
(6) MEDICAL STAFF AND OTHER LIABILITY	70,351
(7) DEFERRED RENT	11,646
(8) LEASE LIABILITY	7,571
(9) ACCRUED INTEREST	6
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,523,300

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.

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

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.

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

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	

Additional Data

Software ID:

Software Version:

EIN: 23-2193572

Name: GEISINGER-BLOOMSBURG HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE HELD AT UNRELATED FUNANCIAL INSTITUTIONS WHO AR E RESPONSBILE FOR MAINTAINING AND INVESTING THE PRINCIPLE AND THE DISTRIBUTION OF THE FUND IN ACCORDANCE WITH THE DONOR STIPULATIONS. DISTRIBUTIONS FROM THE FUNDS ARE MADE BY THE R ESPECTIVE FINANCIAL INSTITUTONS TO GEISINGER BLOOMSBURG HOSPITAL WHO USES THE FUNDS AS DIR ECTED IN THE TRUST AGREEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	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.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number
23-2193572

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000000000</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			752,010		752,010	1.360 %
b Medicaid (from Worksheet 3, column a)			9,465,963	4,727,282	4,738,681	8.550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			10,217,973	4,727,282	5,490,691	9.900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			263,853	2,390	261,463	0.470 %
f Health professions education (from Worksheet 5)			2,844,789	576,718	2,268,071	4.090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,630		4,630	0.010 %
j Total. Other Benefits			3,113,272	579,108	2,534,164	4.570 %
k Total. Add lines 7d and 7j			13,331,245	5,306,390	8,024,855	14.470 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,898,108		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 548,996		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 6,188,369
6 Enter Medicare allowable costs of care relating to payments on line 5	6 9,269,073
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -3,080,704
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

GEISINGER-BLOOMSBURG HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.GEISINGER.ORG - REFER TO SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.GEISINGER.ORG - REFER TO SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.GEISINGER.ORG - REFER TO SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

GEISINGER-BLOOMSBURG HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

GEISINGER-BLOOMSBURG HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT: A COMMUNITY BENEFIT REPORT IS PROVIDED BY THE HOSPITAL AND ITS RELATED CHARITABLE ORGANIZATIONS TO THE GEISINGER HEALTH FINANCE COMMITTEE EACH YEAR.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	REFER TO THE RESPONSE FOR PART III, LINE 4.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	PATIENTS' ACCOUNTS ARE MONITORED THROUGHOUT THE BILLING PROCESS AND ARE RECLASSIFIED TO CHARITY CARE (100% DISCOUNTED CARE) WHENEVER A PATIENT BECOMES ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE/CHARITY CARE POLICY. THE HOSPITAL ESTIMATES THAT APPROXIMATELY 29% OF THE BAD DEBT ACCOUNTS ARE SUBSEQUENTLY RECLASSIFIED TO UNCOMPENSATED OR CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	PART III, LINES 2 AND 4: GEISINGER HEALTH AND ITS AFFILIATES ("GEISINGER"), THAT INCLUDES THE HOSPITAL, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, ANNUALLY. FOOTNOTE 3, SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES BEGINNING AT PAGE 8 WITHIN THESE FINANCIAL STATEMENTS INCLUDES A DESCRIPTION OF THE ACCOUNTING FOR NET PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE. THIS DISCLOSURE ALSO DESCRIBES THE RELATED EXPLICIT AND IMPLICIT PRICE CONCESSIONS AND BAD DEBTS EXPENSE. CHARITY CARE IS ALSO DESCRIBED IN THE SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES. GEISINGER'S PRICE CONCESSIONS, BAD DEBTS AND CHARITY CARE METHODOLOGIES ARE CONSISTENTLY APPLIED ACROSS ALL CHARITABLE AFFILIATES.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>PART III, LINE 3 - BAD DEBT: MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT AND THE COST ACCOUNTING SYSTEM. THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND THE COST OF BAD DEBT ARE COMMUNITY BENEFIT AND SHOULD BE INCLUDED ON FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND IS CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER THE INTERNAL REVENUE CODE ("IRC") 501(C)(3). SATISFYING THE "COMMUNITY BENEFIT STANDARD," AS ARTICULATED BY THE INTERNAL REVENUE SERVICE (IRS) IN REVENUE RULING 69-545, IS CURRENTLY REQUIRED FOR A HOSPITAL TO BE RECOGNIZED AS A CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE (IRC) 501(C)(3). THIS RULING REMOVED THE PREVIOUS REQUIREMENT OF REVENUE RULING 56-185, KNOWN AS THE "CHARITY CARE STANDARD," THAT IN ORDER TO BE A CHARITABLE ORGANIZATION, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR THEIR CARE. THIS EARLIER RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT MEAN THAT A HOSPITAL WAS CHARITABLE SINCE THAT LEVEL COULD REFLECT THE HOSPITAL'S FINANCIAL ABILITY TO PROVIDE SUCH CARE. REVENUE RULING 56-185 ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT IMPACT A HOSPITAL'S CHARITABLE STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. AS DEVELOPED IN REVENUE RULING 69-545, UNDER THE COMMUNITY BENEFIT STANDARD, HOSPITALS WERE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THIS RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED THOSE WHO COULD PAY FOR THE SERVICES EITHER BY THEMSELVES, THROUGH PRIVATE INSURANCE OR PUBLIC PROGRAMS SUCH AS MEDICARE. IN ADDITION, THE HOSPITAL OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL WAS CHARITABLE BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM CHARITABLE, AS REQUIRED BY TREASURY REGULATION SECTION 1.501 (C)(3)-1(D)(2). THE IRS RULED THAT THE PROMOTION OF HEALTH, LIKE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES OF THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO THOSE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER FACTORS THAT DEMONSTRATED COMMUNITY BENEFIT INCLUDED: SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXP AND FACILITIES AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; AND IT WAS CONTROLLED BY A BOARD OF DIRECTORS THAT CONSISTED OF INDEPENDENT CIVIC LEADERS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALLS) AND BAD DEBT SHOULD BE REPORTED AS COMMUNITY BENEFIT ON FORM 990, SCHEDULE H, PART I, LINE 7. THIS ORGANIZATION AGREES WITH THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 RESPONDING TO A DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA ARGUED THAT MEDICARE UNDERPAYMENTS (SHORTFALLS) IS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: -PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS REMAINS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. -MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES ONLY 92 CENTS FOR EVERY DOLLAR HOSPITALS SPEND TO CARE FOR MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10 YEAR LOW AT NEGATIVE 5.4 PERCENT. -MANY MEDICARE PATIENTS, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46% OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200% OF THE FEDERAL POVERTY LEVEL. MANY ARE ALSO ELIGIBLE FOR MEDICAID, SO CALLED -</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>DUAL ELIGIBLES". PENNSYLVANIA REQUIRES NON-PROFIT HOSPITALS TO PROVIDE A MINIMUM LEVEL OF COMMUNITY BENEFIT TO RETAIN EXEMPTION FROM STATE AND LOCAL TAXES. ACCORDING TO STATE GUIDANCE AND CASE LAW, THE UNREIMBURSED COST OF MEDICARE AND BAD DEBT IS CONSIDERED TO BE COMMUNITY BENEFIT FOR STATE TAX EXEMPTION PURPOSES. PART III, LINE 6 ONLY INCLUDES THOSE COSTS THAT ARE PERMITTED TO BE REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT THAT IS REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT. THE HOSPITAL CONSIDERS THE TOTAL MEDICARE UNDERPAYMENTS (SHORTFALL) OF 3,080,704 SHOULD BE REPORTED AS COMMUNITY BENEFIT ON THE FORM 990, SCHEDULE H, PART I, LINE 7. ALONG WITH PROVIDING CARE TO MEDICAID PATIENTS AND PROVIDING FREE OR DISCOUNTED CARE TO OTHER LOW-INCOME PATIENTS, THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. LIKE MEDICAID, MEDICARE DOES NOT PAY THE FULL COST OF PROVIDING CARE TO THESE PATIENTS, FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE SHORTFALL. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THE MEDICARE SHORTFALL AND IS THEREBY PROVIDING ACCESS TO MEDICAL SERVICES FOR THE ELDERLY AND RELIEVING THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR PROVIDING CARE TO MEDICARE PATIENTS. ABSENT THE MEDICARE PROGRAM, IT IS LIKELY THAT MANY MEDICARE PATIENTS WOULD BE ELIGIBLE FOR CHARITY CARE OR OTHER NEED-BASED GOVERNMENT PROGRAMS. THE AMOUNT EXPENDED TO COVER THE SHORTFALL IS MONEY NOT AVAILABLE FOR FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS. BOTH THE HOSPITAL AND THE AHA BELIEVE THAT PATIENT BAD DEBT BE REPORTED AS A COMMUNITY BENEFIT ON FORM 990, SCHEDULE H, PART I, LINE 7. LIKE MEDICARE UNDERPAYMENTS (SHORTFALLS), BAD DEBT SHOULD BE REPORTED AS COMMUNITY BENEFIT BECAUSE: -A SIGNIFICANT PORTION OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO FOR MANY REASONS DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY UNDER THE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE POLICY (FAP). A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO"), "NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFIT", CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." -THE CBO REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF THE BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR CHARITABLE MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THE EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ACCORDING TO THE CBO REPORT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. (IN FY 2020, APPROXIMATELY 29% OF THE HOSPITAL'S BAD DEBT WAS SUBSEQUENTLY RECLASSIFIED TO CHARITY CARE.) THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE (BAD DEBT AND CHARITY CARE) AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZED NATIONALLY. THE EXPERIENCE OF HOSPITALS NATIONWIDE REINFORCE THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE CHARITABLE MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS' BEAR IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE. FOR FISCAL YEAR ENDED 6/30/2020 TH</p>

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>GEISINGER BLOOMSBURG HOSPITAL PRIMARILY SERVES RESIDENTS IN 15 ZIP CODES SPANNING COLUMBIA , LUZERNE, MONTOUR, AND NORTHUMBERLAND COUNTIES IN PENNSYLVANIA. THE 2017 POPULATION OF TH E SERVICE AREA WAS 164,250 AND PROJECTED TO DECREASE 0.4% BY 2022. ZIP CODE OF RESIDENCE I S ONE OF THE MOST IMPORTANT PREDICTORS OF HEALTH DISPARITY; WHERE RESIDENTS LIVE MATTERS I N DETERMINING THEIR HEALTH. THE COMMUNITY NEED INDEX (CNI) WAS DEVELOPED BY DIGNITY HEALTH AND TRUVEN HEALTH ANALYTICS TO ILLUSTRATE THE POTENTIAL FOR HEALTH DISPARITY AT THE ZIP C ODE LEVEL. THE CNI SCORES ZIP CODES ON A SCALE OF 1.0 (LOW NEED) TO 5.0 (HIGH NEED) BASED ON 2015 DATA INDICATORS FOR FIVE SOCIO-ECONOMIC BARRIERS: -INCOME: POVERTY AMONG ELDERLY H OUSEHOLDS, FAMILIES WITH CHILDREN, AND SINGLE FEMALE HEADED FAMILIES WITH CHILDREN -CULTUR E/LANGUAGE: MINORITY POPULATIONS AND ENGLISH LANGUAGE BARRIERS -EDUCATION: POPULATION OVER 25 YEARS WITHOUT A HIGH SCHOOL DIPLOMA -INSURANCE COVERAGE: UNEMPLOYMENT RATE AMONG POPUL ATION 16 YEARS OR OVER AND POPULATION WITHOUT HEALTH INSURANCE -HOUSING STATUS: HOUSEHOLDE RS RENTING THEIR HOME THE WEIGHTED AVERAGE CNI SCORE FOR GEISINGER BLOOMSBURG HOSPITAL'S 1 5 ZIP CODE SERVICE AREA IS 3.1, INDICATING MODERATE OVERALL COMMUNITY NEED. THE CENTRAL RE GION POPULATION IS PRIMARILY WHITE, BUT DIVERSITY IS INCREASING. THE WHITE POPULATION AS A PERCENTAGE OF THE TOTAL POPULATION IS DECLINING IN ALL COUNTIES, WHILE BLACK/AFRICAN AMER ICAN AND HISPANIC/LATINO POPULATIONS ARE GROWING. THE DEMOGRAPHIC SHIFT IS A STATEWIDE TRE ND. MINORITY POPULATIONS ARE THE ONLY GROWING DEMOGRAPHIC IN PENNSYLVANIA. THE HISPANIC/LA TINO POPULATION IS ONE OF THE FASTEST GROWING DEMOGRAPHIC GROUPS. MONTOUR, NORTHUMBERLAND AND SCHUYLKILL COUNTIES ARE PROJECTED TO EXPERIENCE THE GREATEST INCREASE IN THE HISPANIC/ LATINO POPULATION. PENNSYLVANIA FARES BETTER THAN THE NATION ON MOST ECONOMIC INDICATORS. PENNSYLVANIA RESIDENTS ARE LESS LIKELY TO LIVE IN POVERTY, HAVE A SIMILAR UNEMPLOYMENT RAT E AS THE NATION'S AVERAGE, AND ARE MORE LIKELY TO HAVE ATTAINED AT LEAST A HIGH SCHOOL DIP LOMA. WITHIN THE CENTRAL REGION, RESIDENTS HAVE A LOWER MEDIAN HOUSEHOLD INCOME WHEN COMPA RED TO THE STATE AND THE NATION. RESIDENTS IN CLINTON, COLUMBIA AND LYCOMING HAVE HIGHER P OVERTY RATES THAN THE STATE AND THE NATION. SIMILARLY, EDUCATION ATTAINMENT IS LOWER AMONG MOST CENTRAL REGION COUNTIES, EXCEPTING MONTOUR, SNYDER, AND SULLIVAN. RACIAL AND ETHNIC MINORITY GROUPS LIKE BLACK/AFRICAN AMERICAN OR HISPANIC/LATINO RESIDENTS ARE MORE LIKELY T O BE IMPACTED BY ADVERSE SOCIOECONOMIC FACTORS, INCLUDING POVERTY, UNEMPLOYMENT, OR EDUCAT ION ATTAINMENT. POVERTY IS ONE OF THE BIGGEST DRIVERS OF DISPARITY IN THE CENTRAL REGION. POVERTY RATES AMONG MINORITY POPULATIONS ARE DOUBLE THE RATES AMONG WHITES. SOCIOECONOMIC DISPARITY CONTRIBUTES TO WORSE HEALTH OUTCOMES. BECAUSE POPULATION COUNTS FOR MINORITY RES IDENTS ACROSS THE REGION ARE LOW, HEALTH DISPARITIES ARE PRIMARILY EVIDENCED BY STATE AND NATIONAL TRENDS. THE 2017 POPULATION OF THE CENTRAL REGION IS 577,141. LYCOMING AND SCHUYL KILL COUNTIES COMPRISE THE MAJORITY OF THE POPULATION (46%). COUNTIES WITH SOME OF THE SMA LLEST POPULATION COUNTS (CLINTON, MONTOUR, AND SNYDER) ARE EXPECTED TO HAVE THE LARGEST GR OWTH BY 2022. THE CENTRAL REGION POPULATION IS PRIMARILY WHITE, BUT BECOMING MORE DIVERSE. THE PERCENTAGE OF WHITE RESIDENTS DECREASED ABOUT 1 PERCENTAGE POINT FROM 2010 TO 2017, W HILE THE PERCENTAGES OF BLACK/AFRICAN AMERICAN AND/OR HISPANIC/LATINO INCREASED SLIGHTLY S INCE 2010. THESE TRENDS ARE EXPECTED TO CONTINUE THROUGH 2022. CONSISTENT WITH THE DEMOGRA PHICS OF THE AREA, RESIDENTS ARE MORE LIKELY TO SPEAK ENGLISH AS THEIR PRIMARY LANGUAGE. P ENNSYLVANIA HAS A HIGHER MEDIAN AGE THAN THE NATION. THE MEDIAN AGE OF LYCOMING, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, AND SULLIVAN COUNTIES EXCEEDS THE STATE. SULLIVAN COUNTY HAS T HE HIGHEST MEDIAN AGE, EXCEEDING THE STATE BY 11 POINTS. ALL COUNTIES WITHIN THE CENTRAL R EGION HAVE A LOWER MEDIAN HOUSEHOLD INCOME THAN THE STATE AND THE NATION. SULLIVAN COUNTY HAS THE LOWEST MEDIAN HOUSEHOLD INCOME, BUT SIMILAR POVERTY RATES TO THE STATE. CLINTON, C OLUMBIA, AND LYCOMING COUNTIES HAVE THE HIGHEST POVERTY RATES AMONG ALL RESIDENTS AND/OR C HILDREN. APPROXIMATELY 22% TO 25% OF CHILDREN IN CLINTON AND LYCOMING COUNTIES LIVE IN POV ERTY. MONTOUR COUNTY HAS THE HIGHEST MEDIAN HOUSEHOLD INCOME AND THE LOWEST POVERTY RATES. ALL CENTRAL REGION COUNTIES EXCEPT MONTOUR HAVE A HIGHER PERCENTAGE OF BLUE COLLAR WORKER S WHEN COMPARED TO THE STATE AND THE NATION. THE UNEMPLOYMENT RATE FOR ALL COUNTIES IS SIM ILAR TO OR LOWER THAN THE STATE UNEMPLOYMENT RATE, RANGING FROM 3% TO 6%. HOMEOWNERSHIP IS A MEASURE OF HOUSING AFFORDABILITY AND ECONOMIC STABILITY. ALL COUNTIES HAVE A LOWER MEDI AN HOME VALUE WHEN COMPARED TO THE STATE, BUT ONLY HOUSEHOLDERS IN MONTOUR, SCHUYLKILL, AN D SNYDER COUNTIES ARE MORE LIKELY TO OWN THEIR HOME. ALL THREE COUNTIES HAVE SOME OF THE L OWEST POVERTY RATES IN THE REGION. EDUCATION IS TH</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	THE LARGEST PREDICTOR OF POVERTY AND ONE OF THE MOST EFFECTIVE MEANS OF REDUCING INEQUALITIES. A HIGHER PERCENTAGE OF RESIDENTS IN ALL COUNTIES EXCEPT MONTGOMERY COUNTY CONCLUDE THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA WHEN COMPARED TO THE STATE. MONTGOMERY COUNTY RESIDENTS ARE MORE LIKELY TO HAVE A BACHELOR'S DEGREE OR HIGHER WHEN COMPARED TO PEER COUNTIES.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 23-2193572**Name:** GEISINGER-BLOOMSBURG HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	GEISINGER-BLOOMSBURG HOSPITAL 549 FAIR STREET BLOOMSBURG, PA 17815 WWW.GEISINGER.ORG 025001	X	X		X			X		TRAUMA SERVICES	

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

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

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

Form and Line Reference	Explanation
<p>FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 5</p>	<p>HE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. FOCUS GROUPS AND INTERVIEWS WERE USED TO COLLECT IN-DEPTH INSIGHT FROM HEALTH CONSUMERS REPRESENTING MEDICALLY UNDERSERVED OR HIGH RISK POPULATIONS. EXISTING DATA SOURCES, INCLUDING PUBLIC HEALTH STATISTICS, DEMOGRAPHIC AND SOCIAL MEASURES, AND HEALTHCARE UTILIZATION, WERE COLLECTED AND ANALYZED TO IDENTIFY HEALTH TRENDS ACROSS HOSPITAL SERVICE AREAS. SPECIFIC RESEARCH METHODS INCLUDED: -AN ANALYSIS OF STATISTICAL HEALTH AND SOCIOECONOMIC INDICATORS FROM ACROSS THE REGION -AN ANALYSIS AND COMPARISON OF ACUTE HOSPITAL UTILIZATION DATA -A KEY INFORMANT SURVEY WITH 113 COMMUNITY LEADERS AND REPRESENTATIVES -SIX REGIONAL PARTNER FORUMS WITH COMMUNITY BASED ORGANIZATIONS TO IDENTIFY COMMUNITY HEALTH PRIORITIES AND FACILITATE COLLABORATION TOWARD COMMUNITY HEALTH IMPROVEMENT -TWELVE FOCUS GROUPS WITH SENIORS TO EXAMINE PREFERENCES, CHALLENGES, AND OPPORTUNITIES TO ACCESSING AND RECEIVING HEALTHCARE -PRIORITIZATION OF COMMUNITY HEALTH NEEDS TO DETERMINE THE MOST PRESSING HEALTH ISSUES ON WHICH TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS THE CHNA BUILT UPON THE HOSPITALS' PREVIOUS CHNAs AND SUBSEQUENT IMPLEMENTATION PLANS. THE RESEARCH FINDINGS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES FOR THE HOSPITALS AND ENGAGE LOCAL PARTNERS TO COLLECTIVELY ADDRESS IDENTIFIED HEALTH NEEDS. PRIORITIZED COMMUNITY HEALTH NEEDS IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, GEISINGER AND ITS CHNA PARTNERS SOLICITED AND RECEIVED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY EACH HOSPITAL, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND OTHER COMMUNITY STAKEHOLDERS WHO BROUGHT WIDE PERSPECTIVES ON COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY RESOURCES TO MEET THOSE NEEDS, AND GAPS IN THE CURRENT SERVICE DELIVERY SYSTEM. THROUGH FACILITATED DIALOGUE AND A SERIES OF CRITERIA-BASED VOTING EXERCISES, THE FOLLOWING HEALTH ISSUES WERE PRIORITIZED AS THE MOST SIGNIFICANT HEALTH NEEDS ACROSS THE REGION ON WHICH TO FOCUS HEALTH IMPROVEMENT EFFORTS OVER THE COMING THREE-YEAR CYCLE. -ACCESS TO CARE -BEHAVIORAL HEALTH (TO INCLUDE SUBSTANCE ABUSE AND MENTAL HEALTH STRATEGIES) -CHRONIC DISEASE PREVENTION AND MANAGEMENT (WITH A FOCUS ON INCREASING HEALTHY HABITS) TO DIRECT COMMUNITY BENEFIT AND HEALTH IMPROVEMENT ACTIVITIES, GEISINGER AND ITS CHNA PARTNERS CREATED INDIVIDUAL IMPLEMENTATION PLANS FOR EACH HOSPITAL TO DETAIL THE RESOURCES AND SERVICES THAT WILL BE USED TO ADDRESS THESE IDENTIFIED HEALTH PRIORITIES. BOARD APPROVAL THE GEISINGER CHNA FINAL REPORTS WERE REVIEWED AND APPROVED BY THE GEISINGER HEALTH AFFILIATE BOARDS ON JUNE 20, 2018 AND THE GEISINGER HEALTH BOARD OF DIRECTORS ON JUNE 21, 2018. FOLLOWING THE BOARDS' APPROVAL, ALL CHNA REPORTS WERE MADE AVAILABLE TO THE PUBLIC VIA THE GEISINGER</p>

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 5	GER WEBSITE AT HTTPS://WWW.GEISINGER.ORG/ABOUT-GEISINGER/COMMUNITY-ENGAGEMENT/CHNA . RESEARCH PARTNER BAKER TILLY WAS ENGAGED AS OUR CHNA RESEARCH PARTNER. BAKER TILLY ASSISTED IN ALL PHASES OF THE CHNA INCLUDING PROJECT MANAGEMENT, QUANTITATIVE AND QUALITATIVE DATA COLLECTION, SMALL AND LARGE GROUP FACILITATION AND REPORT WRITING. THE BAKER TILLY TEAM HAS WORKED WITH MORE THAN 100 HOSPITALS AND THOUSANDS OF THEIR COMMUNITY PARTNERS ACROSS THE NATION TO ASSESS HEALTH NEEDS AND DEVELOP ACTIONABLE PLANS FOR COMMUNITY HEALTH IMPROVEMENT. THROUGHOUT THIS DOCUMENT THE TERMS "SYSTEM-OR "GEISINGER" SHALL REFER TO THE ENTIRE HEALTH CARE SYSTEM COMPRISED OF GEISINGER HEALTH ("GH") AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRISING THE SYSTEM.

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

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

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

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

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 7D	THE HOSPITAL'S CHNA AND CHNA IMPLEMENTATION STRATEGY ARE POSTED ON THE HOSPITAL'S WEBSITE AT WWW.GEISINGER.ORG/ABOUT-GEISINGER/COMMUNITY-ENGAGEMENT/CHNA .

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

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

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 11	<p>S: GEISINGER HAS NUMEROUS PROGRAMS TO HELP PATIENTS PREVENT AND MANAGE CHRONIC CONDITIONS. EFFORTS INCLUDE ENCOURAGING COMMUNITY INITIATIVES THAT SUPPORT ACCESS TO AND AVAILABILITY OF HEALTHY LIFESTYLE CHOICES, INITIATING EARLY-STAGE INTERVENTIONS FOR INDIVIDUALS AT HIGH RISK FOR CHRONIC DISEASE, AND DEVELOPING INTEGRATIVE CARE MODELS TO IMPROVE OUTCOMES FOR PATIENTS WITH CHRONIC DISEASE. ACCESS TO CARE: GEISINGER BLOOMSBURG HOSPITAL IS COMMITTED TO INCREASING THE NUMBER OF RESIDENTS WHO HAVE A REGULAR PRIMARY CARE PROVIDER. ONE OF THE WAYS WE ARE MAKING THIS HAPPEN IS BY SCREENING PATIENTS WHO ACCESS SERVICES AT THE EMERGENCY DEPARTMENT TO DETERMINE IF THEY HAVE A MEDICAL HOME AND ASSIST THOSE WHO DO NOT IN FINDING A PRIMARY CARE PROVIDER. THIS APPROACH HAS NOT ONLY INCREASED THE NUMBER OF RESIDENTS WHO REPORT HAVING A MEDICAL HOME, IT HAS ALSO INCREASED THE NUMBER OF RESIDENTS WHO RECEIVE PREVENTIVE CARE AND REDUCED THE NUMBER OF NON-EMERGENCY VISITS TO THE EMERGENCY DEPARTMENT. WE'RE ALSO IMPROVING ACCESS TO CARE BY FOSTERING THE PURSUIT OF HEALTH CAREERS AND PROVIDING ONGOING TRAINING TO HEALTH PROFESSIONALS, INCLUDING NURSING AND ALLIED HEALTH STUDENTS. AT THE SAME TIME, WE CONTINUE TO ENCOURAGE HIGH SCHOOL AND COLLEGE STUDENTS TO ENTER THE HEALTHCARE FIELD BY PROVIDING HIGH SCHOOL STEM AND CAREER TOURS OF GEISINGER BLOOMSBURG HOSPITAL, PARTICIPATING IN COLLEGE ORIENTATIONS AND HEALTH SYMPOSIUMS AND PROVIDING OPPORTUNITIES FOR VOLUNTEERING. BEHAVIORAL HEALTH: GEISINGER BLOOMSBURG HOSPITAL IS COMMITTED TO ADVANCING LOCAL AND STATE DIALOGUE TO ADDRESS BEHAVIORAL HEALTH NEEDS. WE PARTICIPATE IN AND ARE WELL REPRESENTED ON THE BOARD OF THE COALITION FOR SOCIAL EQUITY, AN ORGANIZATION THAT PROMOTES EQUALITY FOR ALL PERSONS IN BLOOMSBURG AND THE SURROUNDING AREAS THROUGH COMMUNITY EVENTS, TRAININGS AND POLICY CHANGES. THERE ARE NUMEROUS PRIMARY CARE LOCATIONS WHICH ALSO OFFER BEHAVIORAL HEALTH SERVICES. AN INTEGRATED PRIMARY CARE SITE IN BLOOMSBURG TREATS BOTH PEDIATRIC AND ADULT PATIENTS AND TELEPSYCHIATRY SERVICES ARE ALSO PROVIDED. A GEROPSYCHIATRY CLINIC IS IN PLACE AT THE BEHAVIORAL HEALTH OUTPATIENT CLINIC ON FIRST STREET IN BLOOMSBURG, WITH NEUROPSYCHOLOGY SERVICES PROVIDED AT THE SAME LOCATION. GEISINGER BLOOMSBURG HOSPITAL IS INCREASING ACCESS TO BEHAVIORAL HEALTH SERVICES BY OFFERING THE SEXUAL ABUSE PROGRAM WITH TRAINED SEXUAL ASSAULT NURSE EXAMINERS (SANE) IN THE HOSPITAL EMERGENCY DEPARTMENT. THE APPROACH INCREASES AWARENESS OF SEXUAL ABUSE AMONG EMERGENCY DEPARTMENT STAFF AND COMMUNITY MEMBERS, INCREASES OUR CAPACITY TO PROVIDE COMPREHENSIVE CARE TO VICTIMS OF SEXUAL ABUSE AND IMPROVES OUTCOMES FOR PATIENTS WHO ARE TREATED BY SANES PROVIDERS. CHRONIC DISEASE MANAGEMENT AND PREVENTION: GEISINGER BLOOMSBURG HOSPITAL ENCOURAGES COMMUNITY INITIATIVES THAT SUPPORT ACCESS TO AND AVAILABILITY OF HEALTHY LIFESTYLE CHOICES. WE ARE ALSO INSTRUMENTAL IN DEVELOPING INTEGRATIVE CARE MODELS TO IMPROVE OUTCOMES FOR PATIENTS WITH CHRONIC DISEASE. BOTH</p>

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 11	GOALS ARE SUPPORTED THROUGH OUR PRESENCE ON THE BOARD OF DIRECTORS FOR THE COLUMBIA CHILD DEVELOPMENT PROGRAM TO PROVIDE QUALITY, INCLUSIVE SERVICES FOR CHILDREN AND FAMILIES. WE ALSO PARTICIPATE IN FREE COMMUNITY EVENTS, INCLUDING HEALTH AND WELLNESS EDUCATIONAL PROGRAMS AND HEALTH FAIRS. WE PROVIDE SUPPORT GROUPS, INCLUDING THE BETTER BREATHERS' CLUB, FOR PATIENTS WITH ASTHMA, COPD AND OTHER BREATHING ISSUES, AND THEIR CAREGIVERS. THESE GROUPS IMPROVE CLINICAL MEASURES AMONG PARTICIPANTS AND INCREASE COPING SKILLS TO HELP THEM BETTER MANAGE DISEASE. KNOWLEDGE LEVELS PRE-AND POST-PARTICIPATION ARE MEASURED AND RECORDED TO MAKE SURE WE ARE COMMUNICATING EFFECTIVELY.

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

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

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

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

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 16J	THE FAP, FAP APPLICATION, AND A PLAIN LANGUAGE SUMMARY OF THE FAP ARE WIDELY AVAILABLE AT HTTPS://WWW.GEISINGER.ORG/PATIENT-CARE/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/NEED-HELP . IN ADDITION, REGISTRATION PERSONNEL ALSO REFER UNINSURED AND/OR LOW INCOME PATIENTS TO FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE POLICY.

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

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

Form and Line Reference	Explanation
FACILITY 1, GEISINGER-BLOOMSBURG HOSPITAL - PART V, LINE 20E	REFER TO RESPONSE FOR PART III, LINE 9B.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number
23-2193572

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input 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 checked="" 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)		
<input 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 checked="" 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)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 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 on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - FROM TIME TO TIME, THE GEISINGER BOARD OF DIRECTORS OR GEISINGER SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FURTHER GEISINGER BUSINESS, FOR TAX OBLIGATIONS.
SCHEDULE J, PAGE 1, PART I, LINE 4	JAEWON RYU, MD, JD 0 260,854 0 EDELYN L. MILLER 0 896,156 0 DAVID J. FELICIO, ESQUIRE 0 235,495 0
SCHEDULE J, PART III	<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" REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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 for the latest information.

Department of the Treasury

Name of the organization

GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number

23-2193572

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GEISINGER BLOOMSBURG HOSPITAL SERVES TO ENSURE THE QUALITY OF LIFE OF THE POPULATION IT SERVES BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH AND HOSPITAL SERVICES THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	FORM 990, PART IV, LINE 24A: DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH (GH) IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES, INCLUDING TAX-EXEMPT BONDS ISSUED PRIOR TO DECEMBER 31, 2002, WITH A TOTAL OUTSTANDING BALANCE AT JUNE 30, 2020 OF 1,958,191,188, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT. BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GH SUBSIDIARIES, THE TAX-EXEMPT 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 GEISINGER JERSEY SHORE HOSPITAL EIN: 24-0792115 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. FORM 990, PAGE 10, LINE 24E, ALL OTHER EXPENSES: UNRELATED BUSINESS INCOME TAX REPORTED ON LINE 24E = -212

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>I.GENERAL INFORMATION GEISINGER-BLOOMSBURG HOSPITAL (GBH), A 501(C)(3) NOT-FOR-PROFIT CORPORATION AND MEMBER OF GEISINGER, OWNS AND OPERATES A 76 BED, ACUTE CARE, HOSPITAL IN BLOOMSBURG, PA. GBH IS CONVENIENTLY LOCATED ONLY A FEW MILES FROM SEVERAL MAJOR HIGHWAYS THROUGHOUT CENTRAL PA. THE FACILITY OPENED IN 1905, ANSWERING A PRESSING NEED FOR HEALTH AND WELLNESS CARE IN THE COMMUNITY. GBH PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. II.MAJOR PROGRAM SERVICES SERVICES OFFERED BY GBH INCLUDE: GENERAL MEDICAL CARE PROVIDED BY IN-HOUSE HOSPITALIST AND SUPPORTED BY CONSULTATIVE SERVICES IN THE AREAS OF CARDIOLOGY, NEUROLOGY AND PULMONOLOGY. EMERGENCY DEPARTMENT IS COMMITTED TO PROVIDING HIGH QUALITY, PROMPT EMERGENCY SERVICES. GBH'S ED IS STAFFED 24/7 WITH FULL-TIME PHYSICIANS AND NURSES THAT ARE TRAINED IN EMERGENCY MEDICINE AND ARE PREPARED TO TREAT CASES FROM PEDIATRICS TO CRITICAL CARE. IMMEDIATE ACCESS TO LABORATORY SERVICES, X-RAYS, CAT SCANS, 3D-4D ULTRASOUND, MRI AND SURGICAL SERVICES. MOST INSURANCES, INCLUDING MEDICARE AND MEDICAID, ARE ACCEPTED AND NO PATIENT IS REFUSED TREATMENT BECAUSE OF INABILITY TO PAY. THE WOMAN'S HEALTH UNIT FOCUSES ON ALL ASPECTS OF WOMEN'S HEALTH AND EDUCATION, PROVIDING OBSTETRICAL AND GYNECOLOGICAL CARE FOR WOMEN OF ALL AGES. SERVICES INCLUDE BUT NOT LIMITED TO ROUTINE VISITS AND TREATMENTS, PREVENTATIVE HEALTHCARE, BIRTH CONTROL EDUCATION, FAMILY PLANNING, OBSTETRICS, SURGERY & SURGERY CONSULTATIONS, MENOPAUSE COUNSELING, MIDWIFERY, LACTATION EDUCATION AND SUPPORT. MENTAL HEALTH & PSYCHIATRIC SERVICES IS A DESIGNATED COUNT 302 TRIAGE SITE THAT PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES DESIGNED TO HELP INDIVIDUALS LIVE AS INDEPENDENTLY AS POSSIBLE. ADULTS TOGeriatrics can access quick, efficient admission 24/7 and receive treatment through one-on-one patient counseling, treatment meetings and activities 7 days per week. A PSYCHIATRIST IS AVAILABLE DAILY. ADMISSIONS ARE CONFIDENTIAL AND MAY BE MADE BY PROFESSIONALS AS WELL BY INDIVIDUALS CONCERNED ABOUT THEMSELVES OR OTHERS. INPATIENT CARE IS PROVIDED THROUGH MULTIPLE PROFESSIONALS WHO COMPRISE THE TREATMENT TEAM. OTHER SERVICES INCLUDE: CARDIAC SERVICES SURGERY SPECIALTIES- RADIOLOGY ORTHOPEDIC ICU UROLOGY LABORATORY SERVICES OTOLARYNGOLOGY PHYSICAL THERAPY GYNECOLOGY RESPIRATORY SERVICES GENERAL SURGERY SLEEP SERVICES OUTPATIENT ADDICTION MEDICINE NEUROLOGY III.PROGRAM SERVICE ACCOMPLISHMENTS UNCOMPENSATED CARE GEISINGER-BLOOMSBURG HOSPITAL RECOGNIZES ITS MISSION IN THIS REGARD; GBH PROVIDES FREE OR SUBSIDIZED CARE BELOW COST AND SUPPORTS VARIOUS HEALTH-RELATED ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITY. A. CHARITY CARE THE PRIMARY CONCERN OF GBH IS THE DELIVERY OF HEALTH CARE TO ALL CITIZENS OF CENTRAL PENNSYLVANIA REGARDLESS OF THEIR ABILITY TO PAY. THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GBH INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>HO CANNOT AFFORD TO PAY. THE COST OF PROVIDING CHARITY CARE WAS 752,010 FOR THE FISCAL YEA R. B. MEDICARE/MEDICAID/OTHER GOVERNMENTAL IN RECOGNIZING ITS MISSION TO THE COMMUNITY, GB H PROVIDES SERVICES TO THE ELDERLY (MEDICARE) AND THE INDIGENT (MEDICAID), AS WELL AS OTHE RS. GBH PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO TH E EXTENT THE GOVERNMENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTH CARE. THE UNRE IMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT RECEIVED AS REIMBURSEMENT UNDER THE PROGRAM. THE COST OF PROVIDING HEALTHCARE SERVICES TO MEDICARE AND MEDICAID PATIENTS EXCEEDED REIMBURSEMENT BY APPROXIMATELY 7,819,3 85 DURING THE FISCAL YEAR. C. OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GBH PROVID ES SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED. THE UNCOMPENSATED COST OF PROVIDING SU CH PATIENT SERVICES WAS 297,146 DURING THE FISCAL YEAR. COMMUNITY HEALTH, EDUCATION, AND O UTREACH GBH STRIVES TO BE A VALUABLE RESOURCE FOR THE COMMUNITY AND ITS RESIDENTS. GBH PRO VIDES MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR THAT SERVE COMMUNI TY HEALTH NEEDS. THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, COMMUNITY HEALTH EDUC ATION, AND OTHER UNIQUE SERVICES. A. CLINICAL SERVICES THE COST TO GBH OF PROVIDING NUTRIT IONAL SERVICES FOR THE ALS CLINIC DURING THE FISCAL YEAR WITH 83 ATTENDEES AND A COST OF 3 44. B. HEALTH EDUCATION GBH SPONSORS REGULAR COMMUNITY EDUCATION PROGRAMS. THE APPROXIMATE COST IS 8,869 ON TOPICS SUCH AS: COPD AWARENESS HEALTH FAIRS BASIC LIFE SUPPORT HEAD STAR T READING/ACTIVITY PROGRAM PRENATAL EDUCATION C. COMMUNITY BUILDING ACTIVITIES GBH IS DEVE LOPING NEW PROGRAMS TO IMPROVE THE SURROUNDING COMMUNITY WHILE WORKING TOGETHER WITH THE F OLLOWING OUTSIDE ORGANIZATIONS TO DETERMINE THE NEEDS SUCH AS: BLOOMSBURG UNIVERSITY MARCH OF DIMES COLUMBIA MONTOUR CHAMBER OF COMMERCE LEADERSHIP WILKES-BARRE NORTH BRANCH LAND T RUST OSTERHOUT FREE LIBRARY KIWANIS CLUB UNITED IN RECOVERY COLUMBIA CHILD DEVELOPMENT PRO GRAM THE COST OF THESE ACTIVITIES DURING THE FISCAL YEAR WAS 70,498. D. HEALTH CARE SUPPOR T SERVICES IN CONJUNCTION WITH CHARITABLE COMMUNITY ORGANIZATIONS AND/OR BUSINESS, GBH PAR TICIPATED IN ACTIVITIES AT A COST TO GBH OF 127,164. ACTIVITIES INCLUDED A MEDICATION TAKE BACK PROGRAM, VETERAN'S DINNER, CLOTHING FOR PSYCH PATIENTS, TRANSPORTATION FOR INDIGENT PATIENTS. E. CASH FINANCIAL COMMUNITY DONATIONS GBH OFFERS A 300 SCHOLARSHIP TO A BLOOMSBU RG HIGH SCHOOL SENIOR WHO WANTS TO PURSUE A DEGREE IN NURSING. F. GIFTS IN-KIND FINANCIAL DONATIONS FOR THE COMMUNITY AT A COST OF 11,137, LINEN CLEANING EXCHANGE PROGRAM FOR AMBUL ANCES, FIRST AID STATION CLEANING, SUPPLIES FOR THE WOMEN'S CENTER AND MEETING SPACE FOR A A, AND THE RENAISSANCE JAMBOREE. G. COMMUNITY BENEFIT OPERATIONS THE COST OF DEDICATED STA FF PARTICIPATING ON THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM 658. H. HEALTH PROFESSIONS EDUCATION THE COST OF HEALTH P</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ROFESSIONS EDUCATION,INCLUDING: STUDENT VOLUNTEER, NURSE EXTERN AND INTERNS SUPERVISION WA S 42,493 GENERAL PROGRAM SERVICES A. RESIDENCY PROGRAMS: GBH HOSTS EMERGENCY MEDICINE, GEN ERAL SURGERY, INTERNAL MEDICINE, NEUROLOGY, PEDIATRIC AND PSYCHIATRIC RESIDENTS AS A PART OF THEIR EDUCATION REQUIREMENTS UNDER GEISINGER MEDICAL CENTER'S ACCREDITED PROGRAMS. ALL THE PROGRAMS ARE ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (A CGME), OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). THE UNCOMPENSATED COSTS FOR GRADUATE MEDICAL EDUCATION TOTALED 2,268,071 DURING THE FISCAL YEAR. B. OTHER CASH CONTRIBUTIONS G EISINGER BLOOMSBURG HOSPITAL PROVIDED FINANCIAL ASSISTANCE TO THE COMMUNITY THROUGH A COMM UNITY ASSISTANCE PAYMENT. THE VALUE OF THE PAYMENT 4,630. C. VOLUNTEER SERVICES THE VOLUNT EERS OF GEISINGER BLOOMSBURG HOSPITAL ARE AN ACTIVE AND VITAL PART OF THE ACTIVITIES OF TH E HOSPITAL. THE HOURS OF VOLUNTEER SERVICES ARE IMPORTANT CONTRIBUTION TO THE MISSION OF G BH. VOLUNTEERS FROM LOCAL COMMUNITIES HAVE CONTRIBUTED 8,191 HOURS TOWARD THE COMMON PURPO SE OF SERVICING THE HEALTHCARE OF THE COMMUNITY. THE VALUE OF THIS CONTRIBUTION OF 221,403 IS GIVEN BACK TO THE COMMUNITY THROUGH LOWER COSTS IN BOTH PATIENT SERVICES AND "WELLNESS " PROGRAMS. COMMUNITY BENEFITS SUMMARY CHARITY CARE 752,010 MEDICARE/MEDICAID/OTHER GOVERN MENTAL 7,819,385 OTHER UNCOMPENSATED PATIENT SERVICES 297,146 COMMUNITY HEALTH, EDUCATION, OUTREACH AND OTHER 261,463 HEALTH PROFESSIONS EDUCATION 2,268,071 COMMUNITY ASSISTANCE PA YMENT 4,630 VOLUNTEER SERVICES (VALUED AT 01/01/2020 PA STATEWIDE AVERAGE WEEKLY WAGE) 221 ,403 TOTAL 11,624,108 STATISTICS FISCAL YEAR ENDED JUNE 30, 2020 ADMISSIONS (INCLUDING NUR SERY, PSYCH, & SNF) 2,370 ADMISSIONS (EXCLUDING NURSERY, PSYCH, & SNF) 1,371 OUTPATIENT VI SITS (INCLUDING ER VISITS) 86,234 DISCHARGES (EXCLUDING NURSERY, PSYCH, & SNF) 1,380 AVERA GE LENGTH OF STAY (EXCLUDING NURSERY, PSYCH, & SNF) 2.7 PERCENT OF OCCUPANCY (EXCLUDING NU RSERY, PSYCH, & SNF) 18.4% PATIENT SERVICE DAYS (EXCLUDING NURSERY, PSYCH, & SNF) 3,759 TO TAL OR CASES 2,646 LICENSED BEDS (EXCLUDING NURSERY, PSYCH, & SNF) 56 BASSINETS IN NURSERY 14</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 FORM 1099'S FILED BY GSS FOR THE 2019 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,633.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	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, THREE VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS EMPLOYEES OF RELATED TAX-EXEMPT ORGANIZATIONS. FORM 990, PART VI, SECTION A, LINE 2: DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? DAVID J. FELICIO, ESQUIRE, EDELYN L. MILLER, GERALD V. MALONEY, DO , JAEWON RYU, MD, JD, JEFFREY A. JACOBSON, KEVIN V. ROBERTS, MBA, CPA, LORI R. GRAMLEY, ESQUIRE, MATTHEW WALSH, ROBERT J. DIETZ, V. CHRIS HOLCOMBE, PE, AND VIRGINIA MCGREGOR ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF THE ENTITY. ALL OF THE AFFILIATES ARE PART OF GEISINGER. FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E: UNRELATED BUSINESS INCOME TAX (212)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS; ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION; AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS. THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN THE PENNSYLVANIA NONPROFIT CORPORATION LAW.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 AND OFFICERS. 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 COMPLIANCE OFFICE AND THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEES AND BOARDS OF DIRECTORS. AFTER REVIEW OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM THE COMPLIANCE OFFICE AND THE 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	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 VIII	FORM 990, PART VIII, LINE 2: THE IC SHARED SERVICE REVENUE OF 1,950 REPRESENTS REVENUE FROM INTERCOMPANY MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED TAXABLE ORGANIZATIONS. THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS ARE ALL CONTROLLED BY GEISINGER HEALTH. THE SERVICES, PROVIDED AT OR BELOW COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT OPERATION OF GEISINGER IN CARRYING OUT ITS CHARITABLE MISSION. THE SERVICES ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC. UNDER IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND ARE NOT TO BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO CONDITIONS: (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE, AND (2) THERE MUST BE A PROFIT MOTIVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY -1,188,040 TRANSFER FROM, PARENT, GEISINGER HEALTH 316,302 TOTAL -871,738

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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER-BLOOMSBURG HOSPITAL

Employer identification number

23-2193572

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

	Yes	No
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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	<p>INFORMATION REGARDING TRANSFERS TO AND FROM CONTROLLED ORGANIZATIONS: AS SHOWN IN FORM 990, SCHEDULE R, GEISINGER-BLOOMSBURG HOSPITAL IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS. IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES, AND FACILITIES, AND TRANSFERS OF ASSETS. THESE INTERORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES. THESE TYPES OF INTER ORGANIZATIONAL 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 LETTER RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATION'S TAX EXEMPT STATUS.</p>

Additional Data

Software ID:

Software Version:

EIN: 23-2193572

Name: GEISINGER-BLOOMSBURG HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHRO	PA	501C3	7	N/A		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH	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		No
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 23-2242854	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		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS		No

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		No
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		No
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	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 85-1226106	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 82-0681884	PHYSN SVCS	NJ	501C3	10	GH		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	HOSPITAL	PA	501C3	3	N/A		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	HEALTHCARE	PA	501C3	3	GSL HOSP		No
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS		No
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH		No
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM		No
6550 DELILAH ROAD SUITE 304 EGG HARBOR TOWNSHIP, NJ 08234 23-3836022	HOME HEALT	NJ	501C3	10	AH SYSTEM		No

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) 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	
KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ACO	PA	N/A					No			No	
GEISINGER ENCOMPASS HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	
CAMP HILL AMBULATORY CENTERS 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
LACKAWANNA PHYS AMB SURG CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	
GEISINGER-HM JOINT VENTURE LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 83-1871064	HEALTHCARE	PA	N/A					No			No	
KEYSTONE HEALTHCARE PARTNERSHIP LLC 901 HUGH WALLIS ROAD LAFAYETTE, LA 70508 83-3134941	HOME HLTH	PA	N/A					No			No	
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
ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	CLINIC ENG	PA	N/A						No
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A						No
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A						No
GEISINGER ASSURANCE COMPANY LTD 23 LINE TREE BAY AVE PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A						No
HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED. SERV.	PA	N/A						No
ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A						No
ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A						No
ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A						No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER ASSURANCE CO LTD	M	536,412	GAAP
GEISINGER CLINIC	A	660,456	FMV
GEISINGER CLINIC	L	346,272	GAAP
GEISINGER CLINIC	M	2,910,358	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	L	24,759	GAAP
GEISINGER ENCOMPASS HEALTH LLC	A	43,581	FMV
GEISINGER ENCOMPASS HEALTH LLC	M	139,601	GAAP
GEISINGER HEALTH	C	82,441	GAAP
GEISINGER HEALTH	L	2,107	GAAP
GEISINGER HEALTH	M	75,653	GAAP
GEISINGER HEALTH PLAN	L	9,507,560	GAAP
GEISINGER INDEMNITY INSURANCE CO	L	216,581	GAAP
GEISINGER LEWISTOWN HOSPITAL	M	41	GAAP
GEISINGER MEDICAL CENTER	A	79,080	FMV
GEISINGER MEDICAL CENTER	K	2,578	FMV
GEISINGER MEDICAL CENTER	L	3,394	GAAP
GEISINGER MEDICAL CENTER	M	2,003,656	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,418,921	GAAP
GEISINGER RISK RETENTION GROUP	P	35,196	GAAP
GEISINGER SYSTEM SERVICES	L	1,205	GAAP
GEISINGER SYSTEM SERVICES	M	7,415,760	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	670	GAAP
ISS SOLUTIONS INC	M	212,615	GAAP