

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))**2018**Department of the Treasury
Internal Revenue ServiceFor calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**Go to **www.irs.gov/Form990T** for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 501(c)(28) <input type="checkbox"/> 501(c)(27) <input type="checkbox"/> 501(c)(26) <input type="checkbox"/> 501(c)(25) <input type="checkbox"/> 501(c)(24) <input type="checkbox"/> 501(c)(23) <input type="checkbox"/> 501(c)(22) <input type="checkbox"/> 501(c)(21) <input type="checkbox"/> 501(c)(20) <input type="checkbox"/> 501(c)(19) <input type="checkbox"/> 501(c)(18) <input type="checkbox"/> 501(c)(17) <input type="checkbox"/> 501(c)(16) <input type="checkbox"/> 501(c)(15) <input type="checkbox"/> 501(c)(14) <input type="checkbox"/> 501(c)(13) <input type="checkbox"/> 501(c)(12) <input type="checkbox"/> 501(c)(11) <input type="checkbox"/> 501(c)(10) <input type="checkbox"/> 501(c)(9) <input type="checkbox"/> 501(c)(8) <input type="checkbox"/> 501(c)(7) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 501(c)(5) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(3)		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) GEISINGER CLINIC Number, street, and room or suite no. If a P.O. box, see instructions 100 N ACADEMY AVE, MC 49-70 City or town, state or province, country, and ZIP or foreign postal code DANVILLE PA 17822-9800		D Employer identification number (Employees' trust, see instructions) 23-6291113 E Unrelated business activity code (See instructions) 446110 900002	
C Book value of all assets at end of year 418,629,640		F Group exemption number (See instructions) 2 G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Enter the number of the organization's unrelated trades or businesses **2** Describe the only (or first) unrelated trade or business here
PHARMACY If only one, complete

Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete
 Schedule M for each additional trade or business, then complete Parts III-V

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

J The books are in care of **KATHLEEN CHAPMAN, CFO, VP** Telephone number **570-214-3058**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule) SEE STMT 1	15,867,877		15,867,877
13	Total. Combine lines 3 through 12	15,867,877		15,867,877

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	
15	Salaries and wages	806,543
16	Repairs and maintenance	
17	Bad debts	
18	Interest (attach schedule) (see instructions)	
19	Taxes and licenses	800
20	Charitable contributions (See instructions for limitation rules)	
21	Depreciation (attach Form 4562)	
22	Less depreciation claimed on Schedule A and elsewhere on return	0
23	Depletion	
24	Contributions to deferred compensation plans	
25	Employee benefit programs	237,073
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule) SEE STATEMENT 2	14,748,969
29	Total deductions. Add lines 14 through 28	15,793,385
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	74,492
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32	Unrelated business taxable income Subtract line 31 from line 30	74,492

DAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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part 1

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Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	33	74,902
34	Amounts paid for disallowed fringes		34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	74,902
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) <i>part 1</i>	8	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	65,260
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other FORM 8827 Total ▶	50g	4,119
51	Total payments. Add lines 50a through 50g	51	69,379
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	69,379
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 65,260 Refunded ▶ 11	55	4,119

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here ▶	N/A	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file	N/A		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			X

Sign Here

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

Kevin J. Roberts 6/24/20
 Signature of officer Date

EVP, CFO, TREASURER

Title

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

☐ Yes ☐ No

Paid	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Preparer Use Only	Firm's name ▶ GEISINGER SYSTEM SERVICES INC.	Firm's EIN ▶			
	Firm's address ▶ 100 N ACADEMY AVE MC 49-70 DANVILLE, PA 17822-9800	Phone no	570-271-6624		

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

N/A

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

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

(see instructions)

1 Description of property		
(1) UHRINGS RENT - NONEXEMPT		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
		SEE STATEMENT 3
(1) 5,773		5,363
(2)		
(3)		
(4)		
Total 5,773	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 5,363
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 5,773		

Schedule E – Unrelated Debt-Financed Income (see instructions)

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				

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

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

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

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

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

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

Part II

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

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

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

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

**SCHEDULE M
(Form 990-T)****Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue ServiceFor calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization

Employer identification number

GEISINGER CLINIC**23-6291113**Unrelated business activity code (see instructions) **900002**Describe the unrelated trade or business **UHRINGS RENT-NONEXEMPT**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnership and S corporation (attach statement)	5			
6 Rent income (Schedule C)	6	5,773	5,363	410
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	5,773	5,363	410

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (reported on Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	410
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	410

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
PHARMACY - UBIT	\$ 15,867,877
TOTAL	\$ 15,867,877

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
CONTRACTED SERVICES	\$ 98,076
DEPRECIATION	10,582
DUES, LICENSES AND FEES	2,748
INTERCOMPANY	10,056
OCCUPANCY	94,033
RENTAL/LEASE	13,600
OFFICE EXPENSE	35,845
BUSINESS PRIVILEGE TAXES, OTHER	1,852
OTHER	8,189
SUPPLIES	14,335,398
CLAIMS PROCESSING	108,320
POSTAGE/FREIGHT	14,882
TRAVEL	9,759
UTILITIES	5,629
TOTAL	\$ 14,748,969

Statement 3 - Form 990-T, Schedule C, Column 3 - Deductions

Description	Deduction
UHRINGS RENT-NONEXEMPT	
INSURANCE	9
CLEANING & MAINTENANCE	417
TAXES	891
UTILITIES	665
DEPRECIATION	3,381
TOTAL	5,363

23-6291113

Federal Statements

GEISINGER CLINIC**Statement 4 - Form 990-T, Part II, Line 31 - Net Operating Loss Deduction****REGULAR TAX NET OPERATING LOSS COMPUTATION**

	Subtotal 2002-2008	Originating in 06/30/2010 2009	Originating in 06/30/2011 2010	Originating in 06/30/2012 2011	Originating in 06/30/2013 2012	Originating in 06/30/2014 2013	TOTAL NOL
Business Income	1,327,686	670,027	4,062,481	4,318,512	3,833,120	3,004,805	17,216,631
Dividends	0	0	0	0	0	0	0
Gross Income	1,327,686	670,027	4,062,481	4,318,512	3,833,120	3,004,805	17,216,631
Deductions (Expenses)	(1,619,000)	(677,875)	(4,142,816)	(4,331,724)	(3,912,541)	(3,058,790)	(17,742,746)
Tax Inc before special ded	(291,314)	(7,848)	(80,335)	(13,212)	(79,421)	(53,985)	(526,115)
Special Deductions	0	0	0	0	0	0	0
Net Operating Loss	(291,314)	(7,848)	(80,335)	(13,212)	(79,421)	(53,985)	(526,115)
Amount used in 2007	5,311	0	0	0	0	0	5,311
Amount used in 2014	43,691	0	0	0	0	0	43,691
Amount used in 2015	188,083	0	0	0	0	0	188,083
Amount used in: 2016	54,229	7,848	80,335	13,212	24,450	0	180,074
Amount used in: 2017	0	0	0	0	6,441	0	6,441
Amount used in: 2018					48,530	26,372	74,902
	291,314	7,848	80,335	13,212	79,421	26,372	498,502
NOL Carryover Amount	0	0	0	0	0	(27,613)	(27,613)

Credit for Prior Year Minimum Tax—Corporations

OMB No 1545-0123

2018

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

Name GEISINGER CLINIC		Employer identification number 23-6291113	
1	Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	0 00
2	Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	8,237 00
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	0 00
4	Add lines 1, 2, and 3	4	8,237 00
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0 00
6	Enter the refundable minimum tax credit (see instructions)	6	4,119 00
7	Add lines 5 and 6	7	4,119 00
8a	Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	4,119 00
b	Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0 00
c	Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	8c	4,119 00
9	Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	4,119 00

Instructions

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

What's New

Refundable minimum tax credit. For tax years beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. See the instructions for line 6.

Purpose of Form

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

Who Should File

Form 8827 should be filed by corporations that had:

- An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3).

Line 3

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations.

Line 5

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(B)), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2).

Line 6

Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability. Complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions. Enter the amount from line 6 of the worksheet on Form 8827, line 6.

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

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

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

(a) Group member's name and employer identification number			(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other Section 179 deduction	(e) Other General business credit limit	(e) Other Large corporation exemption
(1)	PARENT Geisinger Health	23-1995911	2019-06	0	0	0	0	0
(2)	Geisinger Medical Center	24-0795959	2019-06	0	0	0	0	25,000
(3)	Geisinger Wyoming Valley Medical Center	23-1996150	2019-06	0	0	0	0	0
(4)	Marworth	23-2171417	2019-06	0	0	0	0	0
(5)	Geisinger Clinic	23-6291113	2019-06	0	0	0	0	75,000
(6)	Geisinger System Services	23-2164794	2019-06	0	0	0	25,000	100,000
(7)	Geisinger Community Health Services	23-2967235	2019-06	0	0	0	0	0
(8)	Geisinger Health Plan	23-2311553	2019-06	0	0	0	0	0
(9)	Geisinger Insurance Corporation, Risk Retention Group	14-1909894	2019-06	0	0	0	0	0
(10)	Geisinger Jersey Shore Hospital	24-0792115	2019-06	0	0	0	0	0
(11)	Geisinger Jersey Shore Foundation	23-2480603	2019-06	0	0	0	0	0
(12)	Community Medical Center	24-0862246	2019-06	0	0	0	0	2,500
(13)	Mountain View Nursing Home, Inc	23-2568288	2019-06	0	0	0	0	0
(14)	Geisinger-Bloomsburg Hospital	23-2193572	2019-06	0	0	0	0	0
(15)	Geisinger-Bloomsburg Healthcare Center	23-2242854	2019-06	0	0	0	0	0
(16)	Geisinger-Lewistown Hospital	23-1352187	2019-06	0	0	0	0	2,500
(17)	Lewistown Ambulatory Care Corporation	23-2344362	2019-06	0	0	0	0	0
(18)	Family Health Associates of Geisinger-Lewistown Hospital	25-1651582	2019-06	0	0	0	0	0
(19)	Keystone Health Information Exchange, Inc	46-4359893	2019-06	0	0	0	0	0
(20)	Geisinger Commonwealth School of Medicine	26-0812968	2019-06	0	0	0	0	0
(21)	Holy Spirit Health System	25-1865142	2019-06	0	0	0	0	0
(22)	Holy Spirit Hospital of the Sisters of Christian Charity	23-1512747	2019-06	0	0	0	0	20,000
(23)	Spirit Physician Services, Inc	25-1766971	2019-06	0	0	0	0	0
(24)	West Shore Advanced Life Support Services, Inc	23-2463002	2019-06	0	0	0	0	50,000
(25)	Holy Spirit Corporation	23-2214540	2019-06	0	0	0	0	75,000
(26)	Holy Spirit Ventures, Inc	23-2407709	2019-06	0	0	0	0	150,000
(27)	ISS Solutions, Inc	23-2077663	2019-06	0	0	1,000,000	0	0
(28)	Geisinger Indemnity Insurance Company	23-2815174	2018-12	0	0	0	0	0
(29)	Geisinger Quality Options, Inc	20-4275139	2018-12	0	0	0	0	0
(30)	Geisinger Assurance Company, Ltd	98-1016737	2019-06	0	0	0	0	0

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

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

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other Section 179 deduction	(e) Other General business credit limit	(e) Other Large corporation exemption
(31)	Atlanticare Health Services, Inc	22-3265214	2019-06	0	0	0	0
(32)	Atlanticare Regional Medical Center	21-0634549	2019-06	0	0	0	0
(33)	Atlanticare Health Solutions, Inc	38-3856295	2019-06	0	0	0	0
(34)	Atlanticare Assurance Alliance, Inc	46-3730123	2019-06	0	0	0	0
(35)	GNJ Physicians Group, PC	82-0681884	2019-06	0	0	0	0
(36)	xG Health Solutions, Inc	46-1657345	2019-06	0	0	0	0
(37)	GSL Hospital	82-4432109	2019-06	0	0	0	0
(38)	GSLPG	82-5423865	2019-06	0	0	0	0
The organizations can be contacted at		TOTALS		0	0	1,000,000	25,000
Title Chief Legal Officer & Secretary							500,000
Address 100 North Academy Avenue, MC 49-70							
Danville, PA 17822							

General Business Credit

OMB No 1545-0895

2018
Attachment
Sequence No **22**

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

Name(s) shown on return

Identifying number

GEISINGER CLINIC

23-6291113

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

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

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	62,474
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	62,474

Part II Allowable Credit

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

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12392F

Form **3800** (2018)

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

18	Multiply line 14 by 75% (0.75). See instructions	18		
19	Enter the greater of line 13 or line 18	19		
20	Subtract line 19 from line 11. If zero or less, enter -0-	20		
21	Subtract line 17 from line 20. If zero or less, enter -0-	21		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24		
25	Add lines 22 and 24	25		
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26		
27	Subtract line 13 from line 11. If zero or less, enter -0-	27		0
28	Add lines 17 and 26	28		0
29	Subtract line 28 from line 27. If zero or less, enter -0-	29		0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30		0
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0			
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33		0
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34		0
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35		0
36	Add lines 30, 33, 34, and 35	36		0
37	Enter the smaller of line 29 or line 36	37		0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38		0

Name(s) shown on return

Identifying number

23-6291113

GEISINGER CLINIC**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

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

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

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity			
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b	Reserved	1b	
c	Increasing research activities (Form 6765)	1c	
d	Low-income housing (Form 8586, Part I only)	1d	
e	Disabled access (Form 8826) (see instructions for limitation)	1e	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g	Indian employment (Form 8845)	1g	
h	Orphan drug (Form 8820)	1h	
i	New markets (Form 8874)	1i	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m	Low sulfur diesel fuel production (Form 8896)	1m	
n	Distilled spirits (Form 8906)	1n	
o	Nonconventional source fuel (carryforward only)	1o	
p	Energy efficient home (Form 8908)	1p	
q	Energy efficient appliance (carryforward only)	1q	
r	Alternative motor vehicle (Form 8910)	1r	
s	Alternative fuel vehicle refueling property (Form 8911)	1s	
t	Enhanced oil recovery credit (Form 8830)	1t	
u	Mine rescue team training (Form 8923)	1u	
v	Agricultural chemicals security (carryforward only)	1v	
w	Employer differential wage payments (Form 8932)	1w	
x	Carbon oxide sequestration (Form 8933)	1x	
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z	Qualified plug-in electric vehicle (carryforward only)	1z	
aa	Employee retention (Form 5884-A)	1aa	
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	62,474
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	62,474
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	
b	Work opportunity (Form 5884)	4b	
c	Biofuel producer (Form 6478)	4c	
d	Low-income housing (Form 8586, Part II)	4d	
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g	Qualified railroad track maintenance (Form 8900)	4g	
h	Small employer health insurance premiums (Form 8941)	4h	
i	Increasing research activities (Form 6765)	4i	
j	Employer credit for paid family and medical leave (Form 8994)	4j	
z	Other	4z	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	62,474

FEDERAL STATEMENTS

STATEMENT 1- FORM 3800, PART I, LINE 4, Carryforward of the General Business Credit to 2018

Year Tax Credit Originated	2011
Amount of Credit as Reported on the Original Return	\$ 62,474
Amount of Carryforward Allowed for 2018	62,474
Was the total carryforward amount changed from the originally reported amount	NO
Amount allowed in previous years	0
Amount currently allowed	0