

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))**2019**Department of the Treasury
Internal Revenue ServiceFor calendar year 2019 or other tax year beginning **07/01/19**, and ending **06/30/20**Go to **www.irs.gov/Form990T** for instructions and the latest information.

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

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

| | | |
|---|---|---|
| A Check box if address changed | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) | D Employer identification number (Employees' trust, see instructions) |
| B Exempt under section: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(a) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type Name of organization: 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 | 23-6291113 |
| C Book value of all assets at end of year: 480,428,602 | F Group exemption number (See instructions) ▶ | E Unrelated business activity code (See instructions) 446110 900002 |
| 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 a 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 23-1995911The 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 | | | | |
| 1c Cost of goods sold (Schedule A, line 7) | | | | |
| 2 Gross profit Subtract line 2 from line 1c | | | | |
| 3 Capital gain net income (attach Schedule D) | | | | |
| 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | | |
| 4b Capital loss deduction for trusts | | | | |
| 4c Income (loss) from partnership and S corporation (attach statement) | | | | |
| 5 Rent income (Schedule C) | | | | |
| 6 Unrelated debt-financed income (Schedule E) | | | | |
| 7 Interest, annuities, royalties, and rents from controlled organization (Schedule F) | | | | |
| 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | |
| 9 Exploited exempt activity income (Schedule I) | | | | |
| 10 Advertising income (Schedule J) | | | | |
| 11 Other income (See instructions; attach schedule) SEE STMT 1 | | | | |
| 12 Total. Combine lines 3 through 12 | | 29,597,452 | | 29,597,452 |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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 1,139,758 |
| 16 Repairs and maintenance | | 16 |
| 17 Bad debts | | 17 |
| 18 Interest (attach schedule) (see instructions) | | 18 |
| 19 Taxes and licenses | | 19 900 |
| 20 Depreciation (attach Form 4562) | | 20 |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | | 21a |
| 22 Depletion | | 22 |
| 23 Contributions to deferred compensation plans | | 23 |
| 24 Employee benefit programs | | 24 364,789 |
| 25 Excess exempt expenses (Schedule I) | | 25 |
| 26 Excess readership costs (Schedule J) | | 26 |
| 27 Other deductions (attach schedule) SEE STATEMENT 2 | | 27 28,108,926 |
| 28 Total deductions. Add lines 14 through 27 | | 28 29,614,373 |
| 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 | | 29 -16,921 |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 30 |
| 31 Unrelated business taxable income Subtract line 30 from line 29 | | 31 -16,921 |

Part III Total Unrelated Business Taxable income

| | | | |
|----|--|----|--------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 42,917 |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deductions Subtract line 34 from the sum of lines 32 and 33 | 35 | 42,917 |
| 36 | Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | 27,613 |
| 37 | Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 | 37 | 15,304 |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000 |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 14,304 |

Part IV Tax Computation

| | | | |
|----|---|----|-------|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 3,004 |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 3,004 |

Part V Tax and Payments

| | | | |
|-----|---|-----|--------|
| 46a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 46a | |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3800 (see instructions) | 46c | 3,004 |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | 3,004 |
| 47 | Subtract line 46e from line 45 | 47 | 0 |
| 48 | 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 (all sch) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0 |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3 | 50 | |
| 51a | Payments. A 2018 overpayment credited to 2019 | 51a | 65,260 |
| b | 2019 estimated tax payments | 51b | |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations. Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | 87 |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 4118 Total | 51g | 4,118 |
| 52 | Total payments. Add lines 51a through 51g | 52 | 69,465 |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | 0 |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 69,465 |
| 56 | Enter the amount of line 55 you want. Credited to 2020 estimated tax <input checked="" type="checkbox"/> 69,465 Refunded <input type="checkbox"/> | 56 | |

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

| | | | |
|----|--|-----|-----|
| 57 | At any time during the 2019 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 | Yes | No |
| | N/A | | X |
| 58 | 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 | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year | \$ | N/A |

| | | | |
|-----------|--|----------------------------------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Signature of officer <i>[Signature]</i> | Title EVP, CFO, TREASURER | |

| | | | | | |
|------------------------|----------------------------|----------------------|------|---|------|
| 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 | | | |

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) **EQUIP RENTS**

(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 |
| (1) 63,877 | | 20,960 |
| (2) | | |
| (3) | | |
| (4) | | |
| Total 63,877 | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 20,960 |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **63,877****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) | | | | |
| Totals | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |

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

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

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

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|--|---|--------------------------------------|---|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 25 |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|--|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| 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 | | | | | | Enter here and on page 1, Part II, line 26 |
| 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) | | | | |

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 from an**
Unrelated Trade or Business

OMB No 1545-0047

2019For calendar year 2019 or other tax year beginning **07/01/19**, and ending **06/30/20**▶ Go to www.irs.gov/Form990T for instructions and the latest information

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

Name of the organization

GEISINGER CLINIC

Employer identification number

23-6291113Unrelated Business Activity Code (see instructions) ▶ **900002**Describe the unrelated trade or business ▶ **EQUIP RENTS**

| 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 | 63,877 | 20,960 |
| 7 | Unrelated debt-financed income (Schedule E) | | | 7 | | 42,917 |
| 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 | 63,877 | 20,960 |

Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (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 | Depreciation (attach Form 4562) | 20 | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | |
| 22 | Depletion | 21b | 0 |
| 23 | Contributions to deferred compensation plans | 22 | |
| 24 | Employee benefit programs | 23 | |
| 25 | Excess exempt expenses (Schedule I) | 24 | |
| 26 | Excess readership costs (Schedule J) | 25 | |
| 27 | Other deductions (attach schedule) | 26 | |
| 28 | Total deductions. Add lines 14 through 27 | 27 | |
| 29 | Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 | 28 | |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 29 | 42,917 |
| 31 | Unrelated business taxable income Subtract line 30 from line 29 | 30 | |
| | | 31 | 42,917 |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Federal Statements

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

| Description | Amount |
|-----------------|---------------|
| PHARMACY - UBIT | \$ 29,597,452 |
| TOTAL | \$ 29,597,452 |

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

| Description | Amount |
|---------------------------------|---------------|
| CONTRACTED SERVICES | \$ 67,452 |
| DEPRECIATION | 9,671 |
| DUES, LICENSES AND FEES | 4,010 |
| INTERCOMPANY | 20,235 |
| INTERCOMPANY SUPPORT SERVICES | 511,999 |
| RENT/BUILDING AND OCCUPANCY | 52,489 |
| OFFICE EXPENSE | 124,206 |
| BUSINESS PRIVILEGE TAXES, OTHER | 12,336 |
| OTHER | 1,172 |
| SUPPLIES | 27,110,171 |
| CLAIMS PROCESSING | 79,520 |
| POSTAGE/FREIGHT | 100,062 |
| TRAVEL | 10,535 |
| UTILITIES | 2,620 |
| TRANSPORTATION/VEHICLE | 2,448 |
| TOTAL | \$ 28,108,926 |

23-6291113

Federal Statements

GEISINGER CLINIC

Statement 4 - Form 990-T, Part II, Line 31 - Net Operating Loss DeductionREGULAR 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 |
| Amount used in: 2019 | | | | | | 27,613 | 27,613 |
| | 291,314 | 7,848 | 80,335 | 13,212 | 79,421 | 53,985 | 526,115 |
| NOL Carryover Amount | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

General Business Credit

OMB No 1545-0895

2019
 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 2019. See instructions | 3 | |
| 4 | Carryforward of general business credit to 2019. 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 2020. 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 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 | | |
| | • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return | | |
| | • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | | |
| 8 | Alternative minimum tax: | | |
| | • Individuals. Enter the amount from Form 6251, line 11 | | |
| | • Corporations. Enter -0- | | |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | | |
| 9 | Add lines 7 and 8 | 9 | 3,004 |
| 10a | Foreign tax credit | 10a | 0 |
| b | Certain allowable credits (see instructions) | 10b | 0 |
| c | Add lines 10a and 10b | 10c | 0 |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 3,004 |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 3,004 |
| 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 | | |
| | • Corporations. Enter -0- | | |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 | | |
| 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 | 3,004 |
| 17 | Enter the smaller of line 6 or line 16 | 17 | 3,004 |
| | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. | | |

Part II Allowable Credit *(continued)***Note:** If you are not required to report any amounts on 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 2019. 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 | 3,004 |
| 28 | Add lines 17 and 26 | 28 | 3,004 |
| 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 2019. See instructions | 33 | 0 |
| 34 | Carryforward of business credit to 2019. 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 2020. 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 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 3,004 |

Name(s) shown on return

Identifying number

GEISINGER CLINIC**23-6291113****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 (carryforward only) | 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 2019

| | |
|--|-----------|
| Year Tax Credit Originated | 2011 |
| Amount of Credit as Reported on the Original Return | \$ 62,474 |
| Amount of Carryforward Allowed for. 2019 | 62,474 |
| Was the total carryforward amount changed from the originally reported amount. | NO |
| Amount allowed in previous years. | 0 |
| Amount currently allowed | 3,004 |

Credit for Prior Year Minimum Tax—Corporations

OMB No. 1545-0123

2019

▶ Attach to the corporation's tax return.

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

| | | | |
|---------------------------------|---|---|--------------|
| Name GEISINGER CLINIC | | Employer identification number 23-6291113 | |
| 1 | Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827 | 1 | 4,118 |
| 2 | Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions) | 2 | 0 |
| 3 | Enter the refundable minimum tax credit (see instructions) | 3 | 4,118 |
| 4 | Add lines 2 and 3 | 4 | 4,118 |
| 5a | Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions | 5a | 4,118 |
| b | Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c | 5b | 0 |
| c | Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) | 5c | 4,118 |
| 6 | Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years | 6 | 0 |

Instructions

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

What's New

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

Purpose of Form

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

Who Should File

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

Line 2

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

Line 3

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

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

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

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

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

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

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

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