

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization: GEISINGER COMMONWEALTH SCH OF MED  
 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 17822

**D** Employer identification number: 26-0812968  
**E** Telephone number: (570) 271-6624  
**G** Gross receipts \$ 41,005,721

**F** Name and address of principal officer:  
 STEVEN J SCHEINMAN MD  
 100 N ACADEMY AVE MC 22-01  
 DANVILLE, PA 178229800

**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.EDU/GCSOM

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 2007 **M** State of legal domicile: PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 GEISINGER COMMONWEALTH SCHOOL OF MEDICINE EDUCATES ASPIRING PHYSICIANS AND SCIENTISTS TO SERVE SOCIETY USING A COMMUNITY-BASED, PATIENT-CENTERED, INTERPROFESSIONAL AND EVIDENCE-BASED MODEL OF EDUCATION... SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	254
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	13,938,802	9,916,042
<b>9</b> Program service revenue (Part VIII, line 2g)	28,067,412	29,528,875
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	598,494	1,095,755
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,281	178,320
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,670,989	40,718,992
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,294,635	3,153,927
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,438,980	21,895,521
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,208,639		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,837,350	13,929,712
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,570,965	38,979,160
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,100,024	1,739,832

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	135,222,448	137,840,193
<b>21</b> Total liabilities (Part X, line 26)	40,754,822	42,138,288
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	94,467,626	95,701,905

**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: 2020-07-13  
 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 COMMONWEALTH SCHOOL OF MEDICINE EDUCATES ASPIRING PHYSICIANS AND SCIENTISTS TO SERVE SOCIETY USING A COMMUNITY-BASED, PATIENT-CENTERED, INTER-PROFESSIONAL AND EVIDENCE-BASED MODEL OF EDUCATION THAT IS COMMITTED TO INCLUSION, PROMOTES DISCOVERY AND UTILIZES INNOVATIVE TECHNIQUES.

**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 \$ 25,482,803 including grants of \$ 3,153,927 ) (Revenue \$ 29,748,355 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 2,011,191 including grants of \$ ) (Revenue \$ 11,673 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 2,678,068 including grants of \$ ) (Revenue \$ 29,505 )  
See Additional Data

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

**4e Total program service expenses** ▶ 30,172,062

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		24a No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		24b
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		24c
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		24d
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		25a No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		25b No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		26 No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		27 No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		28b No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		28c No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		30 No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		31 No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		32 No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		33 No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		36 No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		37 No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38 Yes	

**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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a 123	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	



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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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: ANNA M ARVAY CPA MBA 525 PINE STREET SCRANTON, PA 18509 (570) 504-9695







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	474,431			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	8,290,030			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,151,581			
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		174,275			
	<b>h Total.</b> Add lines 1a-1f . . . . .		9,916,042			
<b>Program Service Revenue</b>	<b>2a</b> TUITION AND FEES		Business Code			
			611310	29,509,480	29,509,480	
	<b>b</b> IC REVENUE/OTHER PROF SERV		621990	19,395	19,395	
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f . . . . .			29,528,875			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			163,297	163,297	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
		<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses		9,064		
		<b>c</b> Gain or (loss)		941,522	-9,064	
		<b>d</b> Net gain or (loss) . . . . .		932,458		932,458
	<b>8a</b> Gross income from fundraising events (not including \$ 474,431 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	140,641	277,665	
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-137,024		-137,024
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less: direct expenses . . . . .		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
<b>11a</b> CONTRACT INCOME		900099	126,997	126,997		
<b>b</b> PARKING		900099	44,311		44,311	
<b>c</b> MARYWOOD FACILITY FEE		900099	42,993	42,993		
<b>d</b> All other revenue . . . . .			101,043	90,668	10,375	
<b>e Total.</b> Add lines 11a-11d . . . . .			315,344			
<b>12 Total revenue.</b> See Instructions. . . . .			40,718,992	29,789,533	1,013,417	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	3,153,927	3,153,927		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,449,702	1,068,705	1,380,997	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,514,943	914,010	373,568	227,365
<b>7</b> Other salaries and wages	14,502,427	12,994,457	1,036,147	471,823
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	688,777	558,612	104,087	26,078
<b>9</b> Other employee benefits . . . . .	1,626,964	1,319,501	245,864	61,599
<b>10</b> Payroll taxes . . . . .	1,112,708	903,379	165,360	43,969
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	31,108	2,100	29,008	
<b>c</b> Accounting . . . . .	12,939		12,939	
<b>d</b> Lobbying . . . . .	223,683		223,683	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	36,115		36,115	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,507,662	2,468,069	972,001	67,592
<b>12</b> Advertising and promotion . . . . .	333,135	19,174	289,140	24,821
<b>13</b> Office expenses . . . . .	1,175,898	698,569	422,257	55,072
<b>14</b> Information technology . . . . .	383,508	158,508	205,090	19,910
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	796,800	619,468	150,658	26,674
<b>17</b> Travel . . . . .	557,848	471,243	78,836	7,769
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	275		275	
<b>19</b> Conferences, conventions, and meetings . . . . .	37,920	24,316	10,651	2,953
<b>20</b> Interest . . . . .	1,207,427	938,708	228,298	40,421
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,975,398	1,541,178	1,334,613	99,607
<b>23</b> Insurance . . . . .	223,590	139,435	84,155	
<b>24</b> 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.)				
<b>a</b> INTER ENTITY EXP	1,410,051	1,185,296	193,167	31,588
<b>b</b> BOOKS LICENSE FEES	885,648	865,893	18,486	1,269
<b>c</b> CHEMICAL SUPPLIES	89,676	89,676		
<b>d</b> UNCOLLECTIBLE EXP	17,908	17,908		
<b>e</b> All other expenses	23,123	19,930	3,064	129
<b>25</b> Total functional expenses. Add lines 1 through 24e	38,979,160	30,172,062	7,598,459	1,208,639
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	900	<b>1</b>	1,358,095
	<b>2</b> Savings and temporary cash investments . . . . .	12,646,160	<b>2</b>	11,725,915
	<b>3</b> Pledges and grants receivable, net . . . . .	12,676,419	<b>3</b>	4,459,597
	<b>4</b> Accounts receivable, net . . . . .	127,660	<b>4</b>	4,944,764
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	284,275
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,219,057	<b>9</b>	1,185,709
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	81,099,751		
	<b>b</b> Less: accumulated depreciation	7,305,360		
	<b>11</b> Investments—publicly traded securities . . . . .	3,794,538	<b>11</b>	5,273,693
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	23,475,529	<b>12</b>	34,790,969
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,797,903	<b>15</b>	22,785
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	135,222,448	<b>16</b>	137,840,193	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,767,570	<b>17</b>	1,245,262
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	574,083	<b>19</b>	138,935
	<b>20</b> Tax-exempt bond liabilities . . . . .	34,678,122	<b>20</b>	34,597,156
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	5,532	<b>21</b>	5,586
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	3,729,515	<b>25</b>	6,151,349
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	40,754,822	<b>26</b>	42,138,288
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	83,472,789	<b>27</b>	85,500,536
	<b>28</b> Temporarily restricted net assets . . . . .	8,435,995	<b>28</b>	7,568,123
	<b>29</b> Permanently restricted net assets	2,558,842	<b>29</b>	2,633,246
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	94,467,626	<b>33</b>	95,701,905	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	135,222,448	<b>34</b>	137,840,193	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	40,718,992
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	38,979,160
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,739,832
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	94,467,626
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-505,553
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	95,701,905

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-0812968

**Name:** GEISINGER COMMONWEALTH SCH OF MED

Form 990 (2018)

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### Form 990, Part III, Line 4a:

ACADEMIC PROGRAMS GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) OFFERS TWO SEPARATE DEGREE PROGRAMS: A DOCTOR OF MEDICINE (MD) PROGRAM AND A MASTER OF BIOMEDICAL SCIENCE (MBS) PROGRAM. GCSOM FOCUSES BIOMEDICAL RESEARCH AND TRAINING PROGRAMS ON HEALTH ISSUES PREVALENT IN NORTHEASTERN AND NORTH CENTRAL PENNSYLVANIA, A 17-COUNTY REGION WITH 1.8 MILLION RESIDENTS. THE REGION HAS AN AGING POPULATION, 19.5 PERCENT OF RESIDENTS ARE OLDER THAN AGE 65, COMPARED TO 15.1 PERCENT NATIONALLY. MOREOVER, THE REGION HAS HIGH INCIDENCES OF BREAST, LUNG, COLORECTAL AND PROSTATE CANCERS, AS WELL AS HIGH INCIDENCES OF NON-HODGKIN'S LYMPHOMA, OTHER CHRONIC DISEASE ASSOCIATED WITH AGING, AND SIGNIFICANT NEEDS IN PRIMARY CARE, MENTAL/BEHAVIORAL HEALTH AND COMMUNITY MEDICINE. STUDENTS SERVE THE COMMUNITY FROM THE MOMENT THEY ARRIVE AT GCSOM. THEY ARE ASSIGNED TO ONE OF GCSOM REGIONAL CAMPUSES, WHERE THEY WILL VOLUNTEER AT NON PROFIT AGENCIES AND TRAIN IN MEDICAL SETTINGS. THE REGIONAL CAMPUSES ARE SCRANTON, WILKES BARRE, DANVILLE AND GUTHRIE(SAYRE). FOR THEIR FIRST TWO YEARS, STUDENTS ARE PAIRED WITH A MULTI-GENERATIONAL FAMILY COPING WITH A DISABILITY OF CHRONIC ILLNESS. THIS IS DONE TO FACILITATE STUDENTS' UNDERSTANDING FROM THE ENTIRE FAMILY'S PERSPECTIVE. STUDENTS GAIN EARLY CLINICAL EXPERIENCE AS THEY WORK WITH A PHYSICIAN MENTOR DURING THREE ONE-WEEK ROTATIONS IN THE REGIONS DURING THEIR FIRST AND SECOND YEARS OF MEDICAL SCHOOL. STUDENTS ALSO PARTICIPATE IN A LONGITUDINAL COMMUNITY HEALTH INTERVENTION PROJECT WITHIN THEIR REGIONS TO GAIN RESEARCH EXPERIENCE, TO INVESTIGATE AND/OR SOLVE A COMMUNITY HEALTH ISSUE, TO MAKE AN IMMEDIATE IMPROVEMENT IN THEIR REGIONAL CAMPUS COMMUNITY AND TO ENHANCE THE HEALTH OF THE REGION'S CITIZENS. IN ADDITION, ALL STUDENTS ARE REQUIRED TO COMPLETE 100 COMMUNITY SERVICE HOURS. GCSOM STUDENTS HAVE VOLUNTEERED MORE THAN 50,000 HOURS SINCE THE COLLEGE'S INCEPTION. THE STUDENTS ORGANIZE BLOOD DRIVES AND HEALTH FAIRS, TUTOR LOCAL CHILDREN, COLLECT FOOD AND WARM CLOTHING FOR THE HOMELESS AND COMPLETE MANY OTHER HELPFUL ACTS THAT IMMERSE THEM IN AND IMPROVE THE WELL-BEING OF THE COMMUNITY. THE MBS CURRICULUM HAS BEEN DESIGNED TO PROVIDE STUDENTS WITH A UNIQUE, PERSONAL EDUCATION THAT WILL HELP THEM TO ACHIEVE THEIR CAREER GOALS. A COMMITMENT TO STUDENT-CENTERED LEARNING IS COMBINED WITH INDIVIDUALIZED CAREER AND EDUCATION PLANNING SERVICES. THE MBS PROGRAM IS OFFERED IN THREE FORMATS, FULL TIME, PART TIME OR ONLINE. THE MBS PROGRAM IS DIRECTED TOWARD STUDENTS WHO ARE EITHER SEEKING TO STRENGTHEN THEIR CREDENTIALS FOR APPLICATION TO MEDICAL/HEALTH PROFESSION SCHOOL OR WHO WANT TO WORK IN PUBLIC HEALTH, SCIENTIFIC RESEARCH OR IN OTHER HEALTH AND HEALTH-RELATED INDUSTRIES (SUCH AS LIFE SCIENCES, PHARMACEUTICALS OR MEDICAL DEVICE FIRMS).

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**Form 990, Part III, Line 4b:**

RESEARCH PROGRAMS: THE GCSOM RESEARCH MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF ITS 17-COUNTY COMMUNITY THROUGH THE COLLABORATIVE DISCOVERY AND DISSEMINATION OF KNOWLEDGE GAINED THROUGH RESEARCH, TECHNOLOGY DEVELOPMENT, COMMUNITY ENGAGEMENT AND EDUCATION. BECAUSE IT IS OUR VISION TO BE IN SERVICE TO OUR COMMUNITY, WE STRIVE TO BE A CATALYST FOR STRATEGIC RESEARCH PARTNERSHIPS, TO BE A LEADER FOR ADVANCING BIOMEDICAL RESEARCH AND TO BE A KEYSTONE FOR IMPROVING HEALTH OUTCOMES THROUGH TRANSLATIONAL RESEARCH. WE INCORPORATE VALUES OF COLLABORATION, INTEGRITY, INNOVATION, TRANSLATION AND ENGAGEMENT. AT GCSOM, STUDENTS HAVE THE OPPORTUNITY TO CONDUCT RESEARCH UNDER THE MENTORSHIP AND GUIDANCE OF DISTINGUISHED FACULTY. RESEARCH PROJECTS DEVELOPED BY FACULTY RESEARCH MENTORS WHO ARE SEEKING RESEARCH ASSISTANTS ARE DESCRIBED BELOW. THESE ARE POSITIONS FOR WHICH STUDENTS DO NOT NEED SUBSTANTIAL EXPERIENCE, YET THESE RESEARCH ACTIVITIES AND THE MENTORS WHO GUIDE THEM PROVIDE UNIQUE AND RICH EDUCATIONAL OPPORTUNITIES. GCSOM HAS MULTIPLE, ORGANIZED RESEARCH OPPORTUNITIES, INCLUDING THE SUMMER RESEARCH PROGRAM, FOR STUDENTS ENTERING THEIR SECOND YEAR OF MEDICAL SCHOOL AT GCSOM.

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**Form 990, Part III, Line 4c:**

STUDENT AFFAIRS: THE STUDENT AFFAIRS TEAM SUPPORTS GCSOM'S INSTITUTIONAL MISSION AND VALUES BY FOSTERING STUDENTS'ACADEMIC, PROFESSIONAL AND PERSONAL GROWTH. GCSOM ADMITS ACADEMICALLY SUCCESSFUL, PASSIONATE, INNOVATIVE AND COMMUNITY-MINDED STUDENT WITH APTITUDE FOR BIOMEDICAL SCIENCES AND A SINCERE COMMITMENT TO IMPROVING THE QUALITY OF HEALTHCARE. THE OFFICE PROVIDES A HOST OF PERSONAL, ACADEMIC AND REFERRAL SERVICES TO ENHANCE THE INTERPERSONAL AND EDUCATIONAL EXPERIENCES OF GCSOM STUDENTS. STUDENT AFFAIRS PROMOTES STUDENT ENGAGEMENT AND PARTICIPATION IN SOCIAL, CULTURAL AND INTELLECTUAL LIFE AT GCSOM. THE OFFICE IS THE PRINCIPAL ADVISOR TO STUDENT COUNCILS, CLUBS AND ORGANIZATIONS. THE OFFICE ALSO WORKS WITH STUDENTS FOR CAREER ADVISING AND PLANNING, AND ASSISTS WITH IDENTIFYING THE FINANCIAL RESOURCES NEEDED TO ACHIEVE THEIR INDIVIDUAL EDUCATIONAL GOALS. GEISINGER COMMONWEALTH SCHOOL OF MEDICINE COMMUNITY SERVICE SUMMARY JUNE 30, 2019 COST OF RESEARCH ACTIVITIES 721,542 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 465,958 CASH AND IN-KIND CONTRIBUTIONS 70,206 VALUE OF VOLUNTEER HOURS 3,479,163 TOTAL COMMUNITY BENEFIT ACTIVITIES 4,736,869

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
DAVID T FEINBERG MD MBA ..... DIRECTOR	40.00	X						0	3,584,621	1,183,261
DAVID B NASH MD MBA ..... DIRECTOR	0.25	X						0	0	0
DAVID H LEDBETTER PHD FACMG ..... DIRECTOR	40.00	X						0	1,226,356	258,632
DEBORAH E POWELL MD ..... DIRECTOR	0.25	X						0	0	0
JAEWON RYU MD JD ..... DIRECTOR	40.00	X						0	1,422,096	305,781
PEDRO J GREER JR MD ..... DIRECTOR	0.25	X						0	0	0
ROBERT J DIETZ ..... CHAIR, DIREC	0.25 4.50	X						0	0	0
V CHRIS HOLCOMBE PE ..... DIRECTOR	0.25 4.00	X						0	0	0
VIRGINIA MCGREGOR ..... DIRECTOR, VI	0.25 4.25	X						0	0	0
STEVEN J SCHEINMAN MD ..... PRESIDENT, D	40.00	X		X				943,041	0	148,255



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DANIEL E LOHR ESQUIRE ..... ACLO, ASST S	..... 40.00			X				0	384,282	45,980
DAVID J FELICIO ESQUIRE ..... EVP, CLO, SE	..... 40.00			X				0	918,533	219,341
LORI R GRAMLEY ESQUIRE ..... ACLO, ASST S	..... 40.00			X				0	220,016	24,771
KEVIN V ROBERTS MBA CPA ..... EVP, CFO, TR	..... 40.00			X				0	1,132,816	345,222
ANNA M ARVAY CPA MBA ..... VP FINANCE,	..... 40.00				X			279,629	0	45,467
DAVID AVERILL PHD ..... CHAIR OF BAS	..... 40.00				X			272,729	0	32,530
HARRY WOLLMAN MD ..... INTERIM SR A	..... 40.00				X			365,084	0	20,040
WILLIAM IOBST MD FACP ..... VP ACAD/CLIN	..... 40.00				X			493,999	0	46,534
DIANA CALLENDAR MBBS DM ..... CHAIR, CLINI	..... 40.00					X		276,425	0	32,720
JAMES G MICHAELS ..... ASSOCIATE CI	..... 40.00					X		17,306	251,417	36,821

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
JANET TOWNSEND MD ..... SR ASSOCIATE	40.00 .....					X		368,114	0	45,172
VENARD SCOTT KOERWER EDD ..... VICE DEAN GR	40.00 .....					X		287,416	0	46,475
LEIGHTON HUEY ..... ASSOCIATE DE	40.00 .....					X		312,114	0	21,110
IDA CASTRO JD ..... FORMER KEY E	40.00 .....						X	222,460	0	26,381
KEVIN F BRENNAN CPA FHFMA ..... FORMER OFFIC	40.00 .....						X	0	1,020,252	29,604
MARISE GAROFALO ..... FORMER KEY E	40.00 .....						X	210,556	0	22,755
PAMELA LUCCHESI PHD ..... FORMER KEY E	40.00 .....						X	262,762	0	39,892
THOMAS S SAMUELSEN MD ..... FORMER 5 HIG	40.00 .....						X	0	297,757	41,002

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GEISINGER COMMONWEALTH SCH OF MED

**Employer identification number**  
26-0812968

**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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

**16a 33 1/3% support test—2018.** 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 . . . . .

**b 33 1/3% support test—2017.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2018.** 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 . . . . .

**b 10%-facts-and-circumstances test—2017.** 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 . . . . .

**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 . . . . .

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6. . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-0812968

**Name:** GEISINGER COMMONWEALTH SCH OF MED

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2018**  
**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 COMMONWEALTH SCH OF MED	Employer identification number 26-0812968
---------------------------------------------------------------	----------------------------------------------

**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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		235,923
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		3,683
<b>j</b>	Total. Add lines 1c through 1i .....			239,606
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

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

**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	LINE 1G: 220,000 OF EXPENDITURES ON LINE 1G REPRESENT FEES PAID PURSUANT TO A CONTRACT WITH TWO CONSULTANTS TO LOBBY ON BEHALF OF THE COLLEGE. THESE CONSULTANTS ASSIST WITH MEETINGS WITH LEGISLATORS TO KEEP THEM INFORMED ON ISSUES IN BOTH HEALTHCARE AND HIGHER EDUCATION AS WELL AS ASSISTING IN FUNDING SOURCES FOR THE COLLEGE. 15,923 OF EXPENDITURES ON LINE 1G REPRESENT THE WAGES AND BENEFITS OF THE COLLEGE'S EMPLOYEES WHO ASSIST THE GOVERNMENT RELATIONS DEPARTMENT OF THE ORGANIZATION'S AFFILIATE, GEISINGER SYSTEM SERVICES. THE PRIMARY PURPOSE OF THE GOVERNMENT RELATIONS DEPARTMENT IS TO MAINTAIN CONTACT WITH FEDERAL, STATE, AND LOCAL GOVERNMENT OFFICIALS. THE DEPARTMENT PROMOTES LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND ITS AFFILIATES. LINE 1I: 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  
**2018**  
**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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
GEISINGER COMMONWEALTH SCH OF MED

**Employer identification number**  
26-0812968

**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 . . . . . ▶ \$ 22,000

(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 DISPLAY FOR VIEWING
- 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 |
|---------------------------------------------------|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	2,285,573	2,018,780	1,386,406	1,184,831	760,012
<b>b</b> Contributions . . . . .	109,928	89,608	512,049	193,655	388,975
<b>c</b> Net investment earnings, gains, and losses . . . . .	112,893	166,902	204,200	11,653	50,244
<b>d</b> Grants or scholarships . . . . .	7,762	12,167	29,398		4,400
<b>e</b> Other expenditures for facilities and programs . . . . .	-1,644	1,884	50,214	3,733	10,000
<b>f</b> Administrative expenses . . . . .			4,263		
<b>g</b> End of year balance . . . . .	2,514,512	2,285,573	2,018,780	1,386,406	1,184,831

- 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 ▶ 100.000 %
  - c** Temporarily restricted endowment ▶ .....
- 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 |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		2,314,346		2,314,346
<b>b</b> Buildings . . . . .		52,545,195	3,554,916	48,990,279
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		24,627,832	3,575,961	21,051,871
<b>e</b> Other . . . . .		1,612,378	174,483	1,437,895
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				73,794,391

**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 . . . . .	34,790,969	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 34,790,969	

**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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DERIVATIVE OBLIGATION	3,879,592
INTERCOMPANY PAYABLES	2,271,757
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 6,151,349

**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.

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

**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.

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

**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:** 26-0812968

**Name:** GEISINGER COMMONWEALTH SCH OF MED

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	GCSOM IS A CUSTODIAN OF ACCOUNTS FOR ITS STUDENT AFFILIATED CHAPTERS OF NATIONAL ORGANIZATIONS. THE AMOUNTS HELD ARE RECORDED AS CASH AND A CORRESPONDING LIABILITY ON THE BALANCE SHEET. GCSOM PROCESSES CHECK REQUESTS AUTHORIZED BY THE CHAPTER OFFICERS.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	MOST OF THE ENDOWMENT FUNDS ARE FOR STUDENT SCHOLARSHIPS. GCSOM ALSO HOLDS AN ENDOWMENT FOR GENERAL OPERATIONS AND A SMALL NUMBER OF THE FUNDS ARE DESIGNATED FOR STUDENT ACTIVITIES AND PROGRAMS. ONE FUND IS TO SUPPORT A LECTURE SERIES ON PREVENTATIVE MEDICINE.

**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" OF "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 E**  
(Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury

Name of the organization

GEISINGER COMMONWEALTH SCH OF MED

Employer identification number

26-0812968

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, LINE 3	THE FOLLOWING STATEMENT IS INCLUDED ON ALL BROCHURES AND MAILINGS. "GEISINGER COMMONWEALTH SCHOOL OF MEDICINE IS COMMITTED TO NON-DISCRIMINATION IN ALL OF ITS EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES." IN ADDITION, THE COLLEGE ADVERTISED ITS NONDISCRIMINATION POLICY.
SCHEDULE E, LINE 6	IN FY2019 GEISINGER COMMONWEALTH SCHOOL OF MEDICINE RECOGNIZED GRANT REVENUE FROM FEDERAL AND STATE GOVERNMENTS IN THE AMOUNT OF 8,081,833.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER COMMONWEALTH SCH OF MED

Employer identification number 26-0812968

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

PA



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	Total events (add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	484,379	130,693		615,072
	<b>2</b> Less: Contributions . . . . .	384,458	89,973		474,431
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	99,921	40,720		140,641
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	50,729	24,554		75,283
	<b>8</b> Entertainment . . . . .	3,000			3,000
	<b>9</b> Other direct expenses . . . . .	148,383	50,999		199,382
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				277,665
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-137,024	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization GEISINGER COMMONWEALTH SCH OF MED

Employer identification number 26-0812968

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	303	3,153,927			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	<p>GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) PROVIDES FINANCIAL AID WHICH INCLUDES SCHOLARSHIPS AND NEED-BASED AWARDS TO ELIGIBLE STUDENTS. GCSOM CREATED A SCHOLARSHIP COMMITTEE TO REVIEW AND SELECT SCHOLARSHIP RECIPIENTS WHO MEET THE CRITERIA ESTABLISHED THROUGH A COLLABORATE PROCESS TO HONOR DONOR INTENTIONS WHILE SUBSCRIBING TO FINANCIAL AID BEST PRACTICES. THE OFFICE OF ADMISSIONS, ENROLLMENT MANAGEMENT, AND FINANCIAL AID IDENTIFIES ALL STUDENTS WHO MEET THE SPECIFIED CRITERIA FOR SCHOLARSHIPS AND THOSE STUDENTS ARE THEN PRESENTED TO THE SCHOLARSHIP COMMITTEE FOR REVIEW. NEED-BASED AWARDS ARE DETERMINED AND AWARDED BY THE OFFICE OF FINANCIAL AID AFTER A REVIEW OF A STUDENT'S FINANCIAL AID INFORMATION. A REVIEW PROCESS CONDUCTED BY THE OFFICE OF FINANCIAL AID DETERMINES THE RECIPIENTS OF SCHOLARSHIPS AND NEED-BASED AWARDS. ALL SCHOLARSHIPS AND NEED-BASED AWARDS ARE ONLY APPLIED TO GCSOM'S TUITION AND FEES AND THEREFORE, CASH PAYMENTS ARE NOT MADE TO STUDENTS. GCSOM PROVIDES SERVICE COMMITMENT AWARDS TO ELIGIBLE STUDENTS THROUGH THE ABIGAIL GEISINGER SCHOLARS PROGRAM. RECIPIENTS OF ABIGAIL GEISINGER SCHOLARS PROGRAM RECEIVE TUITION AND FEES FOR UP TO FOUR YEARS OF STUDY. THE NUMBER OF YEARS OF FUNDING EQUALS THE NUMBER OF YEARS OF SERVICE AS A GEISINGER PHYSICIAN AFTER RESIDENCY. GCSOM CREATED A SELECTION COMMITTEE TO REVIEW AND SELECT RECIPIENTS WHO MEET ESTABLISHED CRITERIA THROUGH A COLLABORATE PROCESS THAT ALIGNS WITH THE MISSION OF THE INSTITUTION. THE OFFICE OF ADMISSIONS, ENROLLMENT MANAGEMENT AND FINANCIAL AID IDENTIFIES ALL STUDENTS WHO MEET THE SPECIFIED CRITERIA AND THOSE STUDENTS ARE THEN PRESENTED TO THE SELECTION COMMITTEE FOR REVIEW AND SELECTION.</p>

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
GEISINGER COMMONWEALTH SCH OF MED

Employer identification number  
26-0812968

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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>	<b>1b</b>				
<p><b>2</b> 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 in line 1a?</p>	<b>2</b>				
<p><b>3</b> 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> 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>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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>	<b>7</b>		No		
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				



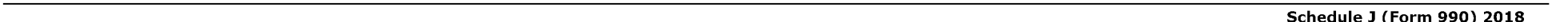
**Part III Supplemental Information**

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 4	DAVID H. LEDBETTER, PHD, FACMG 0 194,899 0 STEVEN J. SCHEINMAN, MD 0 54,678 0 DAVID J. FELICIO, ESQUIRE 0 74,220 0 WILLIAM IOBST, MD, FACP 0 13,885 0 DIANA CALLENDAR, MBBS. DM 0 2,076 0 JANET TOWNSEND, MD 0 7,642 0 VENARD SCOTT KOERWER, EDD 0 917 0 KEVIN F. BRENNAN, CPA, FHFMA 0 248,228 0

Return Reference	Explanation
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> <hr/> <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>







<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
PAMELA LUCCHESI PHD FORMER KEY EMPLOYEE	(i)	256,275		6,487	18,595	21,297	302,654	
	(ii)	-----	-----	-----	-----	-----	-----	-----
THOMAS S SAMUELSEN MD FORMER 5 HIGHEST	(i)	-----						
	(ii)	278,795		18,962	19,614	21,388	338,759	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER COMMONWEALTH SCH OF MED

Employer identification number 26-0812968

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Multiple empty rows.

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Includes a Total row at the bottom.

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Multiple empty rows.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CON	101,013	BLDG SYSTEM MAINTEN.		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER COMMONWEALTH SCH OF MED

Employer identification number  
26-0812968

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	1	22,000	APPRAISED VALUE
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	6	37,553	COST
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( PROMOTIONAL ITEMS )	X	2	92,044	COST
<b>26</b> Other ▶ ( BILLBOARD )	X	1	15,400	COST
<b>27</b> Other ▶ ( GIFT CERTIFICATE )	X	2	7,278	COST
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART I COLUMN B THE NUMBER IN COLUMN B REFERS TO THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization  
GEISINGER COMMONWEALTH SCH OF MED**Supplemental Information to Form 990 or 990-EZ**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Employer identification number

26-0812968

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GEISINGER COMMONWEALTH SCHOOL OF MEDICINE EDUCATES ASPIRING PHYSICIANS AND SCIENTISTS TO SERVE SOCIETY USING A COMMUNITY-BASED, PATIENT-CENTERED, INTER-PROFESSIONAL AND EVIDENCE-BASED MODEL OF EDUCATION THAT IS COMMITTED TO INCLUSION, PROMOTES DISCOVERY AND UTILIZES INNOVATIVE TECHNIQUES.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990	<p>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 IS SUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH (GH) IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES, INCLUDING BONDS ISSUED PRIOR TO DECEMBER 31, 2002, WITH A TOTAL OUTSTANDING BALANCE OF 1,719,446,520, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2019. BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GH SUBSIDIARIES, THE 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: 23-199615 0 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 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, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E: INCLUDED ON LINE 24E IS UNRELATED BUSINESS INCOME TAX EXPENSE OF 1,986.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>ACADEMIC PROGRAMS GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) OFFERS TWO SEPARATE DEGREE PROGRAMS: A DOCTOR OF MEDICINE (MD) PROGRAM AND A MASTER OF BIOMEDICAL SCIENCE (MBS) PROGRAM. GCSOM FOCUSES BIOMEDICAL RESEARCH AND TRAINING PROGRAMS ON HEALTH ISSUES PREVALENT IN NORTHEASTERN AND NORTH CENTRAL PENNSYLVANIA, A 17-COUNTY REGION WITH 1.8 MILLION RESIDENTS. THE REGION HAS AN AGING POPULATION, 19.5 PERCENT OF RESIDENTS ARE OLDER THAN AGE 65, COMPARED TO 15.1 PERCENT NATIONALLY. MOREOVER, THE REGION HAS HIGH INCIDENCES OF BREAST, LUNG, COLORECTAL AND PROSTATE CANCERS, AS WELL AS HIGH INCIDENCES OF NON-HODGKIN'S LYMPHOMA, OTHER CHRONIC DISEASE ASSOCIATED WITH AGING, AND SIGNIFICANT NEEDS IN PRIMARY CARE, MENTAL/BEHAVIORAL HEALTH AND COMMUNITY MEDICINE. STUDENTS SERVE THE COMMUNITY FROM THE MOMENT THEY ARRIVE AT GCSOM. THEY ARE ASSIGNED TO ONE OF GCSOM REGIONAL CAMPUSES, WHERE THEY WILL VOLUNTEER AT NON PROFIT AGENCIES AND TRAIN IN MEDICAL SETTINGS. THE REGIONAL CAMPUSES ARE SCRANTON, WILKES BARRE, DANVILLE AND GUTHRIE(SAYRE). FOR THEIR FIRST TWO YEARS, STUDENTS ARE PAIRED WITH A MULTI-GENERATIONAL FAMILY COPING WITH A DISABILITY OF CHRONIC ILLNESS. THIS IS DONE TO FACILITATE STUDENTS' UNDERSTANDING FROM THE ENTIRE FAMILY'S PERSPECTIVE. STUDENTS GAIN EARLY CLINICAL EXPERIENCE AS THEY WORK WITH A PHYSICIAN MENTOR DURING THREE ONE-WEEK ROTATIONS IN THE REGIONS DURING THEIR FIRST AND SECOND YEARS OF MEDICAL SCHOOL. STUDENTS ALSO PARTICIPATE IN A LONGITUDINAL COMMUNITY HEALTH INTERVENTION PROJECT WITHIN THEIR REGIONS TO GAIN RESEARCH EXPERIENCE, TO INVESTIGATE AND/OR SOLVE A COMMUNITY HEALTH ISSUE, TO MAKE AN IMMEDIATE IMPROVEMENT IN THEIR REGIONAL CAMPUS COMMUNITY AND TO ENHANCE THE HEALTH OF THE REGION'S CITIZENS. IN ADDITION, ALL STUDENTS ARE REQUIRED TO COMPLETE 100 COMMUNITY SERVICE HOURS. GCSOM STUDENTS HAVE VOLUNTEERED MORE THAN 50,000 HOURS SINCE THE COLLEGE'S INCEPTION. THE STUDENTS ORGANIZE BLOOD DRIVES AND HEALTH FAIRS, TUTOR LOCAL CHILDREN, COLLECT FOOD AND WARM CLOTHING FOR THE HOMELESS AND COMPLETE MANY OTHER HELPFUL ACTS THAT IMMERSE THEM IN AND IMPROVE THE WELL-BEING OF THE COMMUNITY. THE MBS CURRICULUM HAS BEEN DESIGNED TO PROVIDE STUDENTS WITH A UNIQUE, PERSONAL EDUCATION THAT WILL HELP THEM TO ACHIEVE THEIR CAREER GOALS. A COMMITMENT TO STUDENT-CENTERED LEARNING IS COMBINED WITH INDIVIDUALIZED CAREER AND EDUCATION PLANNING SERVICES. THE MBS PROGRAM IS OFFERED IN THREE FORMATS, FULL TIME, PART TIME OR ONLINE. THE MBS PROGRAM IS DIRECTED TOWARD STUDENTS WHO ARE EITHER SEEKING TO STRENGTHEN THEIR CREDENTIALS FOR APPLICATION TO MEDICAL/HEALTH PROFESSION SCHOOL OR WHO WANT TO WORK IN PUBLIC HEALTH, SCIENTIFIC RESEARCH OR IN OTHER HEALTH AND HEALTH-RELATED INDUSTRIES (SUCH AS LIFE SCIENCES, PHARMACEUTICALS OR MEDICAL DEVICE FIRMS).</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	<p>RESEARCH PROGRAMS: THE GCSOM RESEARCH MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF ITS 17-COUNTY COMMUNITY THROUGH THE COLLABORATIVE DISCOVERY AND DISSEMINATION OF KNOWLEDGE GAINED THROUGH RESEARCH, TECHNOLOGY DEVELOPMENT, COMMUNITY ENGAGEMENT AND EDUCATION. BECAUSE IT IS OUR VISION TO BE IN SERVICE TO OUR COMMUNITY, WE STRIVE TO BE A CATALYST FOR STRATEGIC RESEARCH PARTNERSHIPS, TO BE A LEADER FOR ADVANCING BIOMEDICAL RESEARCH AND TO BE A KEYSTONE FOR IMPROVING HEALTH OUTCOMES THROUGH TRANSLATIONAL RESEARCH. WE INCORPORATE VALUES OF COLLABORATION, INTEGRITY, INNOVATION, TRANSLATION AND ENGAGEMENT. AT GCSOM, STUDENTS HAVE THE OPPORTUNITY TO CONDUCT RESEARCH UNDER THE MENTORSHIP AND GUIDANCE OF DISTINGUISHED FACULTY. RESEARCH PROJECTS DEVELOPED BY FACULTY RESEARCH MENTORS WHO ARE SEEKING RESEARCH ASSISTANTS ARE DESCRIBED BELOW. THESE ARE POSITIONS FOR WHICH STUDENTS DO NOT NEED SUBSTANTIAL EXPERIENCE, YET THESE RESEARCH ACTIVITIES AND THE MENTORS WHO GUIDE THEM PROVIDE UNIQUE AND RICH EDUCATIONAL OPPORTUNITIES. GCSOM HAS MULTIPLE, ORGANIZED RESEARCH OPPORTUNITIES, INCLUDING THE SUMMER RESEARCH PROGRAM, FOR STUDENTS ENTERING THEIR SECOND YEAR OF MEDICAL SCHOOL AT GCSOM.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>STUDENT AFFAIRS: THE STUDENT AFFAIRS TEAM SUPPORTS GCSOM'S INSTITUTIONAL MISSION AND VALUES BY FOSTERING STUDENTS' ACADEMIC, PROFESSIONAL AND PERSONAL GROWTH. GCSOM ADMITS ACADEMICALLY SUCCESSFUL, PASSIONATE, INNOVATIVE AND COMMUNITY-MINDED STUDENT WITH APTITUDE FOR BIOMEDICAL SCIENCES AND A SINCERE COMMITMENT TO IMPROVING THE QUALITY OF HEALTHCARE. THE OFFICE PROVIDES A HOST OF PERSONAL, ACADEMIC AND REFERRAL SERVICES TO ENHANCE THE INTERPERSONAL AND EDUCATIONAL EXPERIENCES OF GCSOM STUDENTS. STUDENT AFFAIRS PROMOTES STUDENT ENGAGEMENT AND PARTICIPATION IN SOCIAL, CULTURAL AND INTELLECTUAL LIFE AT GCSOM. THE OFFICE IS THE PRINCIPAL ADVISOR TO STUDENT COUNCILS, CLUBS AND ORGANIZATIONS. THE OFFICE ALSO WORKS WITH STUDENTS FOR CAREER ADVISING AND PLANNING, AND ASSISTS WITH IDENTIFYING THE FINANCIAL RESOURCES NEEDED TO ACHIEVE THEIR INDIVIDUAL EDUCATIONAL GOALS. GEISINGER COMMONWEALTH SCHOOL OF MEDICINE COMMUNITY SERVICE SUMMARY JUNE 30, 2019 COST OF RESEARCH ACTIVITIES 721,542 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 465,958 CASH AND IN-KIND CONTRIBUTIONS 70,206 VALUE OF VOLUNTEER HOURS 3,479,163 TOTAL COMMUNITY BENEFIT ACTIVITIES 4,736,869</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V	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 ORGANIZATIONS OF GEISINGER. AS THE ACCOUNTS PAYABLE PROCESSORS, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION. THE NUMBER OF 1099'S FILED BY GSS FOR THE 2018 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,602. THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATION'S EIN. IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI	<p>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? DANIEL E. LOHR, ESQUIRE, LORI R. GRAMLEY, ESQUIRE, ROBERT J. DIETZ, VIRGINIA MCGREGOR, V. CHRIS HOLCOMBE, PE, DAVID J. FELICIO, ESQUIRE, JAEWON RYU, MD, JD, DAVID T. FEINBERG, MD, MBA, AND KEVIN V. ROBERTS, MBA, CPA, ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATE OF THE ENTITY. ALL OF THE AFFILIATES ARE PART OF GEISINGER.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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, OFFICERS AND SENIOR LEADERS. 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 OFFICE OF THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEES AND BOARD OF DIRECTORS. AFTER REVIEW OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE. GO TO: <a href="https://www.geisinger.org/about-geisinger/news-and-media/for-media/annual-reports">HTTPS://WWW.GEISINGER.ORG/ABOUT-GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/ANNUAL-REPORTS</a> . FINANCIAL STATEMENTS, FORM 990, FOR 990-T, THE CONFLICTS OF INTEREST POLICY, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER COMMONWEALTH SCH OF MED

**Employer identification number**

26-0812968

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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>FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS: AS SHOWN IN FORM 990, SCHEDULE R, GEISINGER COMMONWEALTH SCHOOL OF MEDICINE IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS. IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTERORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES AND FACILITIES, AND TRANSFERS OF ASSETS. THESE INTER ORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES. THESE TYPES OF INTER ORGANIZATION 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 RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS.</p>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 26-0812968

**Name:** GEISINGER COMMONWEALTH SCH OF MED

**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		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSN SVCS	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH		No
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		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LNGTM CARE	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSN SVCS	PA	501C3	12A	GH		No
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

**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 23-2214540	HOLDING CO	PA	501C2		HSHS		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		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	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

(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	
(1) KEYSTONE ACCOUNTABLE CARE ORG LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ACO	PA	N/A					No			No	
(1) LIFESOURCE GEISINGER BLOOD CTR LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
(2) GEISINGER ENCOMPASS HEALTH LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
(3) EVANGELICAL-GEISINGER HEALTH LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
(4) LEMED II  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
(5) GEISINGER-SCA HOLDINGS LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	
(6) CAMP HILL AMBULATORY CENTERS  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
(7) GRANDVIEW SURGERY CENTER LTD  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
(8) LACKAWANNA PHYS AMB SURG CTRLLC  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
(9) SOUTHERN JERSEY ONCOLOGY PROPERTIES  2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
(10) ATLANTICARE SURGERY CENTER LLC  2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
(11) COOPERATIVE HEALTH SRVS OF S JERSEY  1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	
(12) GEISINGER-HM JOINT VENTURE LLC  100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 83-1871064	HEALTHCARE	PA	N/A					No			No	
(13) KEYSTONE HEALTHCARE PARTNERSHIP LLC  901 HUGH WALLIS ROAD LAFAYETTE, LA 70508 83-3134941	HOME HLTH	PA	N/A					No			No	
(14) 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
(1) ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A						No
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A						No
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A						No
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A						No
(4) 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
(5) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED. SERV.	PA	N/A						No
(6) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A						No
(7) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A						No
(8) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A						No
(9) GNJ PHYSICIANS GROUP PC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSIC SVC	NJ	N/A						No

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	GEISINGER CLINIC	M	325,762	GAAP
<b>(1)</b>	GEISINGER MEDICAL CENTER	M	6,098	GAAP
<b>(2)</b>	GEISINGER SYSTEM SERVICES	M	958,162	GAAP
<b>(3)</b>	ISS SOLUTIONS INC	M	128,704	GAAP
<b>(4)</b>	GEISINGER ASSURANCE COMPANY	M	121,263	GAAP
<b>(5)</b>	GEISINGER CLINIC	L	250	GAAP
<b>(6)</b>	GEISINGER SYSTEM SERVICES	L	329	GAAP
<b>(7)</b>	GEISINGER WYOMING VALLEY MEDICAL CT	M	1,950	GAAP
<b>(8)</b>	GEISINGER HEALTH	C	18,816	GAAP
<b>(9)</b>	GEISINGER INSURANCE CORPORATIONRRG	P	290	GAAP