



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GEISINGER CLINIC	D Employer identification number 23-6291113
		Doing Business As	E Telephone number (570) 271-6624
		Number and street (or P O box if mail is not delivered to street address) Room/suite 100 NORTH ACADEMY AVENUE MC 30-50	G Gross receipts \$ 509,147,271
		City or town, state or country, and ZIP + 4 DANVILLE, PA 17822	
F Name and address of Principal Officer GLENN D STEELE JR MD PHD 100 NORTH ACADEMY AVENUE MC 22-01 DANVILLE, PA 17822		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Web site: WWW GEISINGER ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1962	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE 0 TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	2,705
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	7a 7b	362,719 -1,360
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,680,763	8,093,495
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	438,068,689	494,444,546
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,704,701	-2,560,894
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	964,226	4,535,734
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	453,418,379	504,512,881
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	325,648,353	363,685,493
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	142,625,204	163,007,470
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	468,273,557	526,692,963	
19 Revenue less expenses Subtract line 18 from line 12	-14,855,178	-22,180,082	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	180,546,108	210,121,514
	21 Total liabilities (Part X, line 26)	109,777,793	131,409,460
22 Net assets or fund balances Subtract line 21 from line 20	70,768,315	78,712,054	

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

Please Sign Here	Signature of officer	Date 2010-04-29		
	DAVID J FELICIO ESQUIRE CHIEF LEGAL OFFICER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

SEE SCHEDULE 0 TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [x] 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 [x] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 473,651,151 including grants of \$) (Revenue \$)
PHYSICIAN SERVICES - SEE SCHEDULE O I MISSION GEISINGER CLINIC'S MISSION IS TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE II GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 750 PHYSICIANS PRACTICING AT 61 SITES IN 47 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MILTON BELLEFONTE MONTGOMERY BERWICK MOOSIC BLOOMSBURG MOUNTAINHOME CATAWISSA MOUNTAINTOP CARBONDALE MOUNT POCONO COALDALE NANTICOKE DALLAS NICHOLSON DANVILLE NORTHUMBERLAND DUBOIS ORWIGSBURG DUNMORE PHILLIPSBURG EAST STROUDSBURG PITTSBURGH FORTY FORT PORT MATILDA FRACKVILLE POTTSVILLE HARRISBURG SCRANTON HAZLETON SELINGSGROVE KINGSTON SHAMOKIN KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANAY CITY WILLIAMSPORT MIFFLIN WYOMING MILLVILLE III UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2009, THE COST OF CHARITY CARE WAS 3,321,874 B MEDICARE/MEDICAID/OTHER GOVERNMENTAL RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR 2009, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 69,662,547 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2009, WAS 4,133,866 IV RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2009 WAS 7,400,229 V COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES AND LECTURES, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 166,739 IN FISCAL YEAR ENDED JUNE 30, 2009 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SUPPORT GROUP SIGHT LOSS SUPPORT GROUP LUPUS EDUCATION SUPPORT GROUP CROHN'S DISEASE AND ULCERATIVE COLITIS SUPPORT GROUP B HEALTH EDUCATION SERIES HEALTHY LIVING SERIES YMCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE WOMEN & HEART DISEASE OBESITY PREVENTION PROGRAM WOMENS HEALTH SEMINAR DIET & DIABETES SEMINAR D OTHER SERVICES AND PROGRAMS HEALTH FAIRS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH SCREENINGS RACE FOR THE CURE CHILDREN'S REMEMBRANCE SERVICE SCHOOL AND SPORTS PHYSICAL EXAMS TRANSPLANT PICNIC KIDS SAFETY EXPO PHARMACY CLERKSHIP PROGRAMS CAMPS FOR PEDIATRIC PATIENTS HEALTH PROMOTION SPEAKING ENGAGEMENTS EMS PROGRAMS SUPPORT & TRAINING FREE CLINICS BLOOD DRIVES NIFTY OVER FIFTY - ADULT EXPO SENIOR HEALTH EXPO UNITED WAY CAMPAIGN FREE CATARACT SURGERIES VI COMMUNITY SERVICE SUMMARY CHARITY CARE 3,321,874 MEDICARE/MEDICAID 69,662,547 OTHER UNCOMPENSATED PATIENT SERVICES 4,133,866 RESEARCH 7,400,229 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 166,739 ----- TOTAL 84,685,255 VII STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,675,914 SERVICE DAYS (CLINIC-WIDE) 352,848 GEISINGER CLINIC PHYSICIANS ADMIT TO THE THREE GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, AND GEISINGER SOUTH WILKES-BARRE AS WELL AS ELEVEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS


















4b (Code) (Expenses \$ 23,422,960 including grants of \$) (Revenue \$)
RESEARCH - SEE SCHEDULE 0

4c (Code) (Expenses \$ 15,456,630 including grants of \$) (Revenue \$)
EDUCATION - SEE SCHEDULE 0

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

4e Total program service expenses \$ 512,530,741 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	Yes	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37	Did the organization conduct more than 5 percent 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>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,705		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 BRENDA ECKROTE AVP FINANCE
 100 NORTH ACADEMY AVENUE
 DANVILLE, PA 17822
 (570) 271-5256

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations 1d 200,000					
	e	Government grants (contributions) 1e 4,314,743					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,578,752					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f)	8,093,495				
Program Service Revenue	2a	HEALTHCARE	621,112	483,074,434	483,074,434		
	b	RESEARCH	541,700	7,997,809	7,997,809		
	c	RENTAL	531,120	2,050,269		2,050,269	
	d	EDUCATION	611,710	565,436	565,436		
	e	OTHER PHYSICIAN SERVICES	541,900	392,722	392,722		
	f	All other program service revenue		363,876		363,876	
	g	Total. Add lines 2a-2f \$ 494,444,546					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	896,501			896,501	
	4	Income from investment of tax-exempt bond proceeds	7			7	
	5	Royalties	1,474	1,474			
	6a		(i) Real				
			(ii) Personal				
		b	Gross Rents	153,066			
		c	Less rental expenses	147,839			
	d	Rental income or (loss)	5,227				
	d	Net rental income or (loss)	5,227		-1,157	6,384	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	997,954	31,195		
c		Less cost or other basis and sales expenses	4,390,664	95,887			
d	Gain or (loss)	-3,392,710	-64,692				
d	Net gain or (loss)	-3,457,402			-3,457,402		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a	GAIN ON DEBT EXTINGUISHMENT	900,099	3,688,275	3,688,275			
b	CLINICAL TRIALS OFFICE ADMINI	541,700	359,357	359,357			
c	RESTRICTIVE COVENANT BUYOUT	900,099	285,174	285,174			
d	All other revenue _____		196,227	183,380		12,847	
e	Total. Add lines 11a-11d \$ 4,529,033						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		504,512,881	496,548,061	362,719	-491,394	

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,395,339	3,625,272	3,770,067	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,361,171	5,237,856	1,123,315	
7	Other salaries and wages	296,403,990	294,233,197	1,123,315	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,077,063	14,733,670	343,393	
9	Other employee benefits	24,004,647	23,457,920	546,727	
10	Payroll taxes	14,443,283	13,976,483	466,800	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,972	2,972		
c	Accounting	121,757	73,346	48,411	
d	Lobbying	158		158	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	885,832	456,875	428,957	
g	Other	20,281,409	19,802,451	478,958	
12	Advertising and promotion	3,498,788	3,495,939	2,849	
13	Office expenses	20,346,359	19,341,007	1,005,352	
14	Information technology	132,772	131,930	842	
15	Royalties				
16	Occupancy	8,336,851	8,114,300	222,551	
17	Travel	1,816,964	1,754,715	62,249	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,691,668	2,688,124	3,544	
20	Interest	2,156,965	2,099,385	57,580	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,786,735	8,589,439	197,296	
23	Insurance	16,622,484	16,298,667	323,817	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INTER-ENTITY EXPENSE	64,284,246	61,474,834	2,809,412	
b	UNCOLLECTIBLE EXPENSE	12,329,207	12,329,207		
c	BOOKS, LICENSES, FEES, DU	586,458	573,420	13,038	
d	DISCONTINUED OPERATIONS	85,627		85,627	
e	OTHER TAXES	31,851	31,841	10	
f	All other expenses	8,367	7,891	476	
25	Total functional expenses. Add lines 1 through 24f	526,692,963	512,530,741	14,162,222	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	22,948
	2 Savings and temporary cash investments	7,053,931	2	8,610,855
	3 Pledges and grants receivable, net	740,097	3	1,788,461
	4 Accounts receivable, net	26,027,899	4	27,424,446
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	58,537	5	39,461
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	4,594,922	7	5,770,472
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,803,246	9	2,235,410
	10a Land, buildings, and equipment cost basis			
		10a 162,011,137		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 68,590,549	92,702,188	10c 93,420,588
	11 Investments—publicly traded securities	30,680,081	11	37,677,088
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	14,538,497	12	24,220,483
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets	189,590	14	127,235	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	2,157,120	15	8,784,067	
16 Total assets. Add lines 1 through 15 (must equal line 34)	180,546,108	16	210,121,514	
Liabilities	17 Accounts payable and accrued expenses	33,935,661	17	40,162,284
	18 Grants payable		18	
	19 Deferred revenue	2,689,886	19	3,061,082
	20 Tax-exempt bond liabilities	52,817,046	20	70,198,420
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	20,335,200	25	17,987,674
	26 Total liabilities. Add lines 17 through 25	109,777,793	26	131,409,460
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	70,768,315	27	78,712,054
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	70,768,315	33	78,712,054	
34 Total liabilities and net assets/fund balances	180,546,108	34	210,121,514	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes" to lines 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?		
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
GEISINGER MEDICAL CENTER	240795959	7	Yes		Yes		Yes		2160792
Total									6,019,559

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

- 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," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization GEISINGER CLINIC

Employer identification number

23-6291113

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	158	402,712
c Total lobbying expenditures (add lines 1a and 1b)	158	402,712
d Other exempt purpose expenditures	526,692,805	1,919,544,860
e Total exempt purpose expenditures (add lines 1c and 1d)	526,692,963	1,919,947,572
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:	1,000,000	1,000,000
Not over \$500,000	The lobbying nontaxable amount is: 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	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j 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 checked="" 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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	179,119	238,875	247,880	402,712	1,068,586
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,426	3,904	277		8,607

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i Other activities If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes" enter the amount of any tax incurred under section 4912			
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
a Current Year	2a \$
b Carryover from last year	2b \$
c Total	2c \$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization GEISINGER CLINIC

Employer identification number 23-6291113

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	88,270,000				
b Contributions	1,005,000				
c Investment earnings or losses	-13,762,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,435,000				
f Administrative expenses					
g End of year balance	71,078,000				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 34 000 %
- b** Permanent endowment ▶ 66 000 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		12,993,728		12,993,728
b Buildings		68,053,912	30,450,364	37,603,548
c Leasehold improvements		2,787,179	1,289,238	1,497,941
d Equipment		71,043,875	33,487,354	37,556,521
e Other		7,132,443	3,363,593	3,768,850
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				93,420,588

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER HEALTH SYSTEM TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM(1) ("GHS") ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 ("FIN 48") 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 JUNE 30, 2009 OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE JUNE 30, 2009 GHS CONSOLIDATED FINANCIAL STATEMENTS (1) THROUGHOUT THIS DOCUMENT, THE ACRONYM "GHS" OR THE TERMS "SYSTEM", "GEISINGER", OR "GEISINGER HEALTH SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF THE GEISINGER HEALTH SYSTEM FOUNDATION (THE "FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATE ENTITIES COMPRISING THE SYSTEM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Software ID:
Software Version:
EIN: 23-6291113
Name: GEISINGER CLINIC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD	(i) (ii)	904,394	639,333	312,623	304,220	26,990	2,187,560	241,603
FRANK J TREMBULAK	(i) (ii)	530,634	255,505	45,877	176,963	13,526	1,022,505	
STEVEN B PIERDON MD	(i) (ii)	360,406	135,000	62,195	68,084	28,137	653,822	
DAVID J FELICIO ESQ	(i) (ii)	243,535	107,334	26,903	100,974	16,283	495,029	
KEVIN F BRENNAN	(i) (ii)	445,787	251,411	37,808	156,743	17,577	909,326	
ALBERT BOTHE MD	(i) (ii)	444,424	182,284	30,673	75,742	8,846	741,969	
DAVID P FRANKLIN MD	(i) (ii)	461,319	120,600	27,606	16,620	17,401	643,546	
BRUCE H HAMORY MD	(i) (ii)	416,565	151,389	41,308	281,788	18,651	909,701	
WILLIAM E STRODEL III MD	(i) (ii)	458,060	115,160	28,324	16,620	18,334	636,498	
ERIC BIEBER MD	(i) (ii)	455,144	96,000	37,707	76,515	18,165	683,531	
JOEL J BERBERICH MD	(i) (ii)	405,952	100,638	28,871	16,620	20,883	572,964	
HOWARD R GRANT MD	(i) (ii)	323,444	145,000	43,628	16,620	31,971	560,663	
DUANE E DAVIS MD	(i) (ii)	320,555	136,079	35,002	16,620	12,318	520,574	
HOLDREN KENNETH A	(i) (ii)	146,226 134,536	112,219	11,554 14,677	61,578 9,043	10,252 10,313	341,829 168,569	
DENNIS TORRETTI MD	(i) (ii)	286,231	81,703	25,650	16,620	13,495	423,699	
LEE M MYERS	(i) (ii)	234,554	66,591	9,846	16,620	17,727	345,338	
THOMAS R GRAF	(i) (ii)	232,696	32,132	17,531	16,620	14,624	313,603	
THOMAS B WEIR	(i) (ii)	196,293	51,474	22,312	16,620	15,070	301,769	
SUSAN B FETTERMAN	(i) (ii)	159,636	87,004	3,384	16,620	14,582	281,226	
STEVEN A TOMS MD	(i) (ii)	807,362	200,007	5,925	16,620	16,159	1,046,073	
WILLIAM J KRYWICKI MD	(i) (ii)	627,043	112,871	210,790	16,620	21,362	988,686	
G DEAN HARTER MD	(i) (ii)	633,361	150,504	129,822	126,620	20,899	1,061,206	93,876
PETER B BERGER MD	(i) (ii)	655,756	175,271	24,400	16,620	18,103	890,150	
JOHN M PARENTI MD	(i) (ii)	599,802	141,000	102,451	16,620	13,755	873,628	
JOANNE E WADE	(i) (ii)	511,267	259,457	33,822	172,749	7,751	985,046	
RONALD A PAULUS MD	(i) (ii)	344,510	155,625	49,930	66,278	18,654	634,997	
ROBERT J KALLIN	(i) (ii)	200,492	45,264	30,623	16,620	19,022	312,021	
KEVIN J KERESTUS	(i) (ii)	148,300	21,601	2,408	11,607	17,414	201,330	
HOMER W WIEDER	(i) (ii)	66,478	44,142	49,701	6,043	4,920	171,284	

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	GEISINGER AUTHORITY SERIES 2007	23-2471439	368497FC2	05-10-2007	8,628,329	CAPITAL EXPENDITURES		X		X
B	GEISINGER AUTHORITY SERIES 2005A	23-2471439	368497FB4	07-07-2005	8,500,000	CAPITAL EXPENDITURES		X		X
C	GEISINGER AUTHORITY SERIES 2005B	23-2471439	368497EZ2	07-07-2005	1,275,850	REFUND SERIES 2000		X		X
D	GEISINGER AUTHORITY SERIES 2005C	23-2471439	368497FA6	07-07-2005	1,535,000	REFUND SERIES 2000		X		X
E	GEISINGER AUTHORITY SERIES 2009A	23-2471439	368497FP3	06-04-2009	27,067,852	CAPITAL EXPENDITURES		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization GEISINGER CLINIC

Employer identification number 23-6291113

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total 39,461

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (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?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>I MISSION GEISINGER CLINIC'S MISSION IS TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE II GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 750 PHYSICIANS PRACTICING AT 61 SITES IN 47 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MILTON BELLEFONTE MONTOURSVILLE BERWICK MOOSIC BLOOMSBURG MOUNTAINHOME CATAWISSA MOUNTAINTOP CARBONDALE MOUNT POCONO COALDALE NANTICOKE DALLAS NICHOLSON DANVILLE NORTHUMBERLAND DUBOIS ORWIGSBURG DUNMORE PHILLIPSBURG EAST STROUDSBURG PITSTON FORTY FORT PORT MATILDA FRACKVILLE POTTSVILLE HARRISBURG SCRANTON HAZLETON SELINGROVE KINGSTON SHAMOKIN KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOY CITY WILLIAMSPORT MIFFLIN WYOMING MILLVILLE III UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2009, THE COST OF CHARITY CARE WAS 3,321,874 B MEDICARE/MEDICAID/OTHER GOVERNMENTAL RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR 2009, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 69,662,547 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2009, WAS 4,133,866 IV RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2009 WAS 7,400,229 V COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES AND LECTURES, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 166,739 IN FISCAL YEAR ENDED JUNE 30, 2009 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SUPPORT GROUP SIGHT LOSS SUPPORT GROUP LUPUS EDUCATION SUPPORT GROUP CROHN'S DISEASE AND ULCERATIVE COLITIS SUPPORT GROUP B HEALTH EDUCATION SERIES HEALTHY LIVING SERIES Y MCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE WOMEN & HEART DISEASE OBESITY PREVENTION PROGRAM WOMENS HEALTH SEMINAR DIET & DIABETES SEMINAR D OTHER SERVICES AND PROGRAMS HEALTH FAIRS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH SCREENINGS RACE FOR THE CURE CHILDREN'S REMEMBRANCE SERVICE SCHOOL AND SPORTS PHYSICAL EXAMS TRANSPLANT PICNIC KIDS SAFETY EXPO PHARMACY CLERKSHIP PROGRAMS CAMPS FOR PEDIATRIC PATIENTS HEALTH PROMOTION SPEAKING ENGAGEMENTS EMS PROGRAMS SUPPORT & TRAINING FREE CLINICS BLOOD DRIVES NIFTY OVER FIFTY - ADULT EXPO SENIOR HEALTH EXPO UNITED WAY CAMPAIGN FREE CATARACT SURGERIES VI COMMUNITY SERVICE SUMMARY CHARITY CARE 3,321,874 MEDICARE/MEDICAID 69,662,547 OTHER UNCOMPENSATED PATIENT SERVICES 4,133,866 RESEARCH 7,400,229 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 166,739 ----- TOTAL 84,685,255 VII STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,675,914 SERVICE DAYS (CLINIC-WIDE) 352,848 GEISINGER CLINIC PHYSICIANS ADMIT TO THE THREE GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, AND GEISINGER SOUTH WILKES-BARRE AS WELL AS ELEVEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS</p>

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GLENN D STEELE, JR M D PH D OFFCR/DIRCTR OFFICER/DIRECTOR OF AFFILIATES FRANK J TREMBULAK OFFICER OFFICER OF AFFILIATES DAVID J FELICIO OFFICER OFFICER OF AFFILIATES WILLIAM H ALEXANDER DIRECTOR DIRECTOR OR AFFILIATES DON A ROSINI DIRECTOR DIRECTOR OF AFFILIATES GEORGE B SORDONI DIRECTOR DIRECTOR OF AFFILATE

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN 15 PA C S A SUPBCHATER E OF THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	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

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN 15 PA C S A SUPBCHATER E OF THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	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 SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE GEISINGER HEALTH SYSTEM (GHS) TAX DEPARTMENT WITH INFORMATION PROVIDED FROM FINANCE, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE GEISINGER HEALTH SYSTEM THE CHIEF FINANCIAL OFFICER (CFO) OF GHS 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 GHS REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY FOR PURPOSES OF THEIR ANNUAL AUDIT OF THE GHS CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY THE GHS 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 FISCAL YEAR-ENDED JUNE 30, 2009

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF GEISINGER CLINIC EMPLOYED BY THE GEISINGER HEALTH SYSTEM ("GHS") ARE SUBJECT TO THE GHS CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS) AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) 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 THE GEISINGER HEALTH SYSTEM AFTER DISCLOSURE 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 THE PERSON DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GHS 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 GHS THE CONSULTANT'S REPORT IS PRESENTED TO THE MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE MANAGEMENT AND COMPENSATION 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 MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT THE MANAGEMENT AND COMPENSATION COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B, QUESTION 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MISSION STATEMENT IS AVAILABLE ON THE GEISINGER HEALTH SYSTEM WEBSITE AT WWW.GEISINGER.ORG. THE ANNUAL REPORT FOR THE GEISINGER HEALTH SYSTEM, CONTAINING CONSOLIDATED FINANCIAL STATEMENT INFORMATION, COMMUNITY BENEFIT REPORT AND OTHER INFORMATION, IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW.GEISINGER.ORG. FINANCIAL STATEMENTS ALONG WITH THE COMPLETE FORM 990 AND 990-T ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE GEISINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW.GEISINGER.ORG.

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN THE RESPONSE TO FORM 990, SCHEDULE R, GEISINGER CLINIC IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS. IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES AND FACILITIES, AND TRANSFERS OF ASSETS. THESE 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 GHS PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS. FORM 990, SCHEDULE R-1, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR TRUST. GEISINGER ASSURANCE COMPANY, LTD IS A FOREIGN ORGANIZATION INCORPORATED IN THE CAYMAN ISLANDS, AS SUCH, IT DOES NOT HAVE AN EIN AND IT IS NOT SUBJECT TO FEDERAL TAXATION.

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	<p>FORM 990, PART I, SECTION A, LINE 4, FORM 990, PART VI, SECTION A, LINE 1B - ONE MEMBER OF THE GOVERNING BODY IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED ORGANIZATION.</p> <p>FORM 990, PART V, LINE 1A - GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM. AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR ALL REPORTABLE PAYMENTS OF THE FILING ORGANIZATION. THE NUMBER OF FORM 1099S FILED BY GSS FOR THE REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1113.</p> <p>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? GLENN D STEELE, JR, M.D., PH.D., FRANK J TREMBULAK, DAVID J FELICIO, ESQUIRE, WILLIAM H ALEXANDER, DON A ROSINI, AND GEORGE B SORDONI ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER CLINIC. ALL OF THE AFFILIATES ARE PART OF THE GEISINGER HEALTH SYSTEM.</p> <p>FORM 990, PART VII, SECTION A, COLUMN B - AVERAGE HOURS PER WEEK FOR ALL CURRENT OFFICERS, DIRECTORS, KEY EMPLOYEES, AND FIVE HIGHEST COMPENSATED EMPLOYEES REPORTED IN FORM 990, PART VII, THE AVERAGE HOURS PER WEEK REPRESENTS THE MINIMUM HOURS DEVOTED TO THE ORGANIZATION AND RELATED ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM, AS APPLICABLE. FORMER OFFICERS, DIRECTORS, KEY EMPLOYEES, AND FIVE HIGHEST COMPENSATED EMPLOYEES WORK A MINIMUM OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS.</p> <p>FORM 990, PART XI, LINE 2B - WERE THE ORGANIZATIONS FINANCIAL STATEMENTS AUDITED BY AN INDEPENDENT ACCOUNTANT? GEISINGER CLINIC'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF THE GEISINGER HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS. ACCORDING TO THE INSTRUCTIONS TO FORM 990, QUESTION 2B REQUIRES A "NO" ANSWER IF THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ONLY.</p> <p>FORM 990, PART XI, LINE 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 OR OMB CIRCULAR A-133. FEDERAL AWARDS ARE AUDITED AS PART OF THE GEISINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133.</p> <p>FORM 990, SCHEDULE K, PART I, LINE E, COLUMN (C) - CUSIP. GEISINGER AUTHORITY SERIES A OF 2009 HAS THE FOLLOWING FOUR CUSIP NUMBERS: 368497FP3, 368497FQ1, 368497FR9, AND 368497FS7.</p> <p>FORM 990, SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS. EDIE DERIAN, M.D. IS A FAMILY MEMBER OF ERIC BIEBER, M.D., A KEY EMPLOYEE OF GEISINGER CLINIC.</p> <p>FOOTNOTE: THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 72-1398803	PHYS THERA	PA	N/A					No			No

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
GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2077663	HOTEL/REST	PA	N/A				
INTERNATIONAL SHARED SERVICES INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2159597	CLIN ENGIN	PA	N/A				
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2815174	HLTH INSUR	PA	N/A				
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-4275139	HLTH INSUR	PA	N/A				
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, GRAND CAYMAN CJ	INSURANCE	CJ	N/A				
CLINICAL COMMUNITY PHARMACY CO 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 56-2457548	INACTIVE	DE	N/A				

Part V Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r	Yes	

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID:
Software Version:
EIN: 23-6291113
Name: GEISINGER CLINIC

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 501(c)(3))	(F) Direct Controlling Entity
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2164794	SUPPT SVCS	PA	501	11A	GHSF
GEISINGER INSURANCE CORP RRG 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 14-1909894	SELF INSUR	VT	501	11A	GHSF
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1995911	PHILANTHRO	PA	501	7	NA
GEISINGER MED CTR PROF LIAB TRUST 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 25-6220019	SELF INSUR	PA	501	11A	GMC
GEISINGER EXCESS COV PROF LIAB TR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6852932	SELF INSUR	PA	501	11A	GMC
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 24-0795959	HOSPITAL	PA	501	3	GHSF
GEISINGER WYOMING VALLEY MED CTR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1996150	HOSPITAL	PA	501	3	GHSF
GEISINGER SOUTH WILKES-BARRE 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-3152743	HOSPITAL	PA	501	3	GHSF
HERSHEY MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2891807	HOSPITAL	PA	501	3	GHSF
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2311553	HMO	PA	501		GHSF
GEISINGER COMMUNITY HEALTH SVCS 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2967235	HLTH CARE	PA	501	9	GSS
MARWORTH 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2171417	D&A REHAB	PA	501	3	GHSF

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	GEISINGER HEALTH SYSTEM FOUNDATION	L	1,208,863
(2)	GEISINGER MEDICAL CENTER	L	1,567,448
(3)	GEISINGER WYOMING VALLEY MED CTR	L	329,367
(4)	GEISINGER SOUTH WILKES-BARRE	J	147,161
(5)	GEISINGER COMMUNITY HEALTH SERVICES	L	1,545,162
(6)	GEISINGER SYSTEM SERVICES	L	62,862,246
(7)	GEISINGER SYSTEM SERVICES	O	15,379,878
(8)	GEISINGER MEDICAL MANAGEMENT CORP	L	3,391,690
(9)	INTERNATIONAL SHARED SERVICES INC	L	1,502,021
(10)	GEISINGER INSURANCE CORP RRG	L	262,704
(11)	GEISINGER INSURANCE CORP RRG	O	7,102,114
(12)	GEISINGER ASSURANCE COMPANY LTD	L	9,924,025
(13)	GEISINGER HEALTH SYSTEM FOUNDATION	C	43,242,455
(14)	GEISINGER MEDICAL CENTER	K	61,681,484
(15)	GEISINGER MEDICAL CENTER	C	4,952,000
(16)	GEISINGER WYOMING VALLEY MED CTR	K	13,591,633
(17)	GEISINGER WYOMING VALLEY MED CTR	C	1,131,000
(18)	GEISINGER WYOMING VALLEY MED CTR	A	926,986
(19)	GEISINGER SOUTH WILKES-BARRE	K	5,010,177
(20)	MARWORTH	K	742,154
(21)	GEISINGER COMMUNITY HEALTH SERVICES	K	858,882
(22)	GEISINGER COMMUNITY HEALTH SERVICES	A	12,782
(23)	GEISINGER SYSTEM SERVICES	K	683,791
(24)	GEISINGER SYSTEM SERVICES	R	897,637
(25)	GEISINGER SYSTEM SERVICES	A	15,264
(26)	GEISINGER HEALTH PLAN	K	2,334,148
(27)	GEISINGER HEALTH PLAN	A	56,195
(28)	GEISINGER MEDICAL MANAGEMENT CORP	K	487,812
(29)	GEISINGER MEDICAL MANAGEMENT CORP	A	2,065
(30)	HEALTHSOUTH GHS LLC	K	153,334

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

	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31) HEALTHSOUTH GHS LLC	A	682,269

Additional Data

Software ID:
Software Version:
EIN: 23-6291113
Name: GEISINGER CLINIC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
GLENN D STEELE JR MD PHD , PRES,CH,DIR	40	X		X			0	1,856,350	331,210	
WILLIAM H ALEXANDER , DIRECTOR	2	X					0	0	0	
DORRANCE R BELIN ESQ , DIRECTOR	2	X					0	0	0	
E ALLEN DEAVER , DIRECTOR	2	X					0	0	0	
FRANK M HENRY , DIRECTOR	2	X					0	0	0	
DON A ROSINI , DIRECTOR	2	X					0	0	0	
GEORGE B SORDONI , DIRECTOR	2	X					0	0	0	
FRANK J TREMBULAK , SR VP,TREAS	40			X			0	832,016	190,489	
STEVEN B PIERDON MD , CMO,CLIN OP	40			X			557,601	0	96,221	
DAVID J FELICIO ESQ , CLO,SECTY	40			X			0	377,772	117,257	
KEVIN F BRENNAN , CFO	40				X		0	735,006	174,320	
ALBERT BOTHE MD , EVP,CMO, CQO	40				X		657,381	0	84,588	
DAVID P FRANKLIN MD , DIR VASC SUR	40				X		609,525	0	34,021	
BRUCE H HAMORY MD , EVP, CMO	40				X		609,262	0	300,439	
WILLIAM E STRODEL III MD , ASSOC CMO	40				X		601,544	0	34,954	
ERIC BIEBER MD , EVP, STR DEV	40				X		588,851	0	94,680	
JOEL J BERBERICH MD , MED DIR ANES	40				X		535,461	0	37,503	
HOWARD R GRANT MD , EVP, CMO	40				X		512,072	0	48,591	
DUANE E DAVIS MD , CMO	40				X		491,636	0	28,938	
HOLDREN KENNETH A , CAO, GC	40				X		269,999	149,213	91,186	
DENNIS TORRETTI MD , ASSOC CMO	40				X		393,584	0	30,115	
LEE M MYERS , VP,COMM PRAC	40				X		310,991	0	34,347	
THOMAS R GRAF , CHAIR, COMM	40				X		282,359	0	31,244	
THOMAS B WEIR , VP, OPERATNS	40				X		270,079	0	31,690	
SUSAN B FETTERMAN , VP OPS MED	40				X		250,024	0	31,202	
STEVEN A TOMS MD , DIR NEURO SUR	40					X	1,013,294	0	32,779	
WILLIAM J KRYWICKI MD , DIR ORTH SUR	40					X	950,704	0	37,982	
G DEAN HARTER MD , PHYSICIAN	40					X	913,687	0	147,519	
PETER B BERGER MD , ASSOC CH RES	40					X	855,427	0	34,723	
JOHN M PARENTI MD , DIR ORTH SUR	40					X	843,253	0	30,375	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
JOANNE E WADE , FORMER KEY							X	0	804,546	180,500
RONALD A PAULUS MD , FORMER KEY							X	0	550,065	84,932
ROBERT J KALLIN , FORMER KEY							X	0	276,379	35,642
KEVIN J KERESTUS , FORMER KEY							X	0	172,309	29,021
HOMER W WIEDER , FORMER KEY							X	0	160,321	10,963

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a HEALTHCARE	621,112	483,074,434	483,074,434		
b RESEARCH	541,700	7,997,809	7,997,809		
c RENTAL	531,120	2,050,269			2,050,269
d EDUCATION	611,710	565,436	565,436		
e OTHER PHYSICIAN SERVICES	541,900	392,722	392,722		