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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: GEISINGER CLINIC. Doing Business As. Number and street: 100 NORTH ACADEMY AVENUE MC 30-50. City or town: DANVILLE, PA 17822

D Employer identification number: 23-6291113. E Telephone number: (570) 271-6624. G Gross receipts \$ 594,990,960

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? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.GEISINGER.ORG

K Form of organization: Corporation. L Year of formation: 1962. M State of legal domicile: PA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer (DAVID J FELICIO ESQUIRE SECRETARY) and Date (2011-05-11)

Paid Preparer's Use Only: Preparer's signature, Date (2011-05-17), Check if self-employed, Preparer's identifying number, Firm's name, 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**

**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  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 513,569,042 including grants of \$ ) (Revenue \$ )  
PHYSICIAN SERVICES - SEE SCHEDULE 0 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 819 PHYSICIANS PRACTICING AT 62 SITES IN 48 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 MILLVILLE BELLEFONTE MILTON BERWICK MONTGOMERY BLOOMSBURG MOOSIC CARBONDALE MOUNTAINHOME CATAWISSA MOUNTAINTOP COAL TOWNSHIP MOUNT POCONO COALDALE NANTICOKE DALLAS NICHOLSON DANVILLE NORTHUMBERLAND DUNMORE ORWIGSBURG EAST STROUDSBURG PHILIPSBURG FORTY FORT PITTSTON FRACKVILLE PLAINS HARRISBURG PORT MATILDA HAZLETON POTTSVILLE HUNTINGDON SCRANTON KINGSTON SELINGSGROVE KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOY CITY WILLIAMSPORT MIFFLIN WYOMING 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, 2010, THE COST OF CHARITY CARE WAS 3,132,044 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 2010, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 80,301,396 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, 2010, WAS 4,518,204 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 2010 WAS 2,080,625 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 212,799 IN FISCAL YEAR ENDED JUNE 30, 2010 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SUPPORT GROUP B HEALTH EDUCATION SERIES YMCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE WOMEN & HEART DISEASE OBESITY PREVENTION PROGRAM DIABETES & THE HEART SEMINAR WOMENS HEALTH SEMINAR HEALTH EDUCATION SEMINAR HYPERTENSION/DIABETES SEMINAR NEWBORN CARE SEMINAR OSTEOPOROSIS 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 H1N1 VACCINATIONS RELAY FOR LIFE 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 CANCER SURVIVOR DAY INTERNSHIP PROGRAMS TRAUMA EDUCATION PROGRAM VI COMMUNITY SERVICE SUMMARY CHARITY CARE 3,132,044 MEDICARE/MEDICAID 80,301,396 OTHER UNCOMPENSATED PATIENT SERVICES 4,518,204 RESEARCH 2,080,625 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 212,799 ----- TOTAL 90,245,068 VII STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,797,400 SERVICE DAYS (CLINIC-WIDE) 365,454 GEISINGER CLINIC PHYSICIANS ADMIT TO THE TWO GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER AND GEISINGER WYOMING VALLEY, AS WELL AS FIFTEEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

**4b** (Code ) (Expenses \$ 25,568,345 including grants of \$ ) (Revenue \$ )  
RESEARCH - SEE SCHEDULE 0

**4c** (Code ) (Expenses \$ 15,894,193 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 \$ 555,031,580

**Part IV Checklist of Required Schedules**

		Yes	No				
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes					
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes					
<b>3</b>	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 <input checked="" type="checkbox"/>		No				
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes					
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III						
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or 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 <input checked="" type="checkbox"/>		No				
<b>7</b>	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 <input checked="" type="checkbox"/>		No				
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No				
<b>9</b>	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 <input checked="" type="checkbox"/>		No				
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes					
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <input checked="" type="checkbox"/>	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No				
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No				
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No				
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No				
<b>15</b>	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 U S? If "Yes," complete Schedule F, Part II		No				
<b>16</b>	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 U S? If "Yes," complete Schedule F, Part III		No				
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No				
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No				
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No				
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No				

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

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>	<p>Yes</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>	<p>Yes</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>	<p>Yes</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> 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> . . . . .</p>	<p><b>34</b></p>	<p>Yes</p>
<p><b>35</b> 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> . . . . .</p>	<p><b>35</b></p>	<p>Yes</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>	<p>Yes</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?</p>	<p><b>38</b></p>	<p>Yes</p>

**Note.** All Form 990 filers are required to complete Schedule O . . . . .

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	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 . . . . .		
	<b>1a</b> 5		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	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 . . . . .		
	<b>2a</b> 2,865		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>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**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>PA</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>BRENDA ECKROTE SR DIRECTOR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822 (570) 271-5256</b>



<b>1b Total</b>	13,498,371	6,374,977	2,932,213
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **967**

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
COMPHEALTH INC PO BOX 972651 DALLAS, TX 753972651	PHYSICIAN SERV	3,345,602
UNITED ANESTHESIA ASSOCIATES INC PO BOX 60606 CHARLOTTE, NC 282600606	PHYSICIAN SERV	1,194,256
HGS ADMINISTRATORS PO BOX 890148 CAMP HILL, PA 170890148	CONSULTATION	1,162,884
JACKSON AND COKER LOCUM TENENS PO BOX 277638 ATLANTA, GA 303847638	PHYSICIAN SERV	754,099
ONYX MD PO BOX 4715 GREENSBORO, NC 274044715	PHYSICIAN SERV	706,674

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **36**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	6,054,864					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	5,357,718					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	11,412,582					
<b>Program Service Revenue</b>			Business Code					
	<b>2a</b>	HEALTHCARE	621,110	538,357,675	538,357,675			
	<b>b</b>	RESEARCH	541,700	11,925,689	11,925,689			
	<b>c</b>	RENTAL	531,120	2,140,314		2,140,314		
	<b>d</b>	EDUCATION	611,710	631,568	631,568			
	<b>e</b>	OTHER PHYSICIAN SERVICES	541,900	526,836	526,836			
	<b>f</b>	All other program service revenue		671,782		671,782		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	554,253,864						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,271,398		2,271,398		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b>	Royalties . . . . . ▶		7,595	7,595			
	<b>6a</b>	Gross Rents	(i) Real	151,146				
			(ii) Personal					
			<b>b</b>	Less rental expenses	145,687			
			<b>c</b>	Rental income or (loss)	5,459			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		5,459		-1,755	7,214	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	25,937,700				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	21,997,326		229,143	
			<b>c</b>	Gain or (loss)	3,940,374		-229,143	
	<b>d</b>	Net gain or (loss) . . . . . ▶		3,711,231	3,940,374		-229,143	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from fundraising events . . . ▶							
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>							
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶							
		Miscellaneous Revenue		Business Code				
<b>11a</b>	CLINICAL TRIALS OFFICE ADMINI	541,700	495,449	495,449				
<b>b</b>	RESTRICTIVE COVENANT BUYOUT	900,099	209,399	209,399				
<b>c</b>	CREDENTIALING	900,099	131,915	131,915				
<b>d</b>	All other revenue . . . . .		119,912	106,258	13,654			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		956,675					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		572,618,804	556,332,758	670,027	4,203,437		

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	8,927,749	8,927,749		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	8,376,386	7,653,153	723,233	
<b>7</b>	Other salaries and wages	328,915,301	317,502,260	11,413,041	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	16,912,879	16,320,020	592,859	
<b>9</b>	Other employee benefits . . . . .	26,557,556	25,626,615	930,941	
<b>10</b>	Payroll taxes . . . . .	16,467,548	15,864,876	602,672	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	4,183	4,183		
<b>c</b>	Accounting . . . . .	91,761	43,877	47,884	
<b>d</b>	Lobbying . . . . .	1,985		1,985	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	926,395	506,098	420,297	
<b>g</b>	Other . . . . .	15,936,537	15,814,780	121,757	
<b>12</b>	Advertising and promotion . . . . .	3,579,025	3,579,025		
<b>13</b>	Office expenses . . . . .	19,892,926	18,818,037	1,074,889	
<b>14</b>	Information technology . . . . .	121,183	120,350	833	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	8,232,337	7,927,565	304,772	
<b>17</b>	Travel . . . . .	1,498,370	1,432,414	65,956	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,929,542	2,926,677	2,865	
<b>20</b>	Interest . . . . .	3,072,998	2,959,232	113,766	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	9,306,676	9,001,112	305,564	
<b>23</b>	Insurance . . . . .	15,066,610	14,660,071	406,539	
<b>24</b>	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 )				
<b>a</b>	INTER-ENTITY EXPENSE	73,530,286	69,275,389	4,254,897	
<b>b</b>	UNCOLLECTIBLE EXPENSE	15,379,613	15,379,613		
<b>c</b>	BOOKS, LICENSES, FEES, DU	661,442	650,090	11,352	
<b>d</b>	DISCONTINUED OPERATIONS	46,361		46,361	
<b>e</b>	MISCELLANEOUS/OTHER TAX	38,394	38,394		
<b>f</b>	All other expenses	6		6	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	576,474,049	555,031,580	21,442,469	0
<b>26</b>	<b>Joint costs.</b> Check here <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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,948	<b>1</b>	14,896,460
	<b>2</b> Savings and temporary cash investments . . . . .	8,610,855	<b>2</b>	4,128,863
	<b>3</b> Pledges and grants receivable, net . . . . .	1,788,461	<b>3</b>	2,276,411
	<b>4</b> Accounts receivable, net . . . . .	27,424,446	<b>4</b>	22,730,861
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	39,461	<b>5</b>	79,676
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	5,770,472	<b>7</b>	8,518,202
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	1,671,333
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,235,410	<b>9</b>	2,655,643
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	166,052,746		
	<b>b</b> Less accumulated depreciation . . . . .	75,247,990	<b>10c</b>	90,804,756
	<b>11</b> Investments—publicly traded securities . . . . .	37,677,088	<b>11</b>	17,558,446
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	24,220,483	<b>12</b>	51,792,032
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	127,235	<b>14</b>	269,076
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	8,784,067	<b>15</b>	151,743
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	210,121,514	<b>16</b>	217,533,502	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	40,162,284	<b>17</b>	46,976,947
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,061,082	<b>19</b>	3,557,274
	<b>20</b> Tax-exempt bond liabilities . . . . .	70,198,420	<b>20</b>	69,964,678
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	17,987,674	<b>25</b>	19,464,673
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	131,409,460	<b>26</b>	139,963,572
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	78,712,054	<b>27</b>	77,569,930
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	78,712,054	<b>33</b>	77,569,930	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	210,121,514	<b>34</b>	217,533,502	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEISINGER CLINIC

Employer identification number

23-6291113

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **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).**
- 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).**
- 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?
 

	Yes	No
(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?		No
(ii) a family member of a person described in (i) above?		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		No
- h Provide the following information about the supported organization(s)

(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		1,749,141
<b>Total</b>									5,836,749

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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**

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

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** 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

**17a 10%-facts-and-circumstances test—2009.** 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

**b 10%-facts-and-circumstances test—2008.** 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

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** 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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. The table is currently empty.

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	1,985	574,174												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	1,985	574,174												
<b>d</b> Other exempt purpose expenditures	576,472,064	2,035,993,413												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	576,474,049	2,036,567,587												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input 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 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	238,875	247,880	402,712	574,174	1,463,641
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	3,904	277			4,181

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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

**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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

**3** Using the organization's 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 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 the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  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
<b>1a</b> Beginning of year balance . . . . .	71,078,000	88,270,000			
<b>b</b> Contributions . . . . .	1,148,000	1,005,000			
<b>c</b> Investment earnings or losses . . . . .	8,379,000	-13,762,000			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-5,303,000	-4,435,000			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	75,302,000	71,078,000			

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

- a** Board designated or quasi-endowment ▶ **35.000 %**
- b** Permanent endowment ▶ **65.000 %**
- 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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	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) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,055,129		13,055,129
<b>b</b> Buildings . . . . .		68,728,122	33,099,251	35,628,871
<b>c</b> Leasehold improvements . . . . .		3,994,665	2,150,279	1,844,386
<b>d</b> Equipment . . . . .		73,297,012	36,445,261	36,851,751
<b>e</b> Other . . . . .		6,977,818	3,553,199	3,424,619
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				90,804,756



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	572,618,804
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	576,474,049
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-3,855,245
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	2,742,576
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-29,455
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	2,713,121
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-1,142,124

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	546,037,745
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,742,576
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	1,013,029
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,755,605
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	542,282,140
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	562,350
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	29,774,314
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	30,336,664
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	572,618,804

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	547,179,869
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	667,654
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	374,830
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,042,484
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	546,137,385
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	562,350
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	29,774,314
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	30,336,664
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	576,474,049

**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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	LOSSES REPORTED ON RETURN 667,654 RENTAL EXPENSES RECLASSED TO LINE 6B 145,687 LOSS ON SALE OF ASSET RECLASSED TO LINE 8 229,143 TRANSFER FROM AFFILIATE - GEISINGER HEALTH SYSTEM FOUNDATN 229,542 CHANGE IN DERIVATIVE 408,657 RECLASS INTERCOMANY REVENUE INCLUDED IN EXPENSE ACCOUNTS -29,720,041 RECLASS REBATE REVENUE INCLUDED IN EXPENSE ACCOUNT -54,273 RENTAL EXPENSES RECLASSED TO LINE 6B -145,687 LOSS ON SALE OF ASSET RECLASSED TO LINE 8 -229,143 RECLASS INTERCOMANY REVENUE INCLUDED IN EXPENSE ACCOUNTS 29,720,041 RECLASS REBATE REVENUE INCLUDED IN EXPENSE ACCOUNT 54,273
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES RECLASSED TO LINE 6B 145,687 LOSS ON SALE OF ASSET RECLASSED TO LINE 8 229,143 TRANSFER FROM AFFILIATE - GEISINGER HEALTH SYSTEM FOUNDATN 229,542 CHANGE IN DERIVATIVE 408,657
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RECLASS INTERCOMANY REVENUE INCLUDED IN EXPENSE ACCOUNTS 29,720,041 RECLASS REBATE REVENUE INCLUDED IN EXPENSE ACCOUNT 54,273
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENTAL EXPENSES RECLASSED TO LINE 6B 145,687 LOSS ON SALE OF ASSET RECLASSED TO LINE 8 229,143
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RECLASS INTERCOMANY REVENUE INCLUDED IN EXPENSE ACCOUNTS 29,720,041 RECLASS REBATE REVENUE INCLUDED IN EXPENSE ACCOUNT 54,273

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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><b>1a</b> 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>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p><b>2</b> 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><b>3</b> 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><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	Yes									
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? 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><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> 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><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> 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><b>8</b> 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>	Yes									
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>	Yes									



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FROM TIME TO TIME, THE GHS BOARD OF DIRECTORS OR GHS SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FUTHER GHS BUSINESS, FOR TAX OBLIGATIONS
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	GLENN D STEELE JR , MD PHD 0 241,531 0 FRANK J TREMBULAK 0 2,659 0 KEVIN F BRENNAN 0 32,739 0 BRUCE H HAMORY, MD 0 38,274 0 MOHAMMED MOHIUDDIN, MD 550,941 0 0 JOANNE E WADE 0 34,886 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL SYSTEM OBJECTIVES, INCLUDING CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT AND FINANCIAL STEWARDSHIP
PURSUANT TO CONTRACT PER REGS SECTION 53 4958-4(A)(3)	SCHEDULE J, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING UPON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE PAYMENT UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GHS SERVICE AND POSITION PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY 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

**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)	930,649	660,000	428,229	335,552	29,896	2,384,326	241,531
FRANK J TREMBULAK	(i) (ii)	546,363	255,671	44,704	184,306	8,746	1,039,790	
KEVIN F BRENNAN	(i) (ii)	457,470	257,271	71,239	163,707	19,603	969,290	32,739
STEVEN B PIERDON MD	(i) (ii)	378,671	120,002	38,024	124,779	20,013	681,489	
DAVID J FELICIO ESQUIRE	(i) (ii)	312,016	134,278	28,267	61,652	17,441	553,654	
EDWARD J ZYCH ESQUIRE	(i) (ii)	202,318	33,699	7,007	17,483	20,077	280,584	
HOWARD R GRANT MD	(i) (ii)	498,137	239,509	50,979	146,782	19,355	954,762	
ALFRED S CASALE MD	(i) (ii)	519,175	161,878	33,084	71,779	16,906	802,822	
DAVID P FRANKLIN MD	(i) (ii)	505,150	164,745	29,686	17,778	17,938	735,297	
ALBERT BOTHE MD	(i) (ii)	458,103	193,557	33,627	149,940	9,904	845,131	
BRUCE H HAMORY MD	(i) (ii)	432,851	100,505	86,473	222,092	18,624	860,545	38,274
ERIC BIEBER MD	(i) (ii)	465,793	61,600	74,834	132,978	20,200	755,405	
WILLIAM E STRODEL III MD	(i) (ii)	471,133	90,949	29,225	17,778	19,317	628,402	
JOEL J BERBERICH MD	(i) (ii)	417,662	131,570	29,773	17,778	16,816	613,599	
DUANE E DAVIS MD	(i) (ii)	325,016	135,025	35,570	17,778	12,573	525,962	
KENNETH A HOLDREN	(i) (ii)	291,344	119,661	28,780	60,501	21,723	522,009	
DENNIS TORRETTI MD	(i) (ii)	298,678	81,629	26,384	17,778	14,291	438,760	
THOMAS R GRAF	(i) (ii)	236,257	105,631	23,087	17,778	15,811	398,564	
LEE M MYERS	(i) (ii)	240,656	88,829	10,610	17,778	18,922	376,795	
THOMAS B WEIR	(i) (ii)	202,511	63,329	23,999	17,778	16,187	323,804	
SUSAN B FETTERMAN	(i) (ii)	167,792	53,466	2,962	15,806	15,539	255,565	
RUTH NOLAN	(i) (ii)	151,568	47,514	2,173	13,774	15,576	230,605	
JOHN F CARDELLA MD	(i) (ii)	779,921	220,002	63,672	17,778	29,789	1,111,162	
STEVEN A TOMS MD MPH FACS	(i) (ii)	837,639	215,257	6,911	17,778	16,931	1,094,516	
WILLIAM J KRYWICKI MD	(i) (ii)	626,886	102,729	239,275	17,778	21,870	1,008,538	
THANJAVUR S RAVIKUMAR MD FACS	(i) (ii)	696,063	187,500	42,360	87,778	18,186	1,031,887	
MOHAMMED MOHIUDDIN MD	(i) (ii)	267,445		633,545	17,778	8,557	927,325	
JOANNE E WADE	(i) (ii)	526,047	256,010	68,186	178,354	7,764	1,036,361	34,886
RONALD A PAULUS MD	(i) (ii)	448,916	236,708	47,027	173,904	20,811	927,366	
ROBERT J KALLIN	(i) (ii)	205,568		29,493	16,269	20,630	271,960	
KEVIN J KERESTUS	(i) (ii)	156,230	28,256	3,355	12,740	18,705	219,286	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 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.

Complete if the organization 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 (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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? (Yes/No)

**Additional Data**

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

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WEIS MARKETS INC	BUSINESS	238,234	LEASE PAYMENTS		No
WEIS MARKETS INC	BUSINESS	756	SUPPLY PURCHASES		No
EDIE DERIAN MD	FAMILY	323,458	EMPLOY COMPENSATION		No
SUZANNE REISS MD	FAMILY	117,182	EMPLOY COMPENSATION		No
GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	773,140	IC SHARED SERV REV		No
GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	1,558,555	IC SHARED SERV EXP		No
GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	3,627,031	IC SHARED SERV REV		No
GEISINGER QUALITY OPTIONS INC	BUSINESS	18,421,870	IC SHARED SERV REV		No
INTERNATIONAL SHARED SERVICES INC	BUSINESS	1,907,768	IC SHARED SERV EXP		No
HEALTHSOUTH GHSLLC	BUSINESS	593	SERVICE EXPENSE		No
HEALTHSOUTH GHSLLC	BUSINESS	155,567	SERVICE REVENUE		No
HEALTHSOUTH GHSLLC	BUSINESS	665,324	LEASE REVENUE		No

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493137009071

<b>SCHEDULE O</b> (Form 990)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990</b>  Complete to provide information for responses to specific questions on <b>Form 990 or to provide any additional information.</b> Attach to Form 990.	OMB No 1545-0047  <b>2009</b>  Open to Public Inspection
	Name of the organization GEJSINGER CLINIC	Employer identification number 23-6291113

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	SEE SCHEDULE O 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	I MISSION GEJSINGER 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 GEJSINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOY'S 819 PHYSICIANS PRACTICING AT 62 SITES IN 48 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEJSINGER 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 GEJSINGER CLINIC PRACTICES INCLUDE ALTOONA MILLVILLE BELLEFONTE MILTON BERWICK MONTROSVILLE BLOOMSBURG MOOSIC CARBONDALE MOUNTAINHOME CATAWISSA MOUNTAINTOP COAL TOWNSHIP MOUNT POCONO COALDALE NANTICOKE DALLAS NICHOLSON DANVILLE NORTHHUMBERLAND DUNMORE ORWIGSBURG EAST STROUDSBURG PHILIPSBURG FORTY FORT PITTSFORD FRACKVILLE PLAINS HARRISBURG PORT MATILDA HAZLETON POTTSVILLE HUNTINGDON SCRANTON KINGSTON SELINGSGROVE KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEVISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOHY CITY WILLIAMSPORT MIFLIN WYOMING UNCOMPENSATED CARE GEJSINGER 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, 2010, THE COST OF CHARITY CARE WAS 3,132,044 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 2010, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 80,301,396 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, 2010, WAS 4,518,204 IV RESEARCH SUPPORT GEJSINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEJSINGER 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 GEJSINGER 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, GEJSINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEJSINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2010 WAS 2,080,625 V COMMUNITY HEALTH, EDUCATION AND OUTREACH GEJSINGER 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 212,799 IN FISCAL YEAR ENDED JUNE 30, 2010 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SUPPORT GROUP B HEALTH EDUCATION SERIES YMCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE WOMEN & HEART DISEASE OBESITY PREVENTION PROGRAM DIABETES & THE HEART SEMINAR WOMENS HEALTH SEMINAR HEALTH EDUCATION SEMINAR HYPERTENSION/DIABETES SEMINAR NEWBORN CARE SEMINAR OSTEOPOROSIS SEMINAR D OTHER SERVICES AND PROGRAMS HEALTH FAIRS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH SCREENINGS RACE FOR THE CURE CHILDRENS REMEMBRANCE SERVICE SCHOOL AND SPORTS PHYSICAL EXAMS TRANSPLANT PICNIC KIDS SAFETY EXPO PHARMACY CLERKSHIP PROGRAMS H1N1 VACCINATIONS RELAY FOR LIFE 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 CANCER SURVIVOR DAY INTERNSHIP PROGRAMS TRAUMA EDUCATION PROGRAM VI COMMUNITY SERVICE SUMMARY CHARITY CARE 3,132,044 MEDICARE/MEDICAID 80,301,396 OTHER UNCOMPENSATED PATIENT SERVICES 4,518,204 RESEARCH 2,080,625 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 212,799 ----- TOTAL 90,245,068 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,797,400 SERVICE DAYS (CLINIC-WIDE) 365,454 GEJSINGER CLINIC PHYSICIANS ADMIT TO THE TWO GEJSINGER OWNED FACILITIES, GEJSINGER MEDICAL CENTER AND GEJSINGER WYOMING VALLEY, AS WELL AS FIFTEEN NON-GEJSINGER OWNED FACILITIES GEJSINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	ON JUNE 28, 2010, THE TRUSTEE AGREEMENT DATED JUNE 30, 2000 WAS AMENDED TO SIMPLIFY THE REQUIREMENTS OF THE TRUST ON MARCH 18, 2010, THE BOARD OF DIRECTORS OF GEJSINGER HEALTH SYSTEM FOUNDATION, A 501(C)(3) CORPORATION AND PARENT OF GEJSINGER CLINIC, APPROVED BY LAW CHANGES THAT ESTABLISHED CLASSES OF DIRECTORS WITH STAGGERED TERMS OF SERVICE, SET TERM LIMITATIONS, CLARIFIED NO AGE LIMITATION, ESTABLISHED BOARD AND COMMITTEE QUORUM REQUIREMENTS, ESTABLISHED THE PROCESS FOR BOARD LEADERSHIP SUCCESSION, AND DESIGNATED THE DEVELOPMENT COMMITTEE AS A STANDING COMMITTEE OF THE BOARD IN JUNE 2010, THE BOARDS OF DIRECTORS OF THE FOLLOWING AFFILIATED ORGANIZATIONS GEJSINGER CLINIC, GEJSINGER MEDICAL CENTER, GEJSINGER WYOMING VALLEY MEDICAL CENTER, HERSHEY MEDICAL CENTER, GEJSINGER SYSTEM SERVICES, AND MARWORTH APPROVED SIMILAR CHANGES, FOLLOWED BY THE BOARD OF DIRECTORS OF GEJSINGER COMMUNITY HEALTH SERVICES IN OCTOBER 2010

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 APPROVE AMENDMENTS TO THE CORPORATE BYLAWS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN 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 THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	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 GEJSINGER HEALTH SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATION'S FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE GEJSINGER HEALTH SYSTEM (GHS) TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE GEJSINGER 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, 2010

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF GEJSINGER MEDICAL CENTER 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 GEJSINGER HEALTH SYSTEM THE DISCLOSURES ARE REVIEWED BY THE OFFICE OF THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT COMMITTEE AND BOARD OF DIRECTORS AFTER REVIEW OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM DEPARTMENT OF LEGAL SERVICES AND ANY DISCUSSION WITH THE PERSON DESIRED BY THE BOARD OR COMMITTEE THE BOARD DECIDES IF A CONFLICT EXISTS AND TAKES APPROPRIATE ACTION THE INDIVIDUAL DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER

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 GEJSINGER 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 GEJSINGER 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 GEJSINGER HEALTH SYSTEM WEBSITE AT WWW.GEJSINGER.ORG THE ANNUAL REPORT FOR THE GEJSINGER HEALTH SYSTEM, CONTAINING CONSOLIDATED FINANCIAL STATEMENT INFORMATION, COMMUNITY BENEFIT REPORT AND OTHER INFORMATION, IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW.GEJSINGER.ORG FINANCIAL STATEMENTS ALONG WITH THE COMPLETE FORM 990 AND 990-T ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE GEJSINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW.GEJSINGER.ORG

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN THE FORM 990 TO FORM 990, SCHEDULE R, GEJSINGER 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 OPERATE 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 ORGANIZATION'S TAX EXEMPT STATUS FORM 990, SCHEDULE R-1, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR TRUST GEJSINGER 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	FORM 990, PART I, SECTION A, LINE 4, FORM 990, PART VI, SECTION A, LINE 1B BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY ONE VOTING MEMBER OF THE GOVERNING BODY IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION INCLUDING THE VOTING MEMBER DESCRIBED ABOVE, A TOTAL OF SIX VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF AFFILIATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS MAY BE DISCLOSED ON SCHEDULE L, PART IV HOWEVER, IF THE RELATED TAXABLE ORGANIZATIONS WERE REQUIRED TO FILE SCHEDULE L, THESE TRANSACTIONS WOULD NOT BE OF THE TYPE THAT WOULD BE REPORTABLE ON THEIR SCHEDULE L IN ADDITION, THESE VOTING MEMBERS ARE NOT COMPENSATED BY THE AFFILIATED TAXABLE ORGANIZATIONS FOR WHICH TRANSACTIONS ARE DISCLOSED IN SCHEDULE L PART IV, DO NOT HAVE AN OWNERSHIP INTEREST IN OR RECEIVE AN ECONOMIC BENEFIT FROM THE ACTIVITIES OF THESE AFFILIATED TAXABLE ORGANIZATIONS, RECEIVE NO PRIVATE INUREMENT / PRIVATE BENEFIT FROM THE TRANSACTIONS WITH THE RELATED TAXABLE ORGANIZATIONS AND THE VOTING MEMBERS OF THE GOVERNING BODY ABSTAIN FROM VOTING AND ARE ABSENT FROM BOARD DELIBERATIONS AND DECISIONS ON MATTERS IF A CONFLICT EXISTS REFER TO THE RESPONSE FOR FORM 990, PART VI, SECTION B, QUESTION 12A, 12B, AND 12C REGARDING THE GEJSINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY, DISCLOSURE, AND ENFORCEMENT FORM 990, PART IV, LINE 24A GEJSINGER HEALTH SYSTEM FOUNDATION, PARENT OF GEJSINGER CLINIC, IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 649,942,049 INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT, AS OF JUNE 30, 2010 THESE LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF GEJSINGER MEDICAL CENTER, GEJSINGER WYOMING VALLEY MEDICAL CENTER, GEJSINGER CLINIC, MARWORTH, AND GEJSINGER SYSTEM SERVICES BECAUSE THE BOND PROCEEDS HAVE BEEN DISBURSED TO THESE AFFILIATED ORGANIZATIONS SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEJSINGER HEALTH SYSTEM FOUNDATION FORM 990, PART V, LINE 1A GEJSINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEJSINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN 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 1,138 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATION'S EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF FORM 990, PART VI, SECTION A, LINE 2 - DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY 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, EDWARD J ZYCH, ESQUIRE, WILLIAM H ALEXANDER, WILLIAM R GRUVER, THOMAS H LEE, JR., M.D., ROBERT E POOLE, 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 GEJSINGER CLINIC ALL OF THE AFFILIATES ARE PART OF THE GEJSINGER HEALTH SYSTEM 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 GEJSINGER 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 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 GEJSINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133 FORM 990, SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS EDIERIAN, M.D. IS A FAMILY MEMBER OF ERIC BIBBER, M.D., A KEY EMPLOYEE OF GEJSINGER CLINIC SUZANNE REISS, M.D. IS A FAMILY MEMBER OF HOWARD R GRANT, M.D., A KEY EMPLOYEE OF GEJSINGER CLINIC GLENN D STEELE, JR., M.D., PH.D. IS A DIRECTOR FOR WEIS MARKETS, INC DENNIS TORRETTI, M.D. AND SUSAN B FETTERMAN ARE A KEY EMPLOYEES OF GEJSINGER CLINIC AND MEMBERS OF THE HEALTHSOUTHSHS LLC GOVERNING BODY GEJSINGER 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 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 PRIVATE LETTER RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATION'S TAX EXEMPT STATUS THE FOLLOWING ORGANIZATIONS REPRESENT THE AFFILIATED FOR-PROFIT ORGANIZATIONS WITHIN THE GEJSINGER HEALTH SYSTEM FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS OFFICERS AND DIRECTORS OF GEJSINGER CLINIC ARE OFFICERS AND OR DIRECTORS OF THESE ORGANIZATIONS AS DESCRIBED BELOW GEJSINGER MEDICAL MANAGEMENT CORPORATION (GMMC) DAVID J FELICIO, ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND GMMC GLENN D STEELE, JR., M.D., PH.D. IS THE PRESIDENT, CHAIRMAN OF THE BOARD AND DIRECTOR (EX-OFFICIO) OF GC AND THE PRESIDENT, CHAIRMAN OF THE BOARD AND DIRECTOR OF GMMC FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND GMMC EDWARD J ZYCH, ESQUIRE IS THE ASSISTANT SECRETARY OF GC AND GMMC WILLIAM ALEXANDER IS A DIRECTOR OF GC AND GMMC WILLIAM R GRUVER IS A DIRECTOR OF GC AND GMMC ROBERT E POOLE IS A DIRECTOR OF GC AND GMMC DON A ROSINI IS A DIRECTOR OF GC AND GMMC GEORGE B SORDONI IS A DIRECTOR OF GC AND GMMC GEJSINGER INDEMNITY INSURANCE COMPANY (GIC) DAVID J FELICIO, ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND GIC GLENN D STEELE, JR., M.D., PH.D. IS THE CHAIRMAN OF THE BOARD AND DIRECTOR (EX-OFFICIO) OF GC AND GIC FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND THE SENIOR VICE PRESIDENT, TREASURER, AND DIRECTOR OF GC AND GIC WILLIAM ALEXANDER IS A DIRECTOR OF GC AND GIC THOMAS H LEE, JR. IS A DIRECTOR OF GC AND GIC DON A ROSINI IS A DIRECTOR OF GC AND GIC GEJSINGER QUALITY OPTIONS, INC (GQO) DAVID J FELICIO, ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND GQO GLENN D STEELE, JR., M.D., PH.D. IS THE CHAIRMAN OF THE BOARD AND DIRECTOR (EX-OFFICIO) OF GC AND GQO FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND THE SENIOR VICE PRESIDENT, TREASURER, AND DIRECTOR OF GQO WILLIAM ALEXANDER IS A DIRECTOR OF GC AND GQO DON A ROSINI IS A DIRECTOR OF GC AND GQO THOMAS H LEE, JR. IS A DIRECTOR OF GC AND GQO INTERNATIONAL SHARED SERVICES, INC (ISS) DAVID J FELICIO, ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND ISS GLENN D STEELE, JR., M.D., PH.D. IS THE PRESIDENT, CHAIRMAN OF THE BOARD AND DIRECTOR (EX-OFFICIO) OF GC AND THE PRESIDENT, CHAIRMAN OF THE BOARD AND DIRECTOR OF ISS FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND THE SENIOR VICE PRESIDENT, TREASURER, AND DIRECTOR OF ISS FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEJSINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM OF GEJSINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	LAB/CONSUL	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 COMP 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2815174	HEALTH INS	PA	N/A				
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-4275139	HEALTH INS	PA	N/A				
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, GRAND CAYMAN CJ	INSURANCE	CJ	N/A				
CLINICAL COMMUNITY PHARMACY INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 56-2457548	INACTIVE	DE	N/A				

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

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

	(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**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c)(3))	<b>(f)</b> 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 CORPORATIONRRG  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 COVE PROF LIAB TRT  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 SERVICE  100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2967235	HEALTHCARE	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	1,353,896
(2)	GEISINGER MEDICAL CENTER	L	1,049,649
(3)	GEISINGER WYOMING VALLEY MEDICAL CT	L	393,567
(4)	GEISINGER COMMUNITY HEALTH SERVICES	L	1,725,662
(5)	GEISINGER SYSTEM SERVICES	L	71,529,405
(6)	GEISINGER SYSTEM SERVICES	O	17,184,026
(7)	GEISINGER MEDICAL MANAGEMENT CORP	L	133,680
(8)	INTERNATIONAL SHARED SERVICES INC	L	1,907,768
(9)	GEISINGER INSURANCE CORPORATIONRRG	L	536,187
(10)	GEISINGER INSURANCE CORPORATIONRRG	O	7,642,037
(11)	GEISINGER ASSURANCE COMPANY LTD	L	9,261,918
(12)	GEISINGER HEALTH SYSTEM FOUNDATION	C	2,919,528
(13)	GEISINGER MEDICAL CENTER	K	63,086,363
(14)	GEISINGER MEDICAL CENTER	C	7,550,000
(15)	GEISINGER WYOMING VALLEY MEDICAL CT	K	20,605,559
(16)	GEISINGER WYOMING VALLEY MEDICAL CT	C	2,706,000
(17)	GEISINGER WYOMING VALLEY MEDICAL CT	A	996,776
(18)	MARWORTH	K	813,040
(19)	GEISINGER COMMUNITY HEALTH SERVICES	K	747,031
(20)	GEISINGER COMMUNITY HEALTH SERVICES	A	10,560
(21)	GEISINGER SYSTEM SERVICES	K	1,424,901
(22)	GEISINGER SYSTEM SERVICES	A	6,668
(23)	GEISINGER HEALTH PLAN	K	2,383,629
(24)	GEISINGER HEALTH PLAN	A	52,250
(25)	GEISINGER HEALTH PLAN	K	152,111,699
(26)	GEISINGER QUALITY OPTIONS	K	18,421,870
(27)	GEISINGER INDEMNITY INSURANCE CORP	K	3,627,031
(28)	GEISINGER MEDICAL MANAGEMENT CORP	K	615,324
(29)	GEISINGER MEDICAL MANAGEMENT CORP	A	1,267
(30)	HEALTHSOUTH GHS LLC	K	155,567
(31)	HEALTHSOUTH GHS LLC	A	665,324
(32)	GEISINGER MEDICAL MANAGEMENT CORP	L	1,424,875
(33)	GEISINGER MEDICAL MANAGEMENT CORP	K	156,550
(34)	GEISINGER MEDICAL CENTER	P	30,249,995
(35)	GEISINGER MEDICAL CENTER	K	29,817,957
(36)	GEISINGER WYOMING VALLEY MEDICAL CT	K	13,145,768

**Additional Data**

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN D STEELE JR MD PHD PRESIDENT,CH	40 00	X		X				0	2,018,878	365,448
WILLIAM H ALEXANDER DIRECTOR	2 00	X						0	0	0
DORRANCE R BELIN ESQUIRE DIRECTOR	2 00	X						0	0	0
E ALLEN DEEVER DIRECTOR	2 00	X						0	0	0
WILLIAM R GRUVER DIRECTOR	2 00	X						0	0	0
FRANK M HENRY DIRECTOR	2 00	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	2 00	X						0	0	0
ROBERT E POOLE DIRECTOR	2 00	X						0	0	0
DON A ROSINI DIRECTOR	2 00	X						0	0	0
GEORGE B SORDONI DIRECTOR	2 00	X						0	0	0
FRANK J TREMBULAK SR VP,TREASU	40 00			X				0	846,738	193,052
KEVIN F BRENNAN EVP FINANCE,	40 00			X				0	785,980	183,310
STEVEN B PIERDON MD CMO,CLINICAL	40 00			X				536,697	0	144,792
DAVID J FELICIO ESQUIRE CLO,SECRETAR	40 00			X				0	474,561	79,093
EDWARD J ZYCH ESQUIRE ASSISTANT SE	40 00			X				0	243,024	37,560
HOWARD R GRANT MD EVP, CMO	40 00				X			788,625	0	166,137
ALFRED S CASALE MD DIR , CARDIO	40 00				X			714,137	0	88,685
DAVID P FRANKLIN MD DIR VASCULA	40 00				X			699,581	0	35,716
ALBERT BOTHE MD EVP,CMO, CQO	40 00				X			685,287	0	159,844
BRUCE H HAMORY MD EVP, CMO (EM	40 00				X			619,829	0	240,716
ERIC BIEBER MD EVP, PROGRAM	40 00				X			602,227	0	153,178
WILLIAM E STRODEL III MD ASSOCIATE CM	40 00				X			591,307	0	37,095
JOEL J BERBERICH MD MED DIR AN	40 00				X			579,005	0	34,594
DUANE E DAVIS MD CMO, GHP	40 00				X			495,611	0	30,351
KENNETH A HOLDREN CAO, GC	40 00				X			439,785	0	82,224

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS TORRETTI MD ASSOCIATE CM	40 00				X			406,691	0	32,069
THOMAS R GRAF CHAIR, CPSL	40 00				X			364,975	0	33,589
LEE M MYERS VP, COMMUNITY	40 00				X			340,095	0	36,700
THOMAS B WEIR VP, OPERATIO	40 00				X			289,839	0	33,965
SUSAN B FETTERMAN VP OPERATION	40 00				X			224,220	0	31,345
RUTH NOLAN VP	40 00				X			201,255	0	29,350
JOHN F CARDELLA MD PHYSICIAN	40 00					X		1,063,595	0	47,567
STEVEN A TOMS MD MPH FACS DIR NEURO S	40 00					X		1,059,807	0	34,709
WILLIAM J KRYWICKI MD DIR ORTHO S	40 00					X		968,890	0	39,648
THANJAVUR S RAVIKUMAR MD FACS PHYSICIAN	40 00					X		925,923	0	105,964
MOHAMMED MOHIUDDIN MD PHYSICIAN	40 00					X		900,990	0	26,335
JOANNE E WADE FORMER KEY	40 00						X	0	850,243	186,118
RONALD A PAULUS MD FORMER KEY	40 00						X	0	732,651	194,715
ROBERT J KALLIN FORMER KEY	40 00						X	0	235,061	36,899
KEVIN J KERESTUS FORMER KEY	40 00						X	0	187,841	31,445

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

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
HEALTHCARE	621,110	538,357,675	538,357,675		
RESEARCH	541,700	11,925,689	11,925,689		
RENTAL	531,120	2,140,314			2,140,314
EDUCATION	611,710	631,568	631,568		
OTHER PHYSICIAN SERVICES	541,900	526,836	526,836		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
INTER-ENTITY EXPENSE	73,530,286	69,275,389	4,254,897	
UNCOLLECTIBLE EXPENSE	15,379,613	15,379,613		
BOOKS, LICENSES, FEES, DU	661,442	650,090	11,352	
DISCONTINUED OPERATIONS	46,361		46,361	
MISCELLANEOUS/OTHER TAX	38,394	38,394		