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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
GEISINGER HEALTH SYSTEM FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 NORTH ACADEMY AVENUE MC 49-70

City or town, state or country, and ZIP + 4
DANVILLE, PA 17822

D Employer identification number
23-1995911

E Telephone number
(570) 271-6624

G Gross receipts $ 33,888,034

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? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW GEISINGER ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1975

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE THE CORPORATE ENTITIES OF THE GEISINGER HEALTH SYSTEM WITH PHILANTHROPIC SUPPORT TO ASSIST IN MEETING THE CAPITAL AND PROGRAM PRIORITIES OF THE SYSTEM'S PLANNING PROCESS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	29
6	Total number of volunteers (estimate if necessary)	**6**	402
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,331,406	8,153,888
9	Program service revenue (Part VIII, line 2g)	5,843,621	5,326,335
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,085,094	20,137,259
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,223	8,173
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,406,344	33,625,655
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,575,241	12,859,766
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,610,549	1,883,142
16a	Professional fundraising fees (Part IX, column (A), line 11e)	342,223	181,578
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,396,814		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,752,396	5,756,760
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,280,409	20,681,246
19	Revenue less expenses Subtract line 18 from line 12	31,125,935	12,944,409

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	638,953,404	1,141,552,061
21	Total liabilities (Part X, line 26)	22,355,247	22,545,834
22	Net assets or fund balances Subtract line 21 from line 20	616,598,157	1,119,006,227

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-04-19

DAVID J FELICIO ESQUIRE SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
		2012-05-11	[ ]	
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE THE CORPORATE ENTITIES OF THE GEISINGER HEALTH SYSTEM WITH PHILANTHROPIC SUPPORT TO ASSIST IN MEETING THE CAPITAL AND PROGRAM PRIORITIES OF THE SYSTEM'S PLANNING PROCESS

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 $ 19,041,759 including grants of $ 12,859,766) (Revenue $)

SEE SCHEDULE O I MISSION, VISION, VALUES AS THE PARENT ORGANIZATION OF THE GEISINGER HEALTH SYSTEM, GEISINGER HEALTH SYSTEM FOUNDATION IS COMMITTED TO THE SYSTEM'S MISSION, VISION, AND VALUES GEISINGER HEALTH SYSTEM MISSION TO ENHANCE THE QUALITY OF LIFE THROUGH AN INTEGRATED HEALTH SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH AND COMMUNITY SERVICE VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES - EXCELLENCE - WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES - SERVICE ORGANIZATION - OUR PHYSICIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE - INDIVIDUAL DIGNITY - WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL - TEAMWORK - WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AND VALUE OF TEAMWORK - PHYSICIAN LEADERSHIP - WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE - DIVERSITY - DIVERSITY AMONG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT - EDUCATION - WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS - RESEARCH - WE BELIEVE THAT BASIC SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEALTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES - FISCAL RESPONSIBILITY - WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS - TRADITION - WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO YOUR HEALTH II GENERAL INFORMATION GEISINGER HEALTH SYSTEM FOUNDATION (THE FOUNDATION), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER HEALTH SYSTEM ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE FOURTEEN GEISINGER HEALTH SYSTEM AFFILIATED ENTITIES AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES THE FOUNDATION IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER HEALTH SYSTEM NOT-FOR-PROFIT ENTITIES THE FOURTEEN AFFILIATED ENTITIES OF GEISINGER HEALTH SYSTEM FOUNDATION ARE - GEISINGER MEDICAL CENTER (GMC) IS A REGIONAL REFERRAL TERTIARY HEALTHCARE MEDICAL CENTER LOCATED IN DANVILLE, PENNSYLVANIA, A PREDOMINATELY RURAL AREA OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GMC OPERATES A LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER AS DESIGNATED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION THIS DESIGNATION IS BASED ON THE PROVISION OF COMPREHENSIVE TRAUMA CARE 24 HOURS A DAY AND THE PROVISION OF OUTREACH, EDUCATIONAL, AND RESEARCH PROGRAMS IN TRAUMA CARE THE TRAUMA CENTER INCLUDES LIFE FLIGHT, A RAPID RESPONSE HELICOPTER RETRIEVAL PROGRAM ALSO PART OF GMC ARE THE HOSPITAL FOR ADVANCED MEDICINE, JANET WEIS CHILDREN'S HOSPITAL AND THE WOMEN'S HEALTH PAVILION, IN ADDITION TO TREATMENT CENTERS FOR CANCER, KIDNEY TRANSPLANTS, HEART AND NEUROLOGICAL DISEASE AND INFERTILITY - GEISINGER CLINIC (THE CLINIC) CONSISTS OF MULTI-SPECIALTY PHYSICIAN GROUP PRACTICES EMPLOYING OVER 800 PHYSICIANS PRACTICING AT 62 SITES IN 48 COMMUNITIES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA SOME SITES ARE DOCTOR'S OFFICES LOCATED IN THE SMALL TOWNS OF THE REGION, OTHERS ARE CLINICS WITH DIAGNOSTIC CAPABILITIES AND PHARMACIES ON THE PREMISES GEISINGER CLINIC 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 - GEISINGER SYSTEM SERVICES (GSS) IS A COST-EFFECTIVE CENTRALIZED PROVIDER OF MANAGEMENT AND CONSULTATIVE SERVICES TO OTHER ENTITIES WITHIN THE GEISINGER HEALTH SYSTEM SERVICES PROVIDED INCLUDE COMMUNICATION AND PUBLIC RELATIONS, FACILITIES PLANNING AND MANAGEMENT, FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, MARKET PLANNING, MATERIAL MANAGEMENT, EMPLOYEE BENEFIT ADMINISTRATION, MAIL SERVICES, REPROGRAPHICS, RISK MANAGEMENT, CAFETERIA, LAUNDRY, AND TELECOMMUNICATIONS - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS AN ACUTE CARE OPEN STAFF COMMUNITY HOSPITAL AND REFERRAL MEDICAL CENTER IN WILKES-BARRE, PENNSYLVANIA GWV OFFERS 24-HOUR COMPREHENSIVE EMERGENCY SERVICE, MEDICAL AND SURGICAL UNITS, MATERNITY PROGRAMS, PEDIATRIC CARE AND COMPLETE CANCER TREATMENT AT THE FRANK M AND DORTHEA HENRY CANCER CENTER THE HEART HOSPITAL AT GEISINGER WYOMING VALLEY MEDICAL CENTER OPENED IN NOVEMBER 2001 IT IS DEDICATED TO BRINGING THE LATEST TECHNOLOGY USED IN THE TREATMENT OF HEART DISEASE TO THE PEOPLE OF THE WYOMING VALLEY - GEISINGER ASSURANCE COMPANY, LTD (GAC) IS A WHOLLY OWNED SUBSIDIARY OF GEISINGER HEALTH SYSTEM FOUNDATION LICENSED IN GRAND CAYMAN, BRITISH WEST INDIES THE PRINCIPAL ACTIVITY OF GAC IS THE REINSURANCE, ON A CLAIMS MADE BASIS, OF A RETROSPECTIVELY RATED PROFESSIONAL LIABILITY INSURANCE POLICY ISSUED BY AN UNRELATED INSURANCE COMPANY BASED IN THE UNITED STATES OF AMERICA TO GAC'S SHAREHOLDER AND CERTAIN AFFILIATES - GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP - PROVIDES PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL ENTITIES OF GHS - GEISINGER MEDICAL MANAGEMENT CORPORATION (GMMC) A WHOLLY OWNED FOR-PROFIT SUBSIDIARY OF THE FOUNDATION PROVIDING CONTRACT MANAGEMENT AND CONSULTING SERVICES ADDITIONALLY, GMMC INCLUDES THE SYSTEM'S NEW BUSINESS FORMATION AND INTELLECTUAL PROPERTY COMMERCIALIZATION FUNCTION, GEISINGER VENTURES - GEISINGER COMMUNITY HEALTH SERVICES (GCHS) PROVIDES COMMUNITY HEALTH SERVICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA GCHS IS BASED IN DANVILLE, PENNSYLVANIA WITH BRANCH FACILITIES IN BOTH THE WILKES-BARRE AND HERSHEY AREAS GCHS OFFERS SKILLED NURSING, HOME HEALTH AIDES, MSW, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, HOME INFUSION THERAPY AND RESPIRATORY THERAPY IN ADDITION, GCHS MANAGES THE UTILIZATION AND CLINICAL PROGRAM DEVELOPMENT RELATING TO THE PROVISION OF HOME CARE THROUGHOUT THE ENTIRE AREA SERVICED BY GHP AND EMPLOYS A STAFF OF SALARIED PHYSICIANS WHO PROVIDE OCCUPATIONAL HEALTH SERVICES - MARWORTH (MW) PROVIDES NATIONALLY RECOGNIZED ALCOHOL AND CHEMICAL DETOXIFICATION AND REHABILITATION TREATMENT PROGRAMS IN WAVERLY, PENNSYLVANIA MARWORTH IS LICENSED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS, AND IS ACCREDITED, WITH COMMENDATION, BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS MARWORTH OFFERS INDIVIDUALIZED 12-STEP TREATMENT PROGRAMS IN ADDITION TO A SPECIAL DUAL DIAGNOSIS TREATMENT PROGRAM AND SPECIAL PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS AND HEALTHCARE PROFESSIONALS - GEISINGER HEALTH PLAN (GHP) IS THE LARGEST RURAL HEALTH MAINTENANCE ORGANIZATION (HMO) IN THE NATION GEISINGER INDEMNITY INSURANCE COMPANY (GIIC) AND GEISINGER QUALTIY OPTIONS (GQO) ARE PENNSYLVANIA BUSINESS CORPORATIONS THAT ARE WHOLLY OWNED SUBSIDIARIES OF GEISINGER HEALTH SYSTEM FOUNDATION AND OFFER INDEMNITY HEALTH INSURANCE TOTAL MEMBERSHIP WAS 275,221 PENNSYLVANIA MEMBERS FROM INDIVIDUALS AND FAMILIES ENROLLED IN THE BASIC HEALTH-MAINTENANCE PROGRAM,INCLUDING A MEDICARE ALTERNATIVE,TO BUSINESS SUBSCRIBERS WHO CAN CHOOSE A CUSTOM-DESIGNED POINT-OF-SERVICE PLAN OR SMALL BUSINESS INSURANCE PLAN MANAGED CARE PATIENTS BENEFIT FROM THEIR FOCUS ON EDUCATION, DISEASE PREVENTION AND WELLNESS - INTERNATIONAL SHARED SERVICES, INC (ISS) IS ONE OF THE LARGEST INDEPENDENT MEDICAL EQUIPMENT MAINTENANCE, INSTALLATION, PLANNING AND CONSULTING SERVICES GROUPS HEADQUARTERED IN THE MID-ATLANTIC REGION ISS IS DEDICATED TO THE COST-EFFECTIVE IMPROVEMENT OF PATIENT CARE, SAFETY AND HOSPITAL OPERATIONS THROUGH CONSULTING SERVICES, TRAINING OF MEDICAL MAINTENANCE ENGINEERS AND PLANNING, DESIGN AND EXECUTION OF MEDICAL EQUIPMENT MAINTENANCE PROGRAMS ISS EMPLOYS SPECIALISTS DEVOTED EXCLUSIVELY TO ASSET MANAGEMENT AND HIGH TECHNOLOGY EQUIPMENT SERVICES INCLUDING ASSET MANAGEMENT PROGRAMS, CLINICAL ENGINEERING & BIOMEDICAL SERVICES, IMAGING EQUIPMENT SERVICES, CLINICAL EQUIPMENT INFORMATION SERVICES, STERILIZER EQUIPMENT SERVICES, GAS ANALYSIS SERVICES, AND COMPUTER SERVICES - HERSHEY MEDICAL CENTER (HMC) IS A CORPORATION FOR PURPOSES OF ACCOUNTING RECONCILEMENT OF OUTSTANDING LIABILITIES ONLY AND IS NO LONGER AN OPERATING ENTITY ON NOVEMBER 18, 1999, THE GHS BOARD OF DIRECTORS ANNOUNCED PLANS TO UNWIND THE AFFILIATION THAT CREATED THE PENN STATE GEISINGER HEALTH SYSTEM GEISINGER AND THE CLINICAL OPERATIONS OF THE HERSHEY MEDICAL CENTER, INCLUDING THE ASSOCIATED FACULTY PRACTICE PLAN OF PENN STATE UNIVERSITY, RETURNED TO TWO

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 19,041,759

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	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 (see instructions)*	17	Yes	
18	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*	18	Yes	
19	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*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	39		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ PA , NY , NJ , MA , FL , KY , MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SUSAN HEINTZELMAN DIRECTOR
100 NORTH ACADEMY AVENUE MC 30-50
DANVILLE, PA 17822
(570) 214-9554

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶									10,164,043	1,953,924

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 ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
WITT KIEFFER 2015 SPRING RD STE 510 OAK BROOK, IL 60523	RECRUITMENT	182,167
BLUE STATE DIGITAL 406 7TH ST NW 3RD FLOOR WASHINGTON, DC 20004	CONSULTING	135,241
RUFFALO CODY PO BOX 3018 CEDAR RAPIDS, IA 524063018	PROF FUNDRAISER	123,655

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 ▶ 3

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	4,213				
	b Membership dues 1b					
	c Fundraising events 1c	614,253				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	7,535,422				
	g Noncash contributions included in lines 1a-1f $	122,084				
	h **Total.** Add lines 1a-1f . . . . . ▶		8,153,888			
Program Service Revenue		Business Code				
	2a INTERCOMPANY REVENUE	541900	5,326,335	5,326,335		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		5,326,335			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		14,441,106			14,441,106
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,696,153				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	5,696,153				
	d Net gain or (loss) . . . . . ▶		5,696,153			5,696,153
Other Revenue	8a Gross income from fundraising events (not including $ 614,253 of contributions reported on line 1c) See Part IV, line 18 . . . a	407,803				
	b Less direct expenses . . . b	463,768				
	c Net income or (loss) from fundraising events . . ▶		-55,965			-55,965
	9a Gross income from gaming activities See Part IV, line 19 . a	64,032				
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶		64,032			64,032
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a ESCHEAT REVENUE	900099	106			106
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		106			
	12 **Total revenue.** See Instructions . . . ▶		33,625,655	5,326,335		20,145,432

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	12,859,766	12,859,766		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	53,701	50,265	672	2,764
7 Other salaries and wages	1,451,422	1,358,532	18,173	74,717
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,512	59,447	795	3,270
9 Other employee benefits	207,498	194,218	2,598	10,682
10 Payroll taxes	107,009	100,160	1,340	5,509
a Fees for services (non-employees) Management				
b Legal				
c Accounting	22,678		22,678	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	181,578			181,578
f Investment management fees	1,097,784	1,097,784		
g Other	937,634	602,529		335,105
12 Advertising and promotion	14,744			14,744
13 Office expenses	407,593	85,315		322,278
14 Information technology	12,009	5,000	690	6,319
15 Royalties				
16 Occupancy	39,035	36,537	489	2,009
17 Travel	187,203	129,789		57,414
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,427	21,500		20,927
20 Interest	900,899	900,899		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,970	3,716	50	204
23 Insurance	104,008		104,008	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a INTERCOMPANY EXPENSES	1,971,530	1,528,784	89,390	353,356
b BOOKS,LICENSES,FEES,DUES	15,204	7,518	1,790	5,896
c MISCELLANEOUS	42			42
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	20,681,246	19,041,759	242,673	1,396,814
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,941,643	1	1,910,813
	2	Savings and temporary cash investments		26,600,904	2	125,993,896
	3	Pledges and grants receivable, net		6,929,410	3	4,998,083
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		2,207	7	33,035
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		35,900	9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 49,306			
	b	Less accumulated depreciation	10b 34,527	18,381	10c	14,779
	11	Investments—publicly traded securities		123,768,895	11	216,130,433
	12	Investments—other securities See Part IV, line 11		479,656,064	12	791,192,191
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	1,278,831
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		638,953,404	16	1,141,552,061
Liabilities	17	Accounts payable and accrued expenses		118,161	17	429,424
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		18,612,545	23	17,816,469
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		3,624,541	25	4,299,941
	26	**Total liabilities.** Add lines 17 through 25		22,355,247	26	22,545,834
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		533,831,858	27	1,029,518,989
	28	Temporarily restricted net assets		25,308,152	28	29,504,898
	29	Permanently restricted net assets		57,458,147	29	59,982,340
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		616,598,157	33	1,119,006,227
	34	Total liabilities and net assets/fund balances		638,953,404	34	1,141,552,061

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	33,625,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,681,246
3	Revenue less expenses Subtract line 2 from line 1	3	12,944,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	616,598,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5	489,463,661
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,119,006,227

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,178,939	8,782,291	3,362,359	7,331,406	8,153,888	37,808,883
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,178,939	8,782,291	3,362,359	7,331,406	8,153,888	37,808,883
5 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)						1,271,312
6 **Public Support.** Subtract line 5 from line 4						36,537,571

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,178,939	8,782,291	3,362,359	7,331,406	8,153,888	37,808,883
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,227,601	8,020,674	9,457,924	11,563,638	14,441,106	75,710,943
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	475,445	5,996	14,028	19,979	106	515,554
11 **Total support** (Add lines 7 through 10)						114,035,380

12	Gross receipts from related activities, etc (See instructions)	12	5,326,335

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 2010 (line 6 column (f) divided by line 11 column (f))	14	32 040 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	37 150 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 23-1995911
Name: GEISINGER HEALTH SYSTEM FOUNDATION

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			
WILLIAM H ALEXANDER BOARD CHAIR,	2 00	X		X				0	0	0
E ALLEN DEAVER DIRECTOR	2 00	X						0	0	0
ARTHUR M PETERS JR ESQUIRE DIRECTOR (EM	2 00	X						0	0	0
DORRANCE R BELIN ESQUIRE DIRECTOR	2 00	X						0	0	0
WILLIAM J FLOOD DIRECTOR	2 00	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	2 00	X						0	0	0
WILLIAM R GRUVER DIRECTOR	2 00	X						0	0	0
FRANK M HENRY BOARD CHAIR,	2 00	X		X				0	0	0
JOHN D MORAN JR DIRECTOR	2 00	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	2 00	X						0	0	0
GAIL R WILENSKY PHD DIRECTOR	2 00	X						0	0	0
GARY A SOJKA PHD DIRECTOR (EM	2 00	X						0	0	0
GLENN D STEELE JR MD PHD PRES, CEO, D	40 00	X		X				0	2,043,610	372,104
KAREN E DAVIS PHD DIRECTOR	2 00	X						0	0	0
ROBERT E POOLE DIRECTOR	2 00	X						0	0	0
RICHARD A ROSE DIRECTOR	2 00	X						0	0	0
DON A ROSINI DIRECTOR	2 00	X						0	0	0
ROBERT L TAMBUR DIRECTOR	2 00	X						0	0	0
ANDREW M DEUBLER EVP, DEVELOP	40 00			X				0	100,032	10,565
DAVID J FELICIO ESQUIRE CLO, SECRETA	40 00			X				0	491,282	81,063
EDWARD J ZYCH ESQUIRE ASSISTANT SE	40 00			X				0	268,638	37,700
DAVID H LEDBETTER PHD FACMG EVP,CH SCI	40 00			X				0	94,993	8,642
KEVIN F BRENNAN CPA FHFMA EVP, FIN , T	40 00			X				0	809,261	184,136
JEAN HAYNES EVP, INSURAN	40 00			X				0	826,693	137,321
ALBERT BOTHE JR MD EVP, CMO	40 00			X				0	750,450	160,100

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			
BRUCE H HAMORY MD EVP,CMO(EMER	40 00			X				0	704,474	153,658
HOWARD R GRANT MD EVP, CMO	40 00			X				0	739,360	187,413
EDELYN L MILLER EVP, CLINICA	40 00			X				0	504,513	71,935
SUSAN M HALLICK RNCBSNMHANEA-BC EVP, CNO	40 00			X				0	464,913	115,003
FRANK J TREMBULAK EVP, COO	40 00			X				0	883,837	194,894
JOANNE E WADE EVP STRAT P	40 00			X				0	884,047	186,303
KEVIN J KERESTUS CIA FORMER KEY E	40 00						X	0	189,203	31,017
RICHARD J GILFILLAN MD FORMER EVP I	40 00						X	0	408,737	22,070

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
GEISINGER HEALTH SYSTEM FOUNDATION	23-1995911

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 funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		611,545
c Total lobbying expenditures (add lines 1a and 1b)		611,545
d Other exempt purpose expenditures		2,224,325,905
e Total exempt purpose expenditures (add lines 1c and 1d)		2,224,937,450
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	247,880	402,712	574,174	611,545	1,836,311
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	277				277

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

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

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

Part III-B 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".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 ☐ Yes ☑ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☑ No

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)? ☐ Yes ☑ No

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	75,302,000	71,078,000	88,270,000		
b Contributions	627,000	1,148,000	1,005,000		
c Investment earnings or losses	13,943,000	8,379,000	-13,762,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	-12,274,000	-5,303,000	-4,435,000		
f Administrative expenses					
g End of year balance	77,598,000	75,302,000	71,078,000		

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

- a Board designated or quasi-endowment ▶ 29 000 %
- b Permanent endowment ▶ 71 000 %
- c Term endowment ▶

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

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

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,306	34,527	14,779
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				14,779

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	791,192,191	F
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	791,192,191	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES PAYABLE	4,299,941
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,299,941

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED BY THE GEISINGER HEALTH SYSTEM TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES PART X - LIABILITY UNDER FIN 48 FOOTNOTE EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM(1) ("GHS") ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 ("FIN 48") FIN 48 CLARIFIES THE ACCOUNTING AND REPORTING FOR INCOME TAXES WHERE INTERPRETATION OF THE TAX LAW MAY BE UNCERTAIN FIN 48 PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERTAINTIES WITH RESPECT TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS THE ADOPTION OF FIN 48 HAD NO IMPACT ON UNRESTRICTED NET ASSETS AS OF JUNE 30, 2011 OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE JUNE 30, 2011 GHS CONSOLIDATED FINANCIAL STATEMENTS (1) THROUGHOUT THIS DOCUMENT, THE ACRONYM "GHS" OR THE TERMS "SYSTEM", "GEISINGER", OR "GEISINGER HEALTH SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF THE GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATE ENTITIES COMPRISING THE SYSTEM

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
ADVANTAGE FUND-RAISING CONSULTING 208 PASSAIC AVENUE FAIRFIELD, NJ 07004	CONSULTING		No		166,671	-166,671
STRATEGIC HEALTH CARE 17 SOUTH HIGH STREET COLUMBUS, OH 43215	CONSULTING		No		54,473	-54,473
BRAVO COMMUNICATIONS 20 N MARKET SQ SUITE 800 HARRISBURG, PA 17101	CONSULTING		No		54,473	-54,473
CHRISTINA COYLE 62 FAYETTE STREET EARLVILLE, NY 13332	CONSULTING		No		19,670	-19,670
DISCOVERY TRANSLATION 18 BARNES RD STONINGTON, CT 06378	CONSULTING		No		10,000	-10,000
RUFFALO CODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	SOLICITING		No	48,451	7,701	40,750
JONATHAN TIDD 9 BEAVER BROOK RD WEST SIMSBURY, CT 06092	CONSULTING		No		7,200	-7,200
Total . . . . . ▶				48,451	320,188	-271,737

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

FL, KY, MA, NJ, NY, PA, VA, MN

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GWV GALA (event type)	(b) Event #2 GMC GALA (event type)	(c) Other Events 18 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	225,814	177,080	641,946	1,044,840
	2 Less Charitable contributions	146,348	127,106	373,323	646,777
	3 Gross income (line 1 minus line 2)	79,466	49,974	267,623	397,063
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	29,146	17,350	19,942	66,438
	6 Rent/facility costs	78,712	8,135		86,847
	7 Food and beverages	46,385	27,125		73,510
	8 Entertainment	3,100	1,600		4,700
	9 Other direct expenses	23,895	6,989	218,606	249,490
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				480,985
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-83,922

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue	9,025		55,007	64,032
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☑ No	☐ Yes ____% ☑ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				64,032

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TablePA

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	47 400 %
b	An outside facility	**13b**	52 600 %

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

Name ▶ VANESSA KLINGENSMITH

Address ▶ 100 NORTH ACADEMY AVENUE MC 24-20
DANVILLE, PA 17822

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ JIM BRUCKER

Gaming manager compensation ▶ $

Description of services provided ▶ CHIEF ADVANCEMENT OFFICER

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 14

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GEISINGER HEALTH SYSTEM FOUNDATION (GHSF)DOES NOT AWARD GRANTS, GHSF PROVIDES ASSISTANCE IN THE FORM OF CHARITABLE CONTRIBUTIONS TO TAX-EXEMPT ORGANIZATIONS THAT QUALIFY FOR 501(C)(3) STATUS UNDER THE INTERNAL REVENUE CODE, LIMITED 501(C)(4) ORGANIZATIONS BASED ON EXPLICIT CRITERIA, PUBLIC BENEFIT OR NON-EXEMPT ORGANIZATIONS WHOSE ACTIVITIES FURTHER THE EXEMPT PURPOSE OF GHSF GHSF NOTIFIES THE PUBLIC BENEFIT OR NON-EXEMPT ORGANIZATIONS OF THE INTENT AND PURPOSE OF THE CHARITABLE CONTRIBUTION ORGANIZATIONS SEEKING SUPPORT MUST DEMONSTRATE THAT THEY EFFECTIVELY MEET AN IMPORTANT COMMUNITY NEED

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1995911
Name: GEISINGER HEALTH SYSTEM FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER CLINIC100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	23-6291113	3	2,876,321				CAPITAL/PROG SERVICE
GEISINGER MEDICAL CENTER100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	24-0795959	3	2,946,739				CAPITAL/PROG SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER WYOMING VALLEY MED CENTER1000 EAST MOUNTAIN DRIVE WILKES BARRE,PA 187110027	23-1996150	3	5,903,870				CAPITAL/PROG SERVICE
GEISINGER SYSTEM SERVICES100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	23-2164794	3	149,564				CAPITAL/PROG SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER COMMUNITY HEALTH SERVICES109 WOODBINE LANE DANVILLE,PA 178219118	23-2967235	3	6,675				CAPITAL/PROG SERVICE
MARWORTHPO BOX 36 WAVERLY,PA 184717736	23-2171417	3	367,606				CAPITAL/PROG SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROAD RADIO USA INC601 SOUTH MAIN STREET MUNCY,PA 177561708	23-2767215	3	25,000				CMN SPONSORSHIP
MARCH OF DIMES1019 WEST 9TH AVENUE KING OF PRUSSIA,PA 194061215	23-2767215	3	57,500				PA PREMATURITY CAMPA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST END FIRE CO1344 BLOOM RD DANVILLE,PA 178211984	24-0795947	3	10,000				SCBA AIR PACK REPLAC
GEISINGER HEALTH PLAN PO BOX 8200 DANVILLE,PA 178218200	23-2311553	4	14,000				CAPITAL/PROG SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER MEDICAL MANAGEMENT CORP109 WOODBINE LANE DANVILLE,PA 178219118	23-2077663		13,091				CAPITAL/PROG SERVICE
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG,PA 178379314	24-0795411	3	25,000				LECTURE SERIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEWISBURG DOWNTOWN PARTNERSHIPPO BOX 298 LEWISBURG,PA 17837	23-3053027	3	12,000				CONTRIBUTION SUPPORT
DANVILLE CHILD DEVELOPMENT CENTER 2719 BLOOM RD DANVILLE,PA 17822	23-1915333	3	100,000				CAMPAIGN PLEDGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN PHILHARMONIC4101 BIRNEY AVE MOOSIC,PA 18507	23-1855655	3	10,000				CONTRIBUTION SUPPORT
DANVILLE BOROUGH239 MILL ST DANVILLE,PA 17821		1	150,000				REPAIR STREETS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
(1) GLENN D STEELE JR MD PHD	(i)							
	(ii)	940,039	719,216	384,355	339,686	32,418	2,415,714	241,531
(2) DAVID J FELICIO ESQUIRE	(i)							
	(ii)	318,670	123,064	49,548	64,346	16,717	572,345	19,288
(3) EDWARD J ZYCH ESQUIRE	(i)							
	(ii)	222,920	31,827	13,891	17,778	19,922	306,338	
(4) KEVIN F BRENNAN CPA FHFMA	(i)							
	(ii)	463,447	268,032	77,782	164,879	19,257	993,397	41,972
(5) JEAN HAYNES	(i)							
	(ii)	468,873	264,619	93,201	114,781	22,540	964,014	
(6) ALBERT BOTHE JR MD	(i)							
	(ii)	471,310	244,569	34,571	152,195	7,905	910,550	
(7) BRUCE H HAMORY MD	(i)							
	(ii)	456,961	120,250	127,263	133,879	19,779	858,132	80,909
(8) HOWARD R GRANT MD	(i)							
	(ii)	459,995	214,508	64,857	169,684	17,729	926,773	
(9) EDELYN L MILLER	(i)							
	(ii)	331,602	132,506	40,405	59,906	12,029	576,448	
(10) SUSAN M HALLICK RNCBSNMHANEA-BC	(i)							
	(ii)	292,571	151,115	21,227	96,795	18,208	579,916	
(11) FRANK J TREMBULAK	(i)							
	(ii)	552,005	285,273	46,559	184,975	9,919	1,078,731	
(12) JOANNE E WADE	(i)							
	(ii)	531,456	268,237	84,354	177,664	8,639	1,070,350	47,691
(13) KEVIN J KERESTUS CIA	(i)							
	(ii)	159,907	26,114	3,182	12,867	18,150	220,220	
(14) RICHARD J GILFILLAN MD	(i)							
	(ii)	187,307	107,800	113,630	17,778	4,292	430,807	46,934
(15)								
(16)								

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
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	GLENN D STEELE JR , M D PH D 0 241,531 0 DAVID J FELICIO, ESQUIRE 0 19,288 0 KEVIN F BRENNAN, CPA, FHFMA 0 41,972 0 BRUCE H HAMORY, M D 0 80,909 0 FRANK J TREMBULAK 0 3,293 0 JOANNE E WADE 0 47,691 0 RICHARD J GILFILLAN, M D 0 46,934 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	GEISINGER AUTHORITY SERIES 2011A	23-2471439	368467GN7	06-09-2011	140,181,194	LOANED TO 501(C)(3) AFFILIATES,REFUND 8/11/98 BONDS		X		X	X	
B	GEISINGER AUTHORITY SERIES 2011 BC	23-2471439	368497GY3	06-09-2011	100,000,000	LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C	GEISINGER AUTHORITY SERIES 2009 BC	23-2471439	368497FT5	06-04-2009	115,000,000	LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
D	GEISINGER AUTHORITY SERIES 2009A	23-2471439	368497FR9	06-04-2009	155,702,940	LOANED TO 501(C)(3) AFFILIATES,REFUND 5/10/2007 BONDS		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	140,181,687	100,000,301	115,000,022	155,703,985
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	493	301	22	1,045
6	Proceeds in refunding escrow	38,318,810			29,155,500
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	11,604,000			11,604,000
10	Capital expenditures from proceeds	58,383,909	50,139,542	115,000,000	114,943,440
11	Other spent proceeds				
12	Other unspent proceeds	81,801,095	49,860,458		
13	Year of substantial completion	2010	2010		2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	GEISINGER AUTHORITY SERIES 2011A	23-2471439	368467GN7	06-09-2011	140,181,194	LOANED TO 501(C)(3) AFFILIATES,REFUND 8/11/98 BONDS		X		X	X	
B	GEISINGER AUTHORITY SERIES 2011 BC	23-2471439	368497GY3	06-09-2011	100,000,000	LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C	GEISINGER AUTHORITY SERIES 2009 BC	23-2471439	368497FT5	06-04-2009	115,000,000	LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
D	GEISINGER AUTHORITY SERIES 2009A	23-2471439	368497FR9	06-04-2009	155,702,940	LOANED TO 501(C)(3) AFFILIATES,REFUND 5/10/2007 BONDS		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	140,181,687	100,000,301	115,000,022	155,703,985
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	493	301	22	1,045
6	Proceeds in refunding escrow	38,318,810			29,155,500
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9	Working capital expenditures from proceeds	11,604,000			11,604,000
10	Capital expenditures from proceeds	58,383,909	50,139,542	115,000,000	114,943,440
11	Other spent proceeds				
12	Other unspent proceeds	81,801,095	49,860,458		
13	Year of substantial completion	2010	2010		2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONNA GRAFMYRE	FAMILY	54,177	EMPLOYEE COMPENSAT		No
(2) HIRTLE CALLAGHAN	BUSINESS	696,652	INVESTMENT MGMT FEES		No
(3) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	3,000,000	CAPITAL CONTRIBUTION		No
(4) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	13,091	CHARITABLE ALLOCATN		No
(5) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	75,354	IC SHARED SERV EXP		No
(6) GEISINGER ASSURANCE COMPANY LTD	BUSINESS	20,000,000	CAPITAL CONTR REV		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	DONNA M GRAFMYRE IS A FAMILY MEMBER OF RICHARD A GRAFMYRE A DIRECTOR OF GEISINGER HEALTH SYSTEM FOUNDATION WILLIAM R GRUVER A DIRECTOR OF GEISINGER HEALTH SYSTEM FOUNDATION IS A DIRECTOR OF HIRTLE CALLAGHAN GEISINGER HEALTH SYSTEM FOUNDATION GHSF IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTERORGANIZATIONAL TRANSACTIONS WHICH MAY INCLUDE SALES EXCHANGES AND LEASE OF PROPERTY EXTENSIONS OF CREDIT FURNISHING OF GOODS SERVICES AND FACILITIES AND TRANSFERS OF ASSETS THESE TYPES OF INTERORGANIZATIONAL TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IRS 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 ORGANIZATIONS TAX EXEMPT STATUS THE FOLLOWING ORGANIZATIONS REPRESENT THE AFFILIATED FORPROFIT ORGANIZATIONS WITHIN THE GEISINGER HEALTH SYSTEM FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS OFFICERS AND DIRECTORS OF GEISINGER HEALTH SYSTEM FOUNDATION ARE OFFICERS AND DIRECTORS OF THESE ORGANIZATIONS AS DESCRIBED BELOW GEISINGER MEDICAL MANAGEMENT CORPORATION GMMC DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GHSF AND GMMC GLENN D STEELE JR MD PHD IS THE PRESIDENT CHIEF EXECUTIVE OFFICER AND DIRECTOR EXOFFICIO OF GHSF AND THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR OF GMMC FRANK J TREMBULAK IS THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OF GHSF AND THE SENIOR VICE PRESIDENT AND TREASURER OF GMMC EDWARD J ZYCH ESQUIRE IS THE ASSISTANCT SECRETARY OF GHSF AND GMMC WILLIAM H ALEXANDER IS THE CHAIRMAN OF THE BOARD AND A DIRECTOR OF GHSF AND A DIRECTOR OF GMMC RICHARD A GRAFMYRE IS A DIRECTOR OF GHSF AND GMMC WILLIAM R GRUVER IS A DIRECTOR OF GHSF AND GMMC JOHN D MORAN JR IS A DIRECTOR OF GHSF AND GMMC ROBERT E POOLE IS A DIRECTOR OF GHSF AND GMMC RICHARD A ROSE IS A DIRECTOR OF GHSF AND GMMC DON A ROSINI IS A DIRECTOR OF GHSF AND GMMC ROBERT L TAMBUR IS A DIRECTOR OF GHSF AND GMMC GEISINGER ASSURANCE COMPANY LTD GAC DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GHSF AND A SECRETRAY AND DIRECTOR OF GAC GLENN D STEELE JR MD PHD IS THE PRESIDENT CHIEF EXECUTIVE OFFICER AND DIRECTOR EXOFFICIO OF GHSF AND THE CHAIRMAN OF THE BOARD AND DIRECTOR OF GAC FRANK J TREMBULAK IS THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OF GHSF AND PRESIDENT CHIEF EXECUTIVE OFFICER AND DIRECTOR OF GAC KEVIN F BRENNAN CPA IS THE EXECUTIVE VICE PRESIDENT FINANCE AND TREASURER OF GHSF AND DIRECTOR OF GAC HOWARD R GRANT MD WAS AN EXECUTIVE VICE PRESIDENT AND CHIEF MEDICAL OFFICER OF GHSF AND WAS A DIRECTOR OF GAC 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	9	29,497	SELLING PRICE OF PROPERTY
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		21,782	SELLING PRICE OF PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	31,715	PROCEEDS FROM SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIFICAT)	X	20	825	FACE VALUE
26 Other ▶ (JEWELRY)	X	21	10,190	SELLING PRICE OF PROPERTY
27 Other ▶ (MISCELLANEOUS)	X	70	28,075	VARIOUS
28 Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART III	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH SYSTEM FOUNDATION IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 850,319,214, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2011 BECAUSE THE BOND PROCEEDS WERE DISBURSED TO GEISINGER HEALTH SYSTEM FOUNDATION SUBSIDIARIES, THE TAX-EXEMPT BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING 501(C)(3) SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER, EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER, EIN 23-1996150 GEISINGER CLINIC, EIN 23-6291113 MARWORTH, EIN 23-2171417 GEISINGER SYSTEM SERVICES, EIN 23-2164794 THE SCHEDULE K INCLUDED WITH THIS FILING IS PREPARED ON A CONSOLIDATED BASIS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	I MISSION, VISION, VALUES AS THE PARENT ORGANIZATION OF THE GEISINGER HEALTH SYSTEM, GEIS INGER HEALTH SYSTEM FOUNDATION IS COMMITTED TO THE SYSTEM'S MISSION, VISION, AND VALUES G EISINGER HEALTH SYSTEM MISSION TO ENHANCE THE QUALITY OF LIFE THROUGH AN INTEGRATED HEALT H SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH AN D COMMUNITY SERVICE VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDU CATION AND RESEARCH VALUES - EXCELLENCE - WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES - SERVICE ORGANIZATION - OUR PHYSICIANS AND STAFF USE THEI R SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES I N EVERY COMMUNITY AND EACH SETTING WE SERVE - INDIVIDUAL DIGNITY - WE PROVIDE HUMANE, COM PASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL - TEAMWORK - WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AN D VALUE OF TEAMWORK - PHYSICIAN LEADERSHIP - WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGAN IZATION AND THE MANY COMMUNITIES WE SERVE - DIVERSITY - DIVERSITY AMONG PHYSICIANS, STAFF , STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT - EDUCATI ON - WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISS EMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM TH AT ADDS VALUE TO ALL OF OUR CUSTOMERS - RESEARCH - WE BELIEVE THAT BASIC SCIENCE, CLINICA L COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEALTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES - FISCAL RESPONSIBILITY - WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL S UCCESS - TRADITION - WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO YOUR HEALTH II GENERAL INFORMATION GEISINGER HEALTH SYSTEM FOUNDATION (THE FOUNDATION), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER HEALTH SYSTEM ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE FOURTEEN GEISINGER HEALTH SYSTEM AFFILIATED ENTITIES AND TH EIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES THE FOUNDATION IS INVOLVED WITH INIT IATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER HE ALTH SYSTEM NOT-FOR-PROFIT ENTITIES THE FOURTEEN AFFILIATED ENTITIES OF GEISINGER HEALTH SYSTEM FOUNDATION ARE - GEISINGER MEDICAL CENTER (GMC) IS A REGIONAL REFERRAL TERTIARY HE ALTHCARE MEDICAL CENTER LOCATED IN DANVILLE, PENNSYLVANIA, A PREDOMINATELY RURAL AREA OF N ORTHEASTERN AND CENTRAL PENNSYLVANIA GMC OPERATES A LEVEL 1 REGIONAL RESOURCE TRAUMA CENT ER AS DESIGNATED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION THIS DESIGNATION IS BASED ON THE PROVISION OF COMPREHENSIVE TRAUMA CARE 24 HOURS A DAY AND THE PROVISION OF OUTREACH , EDUCATIONAL, AND RESEARCH PROGRAMS IN TRAUMA CARE THE TRAUMA CENTER INCLUDES LIFE FLIGH T, A RAPID RESPONSE HELICOPTER RETRIEVAL PROGRAM ALSO PART OF GMC ARE THE HOSPITAL FOR AD VANCED MEDICINE, JANET WEIS CHILDREN'S HOSPITAL AND THE WOMEN'S HEALTH PAVILION, IN ADDITI ON TO TREATMENT CENTERS FOR CANCER, KIDNEY TRANSPLANTS, HEART AND NEUROLOGICAL DISEASE AND INFERTILITY - GEISINGER CLINIC (THE CLINIC) CONSISTS OF MULTI-SPECIALTY PHYSICIAN GROUP PRACTICES EMPLOYING OVER 800 PHYSICIANS PRACTICING AT 62 SITES IN 48 COMMUNITIES THROUGHOU T NORTHEASTERN AND CENTRAL PENNSYLVANIA SOME SITES ARE DOCTOR'S OFFICES LOCATED IN THE SM ALL TOWNS OF THE REGION, OTHERS ARE CLINICS WITH DIAGNOSTIC CAPABILITIES AND PHARMACIES ON THE PREMISES GEISINGER CLINIC IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENN SYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, AND RESEARCH - GEISINGER SYSTEM SERVICES (GSS) IS A COST-EFFECTI VE CENTRALIZED PROVIDER OF MANAGEMENT AND CONSULTATIVE SERVICES TO OTHER ENTITIES WITHIN T HE GEISINGER HEALTH SYSTEM SERVICES PROVIDED INCLUDE COMMUNICATION AND PUBLIC RELATIONS, FACILITIES PLANNING AND MANAGEMENT, FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYST EMS, INTERNAL AUDITS, LEGAL SERVICES, MARKET PLANNING, MATERIAL MANAGEMENT, EMPLOYEE BENEF IT ADMINISTRATION, MAIL SERVICES, REPROGRAPHICS, RISK MANAGEMENT, CAFETERIA, LAUNDRY, AND TELECOMMUNICATIONS - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS AN ACUTE CARE OPEN STAFF COMMUNITY HOSPITAL AND REFERRAL MEDICAL CENTER IN WILKES-BARRE, PENNSYLVANIA GWV OF FERS 24-HOUR COMPREHENSIVE EMERGENCY SERVICE, MEDICAL AND SURGICAL UNITS, MATERNITY PROGRA MS, PEDIATRIC CARE AND COMPLETE CANCER TREATMENT AT THE FRANK M AND DORTHEA HENRY CANCER CENTER THE HEART HOSPITAL AT GEISINGER WYOMING VALLEY MEDICAL CENTER OPENED IN NOVEMBER 2 001 IT IS DEDICATED TO BRINGING THE LATEST TECHNOLOGY USED IN THE TREATMENT OF HEART DISE ASE TO THE PEOPLE OF THE WYOMING VALLEY - GEISING

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	ER ASSURANCE COMPANY, LTD (GAC) IS A WHOLLY OWNED SUBSIDIARY OF GEISINGER HEALTH SYSTEM F OUNDATION LICENSED IN GRAND CAYMAN, BRITISH WEST INDIES THE PRINCIPAL ACTIVITY OF GAC IS THE REINSURANCE, ON A CLAIMS MADE BASIS, OF A RETROSPECTIVELY RATED PROFESSIONAL LIABILITY INSURANCE POLICY ISSUED BY AN UNRELATED INSURANCE COMPANY BASED IN THE UNITED STATES OF A MERICA TO GAC'S SHAREHOLDER AND CERTAIN AFFILIATES - GEISINGER INSURANCE CORPORATION, RIS K RETENTION GROUP - PROVIDES PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL ENTITIES OF GHS - GEISINGER MEDICAL MANAGEMENT CORPORATION (GMMC) A WHOLLY OWNED FOR-PROFIT SUBSID IARY OF THE FOUNDATION PROVIDING CONTRACT MANAGEMENT AND CONSULTING SERVICES ADDITIONALLY , GMMC INCLUDES THE SYSTEM'S NEW BUSINESS FORMATION AND INTELLECTUAL PROPERTY COMMERCIALIZ ATION FUNCTION, GEISINGER VENTURES - GEISINGER COMMUNITY HEALTH SERVICES (GCHS) PROVIDES COMMUNITY HEALTH SERVICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA GCHS IS BASED IN DANVILLE, PENNSYLVANIA WITH BRANCH FACILITIES IN BOTH THE WILKES-BARRE AND HERSHEY AREA S GCHS OFFERS SKILLED NURSING, HOME HEALTH AIDES, MSW, PHYSICAL THERAPY, OCCUPATIONAL THE RAPY, SPEECH THERAPY, HOME INFUSION THERAPY AND RESPIRATORY THERAPY IN ADDITION, GCHS MAN AGES THE UTILIZATION AND CLINICAL PROGRAM DEVELOPMENT RELATING TO THE PROVISION OF HOME CA RE THROUGHOUT THE ENTIRE AREA SERVICED BY GHP AND EMPLOYS A STAFF OF SALARIED PHYSICIANS W HO PROVIDE OCCUPATIONAL HEALTH SERVICES - MARWORTH (MW) PROVIDES NATIONALLY RECOGNIZED AL COHOL AND CHEMICAL DETOXIFICATION AND REHABILITATION TREATMENT PROGRAMS IN WAVERLY, PENNSY LVANIA MARWORTH IS LICENSED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS, AND IS ACCREDITED, WITH COMMENDATION, BY THE JOINT COMMISSION ON ACCREDI TATION OF HEALTHCARE ORGANIZATIONS MARWORTH OFFERS INDIVIDUALIZED 12-STEP TREATMENT PROGR AMS IN ADDITION TO A SPECIAL DUAL DIAGNOSIS TREATMENT PROGRAM AND SPECIAL PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS AND HEALTHCARE PROFESSIONALS - GEISINGER HEALTH PLAN (GHP) IS THE LARGEST RURAL HEALTH MAINTENANCE ORGANIZATION (HMO) IN THE NATION GEISINGER INDEMNITY INSURANCE COMPANY (GIIC) AND GEISINGER QUALTIY OPTIONS (GQO) ARE PENNSYLVANIA BUSINESS CO RPORATIONS THAT ARE WHOLLY OWNED SUBSIDIARIES OF GEISINGER HEALTH SYSTEM FOUNDATION AND OF FER INDEMNITY HEALTH INSURANCE. TOTAL MEMBERSHIP WAS 275,221 PENNSYLVANIA MEMBERS FROM IN DIVIDUALS AND FAMILIES ENROLLED IN THE BASIC HEALTH-MAINTENANCE PROGRAM,INCLUDING A MEDICA RE ALTERNATIVE,TO BUSINESS SUBSCRIBERS WHO CAN CHOOSE A CUSTOM-DESIGNED POINT-OF-SERVICE P LAN OR SMALL BUSINESS INSURANCE PLAN MANAGED CARE PATIENTS BENEFIT FROM THEIR FOCUS ON ED UCATION, DISEASE PREVENTION AND WELLNESS - INTERNATIONAL SHARED SERVICES, INC (ISS) IS O NE OF THE LARGEST INDEPENDENT MEDICAL EQUIPMENT MAINTENANCE, INSTALLATION, PLANNING AND CO NSULTING SERVICES GROUPS HEADQUARTERED IN THE MID-ATLANTIC REGION ISS IS DEDICATED TO THE COST-EFFECTIVE IMPROVEMENT OF PATIENT CARE, SAFETY AND HOSPITAL OPERATIONS THROUGH CONSUL TING SERVICES, TRAINING OF MEDICAL MAINTENANCE ENGINEERS AND PLANNING, DESIGN AND EXECUTIO N OF MEDICAL EQUIPMENT MAINTENANCE PROGRAMS ISS EMPLOYS SPECIALISTS DEVOTED EXCLUSIVELY T O ASSET MANAGEMENT AND HIGH TECHNOLOGY EQUIPMENT SERVICES INCLUDING ASSET MANAGEMENT PROGR AMS, CLINICAL ENGINEERING & BIOMEDICAL SERVICES, IMAGING EQUIPMENT SERVICES, CLINICAL EQUI PMENT INFORMATION SERVICES, STERILIZER EQUIPMENT SERVICES, GAS ANALYSIS SERVICES, AND COMP UTER SERVICES - HERSHEY MEDICAL CENTER (HMC) IS A CORPORATION FOR PURPOSES OF ACCOUNTING RECONCILEMENT OF OUTSTANDING LIABILITIES ONLY AND IS NO LONGER AN OPERATING ENTITY ON NOV EMBER 18, 1999, THE GHS BOARD OF DIRECTORS ANNOUNCED PLANS TO UNWIND THE AFFILIATION THAT CREATED THE PENN STATE GEISINGER HEALTH SYSTEM GEISINGER AND THE CLINICAL OPERATIONS OF T HE HERSHEY MEDICAL CENTER, INCLUDING THE ASSOCIATED FACULTY PRACTICE PLAN OF PENN STATE UN IVERSITY, RETURNED TO TWO SEPARATE ORGAN

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER IT'S EIN FOR ALL REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2010 REPORTING PERIOD ON BEHALF OF ITSELF AND IT'S AFFILIATES WAS 1,113 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 IT'S BEHALF

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	FORM 990, PART I, SECTION A, LINE 4 FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND TWO VOTING MEMBERS ARE NOT INDEPENDENT DUE TO TRANSACTIONS REPORTED ON SCHEDULE L, PART IV INCLUDING THE VOTINGS MEMBER DESCRIBED ABOVE, A TOTAL OF NINE 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 A 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 ANY 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 GEISINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY, DISCLOSURE, AND ENFORCEMENT FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? GLENN D STEELE, JR M D , PH D , DAVID J FELICIO, ESQUIRE, FRANK J TREMBULAK, EDWARD J ZYCH, ESQUIRE, WILLIAM H ALEXANDER, WILLIAM R GRUVER THOMAS H LEE, JR , M D , JOHN D MORAN, JR , ROBERT E POOLE, RICHARD A ROSE, AND DON A ROSINI ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT SUBSIDIARIES OF GEISINGER HEALTH SYSTEM FOUNDATION

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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 WAS PROVIDED TO ASSIST IN THE REVIEW IN ACCORDANCE WITH THE GEISINGER HEALTH SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE GEISINGER HEALTH SYSTEM (GHS) TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE GEISINGER HEALTH SYSTEM THE CHIEF FINANCIAL OFFICER (CFO) OF GHS AND THE INDIVIDUAL ORGANIZATIONS SENIOR FINANCIAL MANAGERS REVIEW THEIR RESPECTIVE FORM 990 PRIOR TO MAKING THE FINAL RETURN AVAILABLE TO THE BOARD IN ADDITION, THE CHIEF LEGAL OFFICER AND CHIEF HUMAN RESOURCE OFFICER OF GHS REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY FOR PURPOSES OF THEIR ANNUAL AUDIT OF THE GHS CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY THE GHS ORGANIZATIONS TO IDENTIFY MATERIAL ITEMS, INCLUDING IF THERE ARE ANY UNCERTAIN TAX POSITIONS THAT MAY BE REQUIRED TO BE RECOGNIZED THE COMPANY HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED FOR FISCAL YEAR-ENDED JUNE 30, 2011

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF GEISINGER HEALTH SYSTEM FOUNDATION ARE SUBJECT TO THE GHS CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS) AT LEAST ONCE EACH YEAR, DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) AND OTHERS DESIGNATED BY THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL FINANCIAL INTERESTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST WITH ANY AFFILIATE WITHIN THE GEISINGER HEALTH SYSTEM 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 GEISINGER CHARITABLE MISSION, REFLECTS REASONABLE COMPENSATION WITHIN THE NONPROFIT MARKET AND IS COMPLIANT WITH THE IRS'S INTERMEDIATE SANCTION REQUIREMENTS THE SURVEY DATA IN THE COMPARATIVE ANALYSIS IS CAPTURED FOR FUNCTIONALLY COMPARABLE POSITIONS IN MULTIPLE SIMILAR NONPROFIT ORGANIZATIONS AND REFLECTS TOTAL REMUNERATION PROVIDED IN THE MARKET ALL SURVEYS ARE CONDUCTED BY THIRD PARTY ORGANIZATIONS AND NOT CONDUCTED AT THE SPECIFIC DIRECTION OF GEISINGER ANY COMPENSATION ADJUSTMENTS ARE APPROVED BY THE MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT THE MANAGEMENT AND COMPENSATION COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION

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

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VII	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 GEISIGNER HEALTH SYSTEM, AS APPLICABLE. FORMER OFFICERS, DIRECTORS, KEY EMPLOYEES, AND FIVE HIGHEST COMPENATED EMPLOYEES WORK A MINIMUM OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCREASES UNREALIZED GAIN ON INVESTMENTS 95,716,759 NET GAIN FROM SUBSIDIARIES 28,746,902 TRANSFERS FROM AFFILIATES 365,000,000 TOTAL NET INCREASE 489,463,661

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XII	FORM 990, PART XII, LINE 3A AS A RESULT OF A FEDERAL AWARD, WAS THE ORGANIZATION REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE AUDIT ACT OR OMB CIRCULAR A-133? FEDERAL AWARDS ARE AUDITED AS A PART OF THE GEISINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 72-1398803	PHYS THERA	PA	N/A					No			No	
(2) 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
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	FORM 990 SCHEDULE R PART V TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN THE RESPONSE TO FORM 990 SCHEDULE R GEISINGER HEALTH SYSTEM FOUNDATION IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS WHICH MAY INCLUDE SALES EXCHANGES AND LEASES OF PROPERTY EXTENSIONS OF CREDIT FURNISHING OF GOODS SERVICES AND FACILITIES AND TRANSFERS OF ASSETS THESE INTER ORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES THESE TYPES OF INTER ORGANIZATION TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF GHS PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS TAX EXEMPT STATUS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1995911
Name: GEISINGER HEALTH SYSTEM FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
GEISINGER WYOMING VALLEY MEDICAL CT 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1996150	HOSPITAL	PA	501C3	3	GHSF	Yes	
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 24-0795959	HOSPITAL	PA	501C3	3	GHSF	Yes	
MARWORTH 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2171417	D&A REHAB	PA	501C3	3	GHSF	Yes	
HERSHEY MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2891807	HOSPITAL	PA	501C3	3	GHSF	Yes	
GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2967235	HEALTHCARE	PA	501C3	9	GSS	Yes	
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6291113	PHSYN SRVC	PA	501C3	11A	GHSF	Yes	
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2164794	SUPPT SRVC	PA	501C3	11A	GHSF	Yes	
GEISINGER INSURANCE CORP RRG 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 14-1909894	SELF INSUR	PA	501C3	11A	GHSF	Yes	
GEISINGER MED CTR PROF LIAB TRUST 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 25-6220019	SELF INSUR	PA	501C3	11A	GMC	Yes	
GEISINGER EXCESS COV PROF LIAB TR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6852932	SELF INSUR	PA	501C3	11A	GMC	Yes	
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2311553	HMO	PA	501C4		GHSF	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
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 ENG	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 98-1016737	INSURANCE	CJ	N/A				
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 ENG	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 98-1016737	INSURANCE	CJ	N/A				

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	GEISINGER MEDICAL CENTER	B	2,946,739	GAAP
(2)	GEISINGER MEDICAL CENTER	L	62,660	GAAP
(3)	GEISINGER MEDICAL CENTER	J	2,290	FMV
(4)	GEISINGER MEDICAL CENTER	C	229,000,000	GAAP
(5)	GEISINGER WYOMING VALLEY MED CTR	B	5,903,870	GAAP
(6)	GEISINGER WYOMING VALLEY MED CTR	L	200,038	GAAP
(7)	GEISINGER WYOMING VALLEY MED CTR	C	79,500,000	GAAP
(8)	GEISINGER CLINIC	B	2,876,321	GAAP
(9)	GEISINGER CLINIC	L	264,636	GAAP
(10)	MARWORTH	B	367,606	GAAP
(11)	MARWORTH	C	3,500,000	GAAP
(12)	GEISINGER COMMUNITY HEALTH SERVICES	B	5,000,000	GAAP
(13)	GEISINGER SYSTEM SERVICES	B	149,564	GAAP
(14)	GEISINGER SYSTEM SERVICES	L	1,709,475	GAAP
(15)	GEISINGER SYSTEM SERVICES	O	144,551	GAAP
(16)	GEISINGER SYSTEM SERVICES	C	10,000,000	GAAP
(17)	GEISINGER MEDICAL MANAGEMENT CORP	B	3,013,091	GAAP
(18)	GEISINGER MEDICAL MANAGEMENT CORP	L	75,354	GAAP
(19)	GEISINGER MEDICAL CENTER	K	2,609,316	GAAP
(20)	GEISINGER WYOMING VALLEY MED CTR	K	1,110,484	GAAP
(21)	GEISINGER CLINIC	K	1,569,474	GAAP
(22)	GEISINGER HEALTH PLAN	C	48,000,000	GAAP
(23)	GEISINGER ASSURANCE COMPANY LTD	C	20,000,000	GAAP
(24)	GEISINGER MEDICAL CENTER	B	2,946,739	GAAP
(25)	GEISINGER MEDICAL CENTER	L	62,660	GAAP
(26)	GEISINGER MEDICAL CENTER	J	2,290	FMV
(27)	GEISINGER MEDICAL CENTER	C	229,000,000	GAAP
(28)	GEISINGER WYOMING VALLEY MED CTR	B	5,903,870	GAAP
(29)	GEISINGER WYOMING VALLEY MED CTR	L	200,038	GAAP
(30)	GEISINGER WYOMING VALLEY MED CTR	C	79,500,000	GAAP

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	GEISINGER CLINIC	B	2,876,321	GAAP
(32)	GEISINGER CLINIC	L	264,636	GAAP
(33)	MARWORTH	B	367,606	GAAP
(34)	MARWORTH	C	3,500,000	GAAP
(35)	GEISINGER COMMUNITY HEALTH SERVICES	B	5,000,000	GAAP
(36)	GEISINGER SYSTEM SERVICES	B	149,564	GAAP
(37)	GEISINGER SYSTEM SERVICES	L	1,709,475	GAAP
(38)	GEISINGER SYSTEM SERVICES	O	144,551	GAAP
(39)	GEISINGER SYSTEM SERVICES	C	10,000,000	GAAP
(40)	GEISINGER MEDICAL MANAGEMENT CORP	B	3,013,091	GAAP
(41)	GEISINGER MEDICAL MANAGEMENT CORP	L	75,354	GAAP
(42)	GEISINGER MEDICAL CENTER	K	2,609,316	GAAP
(43)	GEISINGER WYOMING VALLEY MED CTR	K	1,110,484	GAAP
(44)	GEISINGER CLINIC	K	1,569,474	GAAP
(45)	GEISINGER HEALTH PLAN	C	48,000,000	GAAP
(46)	GEISINGER ASSURANCE COMPANY LTD	C	20,000,000	GAAP
(47)	GEISINGER MEDICAL CENTER	B	2,946,739	GAAP
(48)	GEISINGER MEDICAL CENTER	L	62,660	GAAP
(49)	GEISINGER MEDICAL CENTER	J	2,290	FMV
(50)	GEISINGER MEDICAL CENTER	C	229,000,000	GAAP
(51)	GEISINGER WYOMING VALLEY MED CTR	B	5,903,870	GAAP
(52)	GEISINGER WYOMING VALLEY MED CTR	L	200,038	GAAP
(53)	GEISINGER WYOMING VALLEY MED CTR	C	79,500,000	GAAP
(54)	GEISINGER CLINIC	B	2,876,321	GAAP
(55)	GEISINGER CLINIC	L	264,636	GAAP
(56)	MARWORTH	B	367,606	GAAP
(57)	MARWORTH	C	3,500,000	GAAP
(58)	GEISINGER COMMUNITY HEALTH SERVICES	B	5,000,000	GAAP
(59)	GEISINGER SYSTEM SERVICES	B	149,564	GAAP
(60)	GEISINGER SYSTEM SERVICES	L	1,709,475	GAAP

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	GEISINGER SYSTEM SERVICES	O	144,551	GAAP
(62)	GEISINGER SYSTEM SERVICES	C	10,000,000	GAAP
(63)	GEISINGER MEDICAL MANAGEMENT CORP	B	3,013,091	GAAP
(64)	GEISINGER MEDICAL MANAGEMENT CORP	L	75,354	GAAP
(65)	GEISINGER MEDICAL CENTER	K	2,609,316	GAAP
(66)	GEISINGER WYOMING VALLEY MED CTR	K	1,110,484	GAAP
(67)	GEISINGER CLINIC	K	1,569,474	GAAP
(68)	GEISINGER HEALTH PLAN	C	48,000,000	GAAP
(69)	GEISINGER ASSURANCE COMPANY LTD	C	20,000,000	GAAP
(70)	GEISINGER MEDICAL CENTER	B	2,946,739	GAAP
(71)	GEISINGER MEDICAL CENTER	L	62,660	GAAP
(72)	GEISINGER MEDICAL CENTER	J	2,290	FMV
(73)	GEISINGER MEDICAL CENTER	C	229,000,000	GAAP
(74)	GEISINGER WYOMING VALLEY MED CTR	B	5,903,870	GAAP
(75)	GEISINGER WYOMING VALLEY MED CTR	L	200,038	GAAP
(76)	GEISINGER WYOMING VALLEY MED CTR	C	79,500,000	GAAP
(77)	GEISINGER CLINIC	B	2,876,321	GAAP
(78)	GEISINGER CLINIC	L	264,636	GAAP
(79)	MARWORTH	B	367,606	GAAP
(80)	MARWORTH	C	3,500,000	GAAP
(81)	GEISINGER COMMUNITY HEALTH SERVICES	B	5,000,000	GAAP
(82)	GEISINGER SYSTEM SERVICES	B	149,564	GAAP
(83)	GEISINGER SYSTEM SERVICES	L	1,709,475	GAAP
(84)	GEISINGER SYSTEM SERVICES	O	144,551	GAAP
(85)	GEISINGER SYSTEM SERVICES	C	10,000,000	GAAP
(86)	GEISINGER MEDICAL MANAGEMENT CORP	B	3,013,091	GAAP
(87)	GEISINGER MEDICAL MANAGEMENT CORP	L	75,354	GAAP
(88)	GEISINGER MEDICAL CENTER	K	2,609,316	GAAP
(89)	GEISINGER WYOMING VALLEY MED CTR	K	1,110,484	GAAP
(90)	GEISINGER CLINIC	K	1,569,474	GAAP

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(91)	GEISINGER HEALTH PLAN	C	48,000,000	GAAP
(92)	GEISINGER ASSURANCE COMPANY LTD	C	20,000,000	GAAP