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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)

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

C Name of organization
GEISINGER CLINIC
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
100 NORTH ACADEMY AVENUE MC 49-70
Room/suite
City or town, state or country, and ZIP + 4
DANVILLE, PA 17822

D Employer identification number
23-6291113

E Telephone number
(570) 271-6624

G Gross receipts \$ 660,697,398

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 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 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW GEISINGER ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1962

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN AND ADVANCED PRACTITIONER SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE

Activities & Governance

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

Table with 3 columns: Line number, Description, Amount. Rows 3-7a/7b.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22.

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 569,777,340 including grants of \$) (Revenue \$)
 PHYSICIAN SERVICES - SEE SCHEDULE O I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 839 PHYSICIANS PRACTICING AT 65 SITES IN 49 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MILTON BELLEFONTE MONTTOURSVILLE BERWICK MOOSIC BLOOMSBURG MOUNTAINHOME CARBONDALE MOUNTAINTOP CATAWISSA MOUNT POCONO COAL TOWNSHIP NANTICOKE DALLAS NICHOLSON DANVILLE NORTHUMBERLAND DUBOIS ORWIGSBURG DUNMORE PHILIPSBURG EAST STROUDSBURG PITTSTON FORT PLAINS FRACKVILLE PORT MATILDA HARRISBURG POTTSVILLE HAZLETON SCRANTON HUNTINGDON SELINGSGROVE KINGSTON SHAMOKIN KULPOMT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANROY CITY WILLIAMSPORT MIFFLIN WYOMING MILLVILLE II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2011, THE COST OF CHARITY CARE WAS 4,305,544 B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2011, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 77,140,517 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2011, WAS 5,280,326 III RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2011 WAS 707,411 IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES AND LECTURES, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 187,558 IN FISCAL YEAR ENDED JUNE 30, 2011 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SURGERY SUPPORT GROUP CHRONIC PAIN SUPPORT GROUP SIGHT LOSS SUPPORT GROUP B HEALTH EDUCATION SERIES YMCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE COLORECTAL SEMINAR OBESITY PREVENTION PROGRAM DIABETES & THE HEART SEMINAR WOMEN'S HEALTH SEMINAR HEALTHY LIFESTYLE COOKING HYPERTENSION/DIABETES SEMINAR NEWBORN CARE SEMINAR OSTEOPOROSIS SEMINAR D OTHER SERVICES AND PROGRAMS HEALTH FAIRS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH SCREENINGS RACE FOR THE CURE SCHOOL AND SPORTS PHYSICAL EXAMS TRANSPLANT PICNIC KIDS SAFETY EXPO PHARMACY CLERKSHIP PROGRAMS CAMPS FOR PEDIATRIC PATIENTS HEALTH PROMOTION SPEAKING ENGAGEMENTS EMS PROGRAMS SUPPORT & TRAINING SENIOR HEALTH EXPO TRAUMA EDUCATION PROGRAM V COMMUNITY SERVICE SUMMARY CHARITY CARE 4,305,544 MEDICARE/MEDICAID 77,140,517 OTHER UNCOMPENSATED PATIENT SERVICES 5,280,326 RESEARCH 707,411 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 187,558 TOTAL 87,621,356 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,898,668 SERVICE DAYS (CLINIC-WIDE) 410,580 GEISINGER CLINIC PHYSICIANS ADMIT TO THE TWO GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER AND GEISINGER WYOMING VALLEY AS WELL AS FIFTEEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

4b (Code) (Expenses \$ 30,089,189 including grants of \$) (Revenue \$)
 RESEARCH - SEE SCHEDULE O

4c (Code) (Expenses \$ 16,555,837 including grants of \$) (Revenue \$)
 EDUCATION - SEE SCHEDULE O

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

4e Total program service expenses \$ 616,422,366

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 [X]

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), value, and Yes/No columns. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
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		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?		No
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> STEPHEN MASSINIVP FINANCECFO 100 NORTH ACADEMY AVENUE MC 01-50 DANVILLE, PA 17822 (570) 214-3870

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)							13,721,596	5,569,878	2,731,603	

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 **1,062**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
COMPHEALTH INC PO BOX 972651 DALLAS, TX 753972651	PHYSICIAN SERV	1,698,075
ALLIANCE HEALTHCARE SERVICE PO BOX 96485 CHICAGO, IL 606936485	MEDICAL TESTING	614,683
LINDE HEALTHCARE STAFFING INC PO BOX 915241 DALLAS, TX 753915241	PHYSICIAN SERV	587,506
UNITED VAN LINES LLC ONE UNITED DRIVE FENTON, MO 63026	TRANSPORT SERV	509,337
BROMEDICON INC 201 FLORAL VALE BLVD YARDLEY, PA 19067	PHYSICIAN SERV	455,920

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 **29**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	11,463,624				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,343,443				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	16,807,067				
	Program Service Revenue	2a <u>HEALTHCARE</u>	621110	620,740,847	620,740,847	
b <u>RESEARCH</u>		541700	12,000,146	12,000,146		
c <u>PHARMACY</u>		446110	2,929,521		2,929,521	
d <u>RENTAL</u>		531120	1,776,304		1,776,304	
e <u>EDUCATION</u>		611710	609,345	609,345		
f All other program service revenue			1,734,793	601,833	1,132,960	
g Total. Add lines 2a-2f			639,790,956			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		2,788,968		2,788,968
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		2,916		2,916	
	6a Gross Rents	(i) Real	10,858			
		(ii) Personal				
		b Less rental expenses	5,441			
		c Rental income or (loss)	5,417			
	d Net rental income or (loss)		5,417		5,417	
	7a Gross amount from sales of assets other than inventory	(i) Securities	900,911			
		(ii) Other				
		b Less cost or other basis and sales expenses			103,966	
		c Gain or (loss)	900,911		-103,966	
d Net gain or (loss)		796,945		796,945		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory						
11a <u>CLINICAL TRIALS OFFICE ADMINI</u>	Miscellaneous Revenue	Business Code				
	b <u>REBATES</u>	541700	185,369	185,369		
	c <u>CREDENTIALING</u>	900099	103,197	103,197		
	d All other revenue	900099	85,725	85,725		
	e Total. Add lines 11a-11d		21,431	4,402	17,029	
	12 Total revenue. See Instructions		395,722			
			660,587,991	634,330,864	4,062,481	
					5,387,579	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,650,044	7,650,044		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,136,864	5,557,334	579,530	
7	Other salaries and wages	366,430,353	353,642,696	12,787,657	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,762,190	18,102,573	659,617	
9	Other employee benefits	28,476,078	27,474,953	1,001,125	
10	Payroll taxes	17,942,781	17,502,977	439,804	
a	Fees for services (non-employees)				
	Management				
b	Legal	7,533		7,533	
c	Accounting	82,381	31,221	51,160	
d	Lobbying	16,025		16,025	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,042,338	576,345	465,993	
g	Other	15,403,966	15,153,754	250,212	
12	Advertising and promotion	2,335,579	2,333,585	1,994	
13	Office expenses	40,199,621	38,690,630	1,508,991	
14	Information technology	279,423	274,362	5,061	
15	Royalties				
16	Occupancy	8,608,638	8,279,367	329,271	
17	Travel	1,782,539	1,712,834	69,705	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,113,552	3,113,552		
20	Interest	2,867,036	2,757,375	109,661	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,595,557	9,229,756	365,801	
23	Insurance	16,051,546	15,756,830	294,716	
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	INTER-ENTITY EXPENSE	74,581,846	69,078,352	5,503,494	
b	UNCOLLECTIBLE EXPENSE	18,812,524	18,802,541	9,983	
c	BOOKS, LICENSES, FEES	651,677	644,191	7,486	
d	DISCONTINUED OPERATIONS	50,319		50,319	
e	OTHER TAX	49,839	49,839		
f	All other expenses	11,218	7,255	3,963	
25	Total functional expenses. Add lines 1 through 24f	640,941,467	616,422,366	24,519,101	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	14,896,460	1	10,674,871
	2 Savings and temporary cash investments	4,128,863	2	44,885,860
	3 Pledges and grants receivable, net	2,276,411	3	3,908,057
	4 Accounts receivable, net	22,730,861	4	26,039,580
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	79,676	5	56,752
	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	8,518,202	7	8,085,984
	8 Inventories for sale or use	1,671,333	8	1,629,650
	9 Prepaid expenses and deferred charges	2,655,643	9	2,375,455
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	170,068,098		
	b Less accumulated depreciation	82,181,719	10c	87,886,379
	11 Investments—publicly traded securities	17,558,446	11	25,280,712
	12 Investments—other securities See Part IV, line 11	51,792,032	12	78,176,328
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	269,076	14	402,502
	15 Other assets See Part IV, line 11	151,743	15	6,895,202
16 Total assets. Add lines 1 through 15 (must equal line 34)	217,533,502	16	296,297,332	
Liabilities	17 Accounts payable and accrued expenses	46,976,947	17	53,233,540
	18 Grants payable		18	
	19 Deferred revenue	3,557,274	19	3,761,709
	20 Tax-exempt bond liabilities	69,964,678	20	99,239,953
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	19,464,673	25	28,804,934
	26 Total liabilities. Add lines 17 through 25	139,963,572	26	185,040,136
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	77,569,930	27	111,257,196
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	77,569,930	33	111,257,196	
34 Total liabilities and net assets/fund balances	217,533,502	34	296,297,332	

Part XI Reconciliation 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	660,587,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	640,941,467
3	Revenue less expenses Subtract line 2 from line 1	3	19,646,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,569,930
5	Other changes in net assets or fund balances (explain in Schedule O)	5	14,040,742
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	111,257,196

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

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

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

- 1 A church, convention of churches, or association of churches 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?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) GEISINGER MEDICAL CENTER	240795959	3	Yes		Yes		Yes		1,458,548
Total									6,254,442

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.")						
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						
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)						
6 Public Support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
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 section 501(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: 23-6291113
Name: GEISINGER CLINIC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM H ALEXANDER DIRECTOR	2 00	X						0	0	0
E ALLEN DEEVER DIRECTOR	2 00	X						0	0	0
DORRANCE R BELIN ESQUIRE DIRECTOR	2 00	X						0	0	0
WILLIAM R GRUVER DIRECTOR	2 00	X						0	0	0
FRANK M HENRY DIRECTOR	2 00	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	2 00	X						0	0	0
GLENN D STEELE JR MD PHD PRES, CHAIR,	40 00	X		X				0	2,043,610	372,104
ROBERT E POOLE DIRECTOR	2 00	X						0	0	0
DON A ROSINI DIRECTOR	2 00	X						0	0	0
DAVID J FELICIO ESQUIRE CLO, SECRETARY	40 00			X				0	491,282	81,063
EDWARD J ZYCH ESQUIRE ASSISTANT SE	40 00			X				0	268,638	37,700
KEVIN F BRENNAN CPA FHFMA EVP, FINANCE	40 00			X				0	809,261	184,136
STEVEN B PIERDON MD CMO, CLINICA	40 00			X				624,877	0	130,706
FRANK J TREMBULAK SR VP, TREAS	40 00			X				0	883,837	194,894
KENNETH E WOOD DO CHIEF MEDICA	40 00				X			390,110	0	92,631
DENNIS TORRETTI MD FACP ASSOCIATE CM	40 00				X			425,226	0	31,059
DAVID P FRANKLIN MD FACS CHAIRMAN OF	40 00				X			774,379	0	36,405
KENNETH A HOLDREN CAO, GC	40 00				X			433,844	0	82,399
ALBERT BOTHE JR MD CMO	40 00				X			750,450	0	160,100
BRUCE H HAMORY MD EVP, CMO (EM)	40 00				X			704,474	0	153,658
DUANE E DAVIS MD VP, CMO, GHP	40 00				X			501,704	0	32,852
HOWARD R GRANT MD EVP, CMO	40 00				X			739,360	0	187,413
THOMAS R GRAF MD CHAIR CPSL	40 00				X			346,352	0	32,896
LEE M MYERS VP, CPSL	40 00				X			328,663	0	36,144
RUTH A NOLAN RN VP, OPERATIO	40 00				X			235,240	0	31,961

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			
SUSAN B FETTERMAN RN VP OPS, MEDI	40 00				X			245,531	0	33,117
THOMAS B WEIR VP SURGERY,	40 00				X			301,245	0	33,357
WILLIAM J KRYWICKI MD FAAOS PHYSICIAN	40 00					X		1,021,725	0	42,268
JOHN F CARDELLA MD FACR PHYSICIAN	40 00					X		1,095,757	0	46,692
STEVEN A TOMS MD MPH FACS PHYSICIAN	40 00					X		1,091,597	0	34,119
THANJAVUR S RAVIKUMAR MD FACS PHYSICIAN	40 00					X		935,058	0	102,109
PETER B BERGER MD PHYSICIAN	40 00					X		897,100	0	42,419
KEVIN J KERESTUS CIA FORMER KEY E	40 00						X	0	189,203	31,017
ALFRED S CASALE MD FACC FACS FORMER KEY E	40 00						X	732,759	0	86,281
RONALD A PAULUS MD FORMER KEY E	40 00						X	583,752	0	182,536
JOEL J BERBERICH MD PHD FORMER KEY E	40 00						X	562,393	0	33,264
JOANNE E WADE FORMER KEY E	40 00						X	0	884,047	186,303

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part 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

Table with 2 columns: Name of the organization (GEISINGER CLINIC) and Employer identification number (23-6291113)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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)	16,025	611,545												
c Total lobbying expenditures (add lines 1a and 1b)	16,025	611,545												
d Other exempt purpose expenditures	640,925,442	2,224,325,905												
e Total exempt purpose expenditures (add lines 1c and 1d)	640,941,467	2,224,937,450												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
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-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER CLINIC

Employer identification number 23-6291113

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	67,855,000	64,025,000	88,270,000		
b Contributions	627,000	1,148,000	1,005,000		
c Investment earnings or losses	13,943,000	7,549,000	-13,762,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,827,000	-4,867,000	-4,435,000		
f Administrative expenses					
g End of year balance	77,598,000	67,855,000	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	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,055,247		13,055,247
b Buildings		68,480,682	35,534,732	32,945,950
c Leasehold improvements		4,800,733	2,516,714	2,284,019
d Equipment		75,785,166	40,315,410	35,469,756
e Other		7,946,270	3,814,863	4,131,407
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				87,886,379

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	SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED BY 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 (GHS)(1) 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	Yes									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>	Yes									
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>	Yes									

Part 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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(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
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FROM TIME TO TIME, THE GHS BOARD OF DIRECTORS OR GHS SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FUTURE GHS BUSINESS, FOR TAX OBLIGATIONS
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 FRANK J TREMBULAK 0 3,293 0 BRUCE H HAMORY, M D 0 80,909 0 JOANNE E WADE 0 47,691 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS. PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL SYSTEM OBJECTIVES, INCLUDING CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT AND FINANCIAL STEWARDSHIP.
PURSUANT TO CONTRACT PER REGS SECTION 53.4958-4(A)(3)	SCHEDULE J, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING UPON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS. SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS.
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY. FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD	(i) (ii)	940,039	719,216	384,355	339,686	32,418	2,415,714	241,531
DAVID J FELICIO ESQUIRE	(i) (ii)	318,670	123,064	49,548	64,346	16,717	572,345	19,288
EDWARD J ZYCH ESQUIRE	(i) (ii)	222,920	31,827	13,891	17,778	19,922	306,338	
KEVIN F BRENNAN CPA FHFMA	(i) (ii)	463,447	268,032	77,782	164,879	19,257	993,397	41,972
STEVEN B PIERDON MD	(i) (ii)	385,301	202,002	37,574	121,779	8,927	755,583	
FRANK J TREMBULAK	(i) (ii)	552,005	285,273	46,559	184,975	9,919	1,078,731	
KENNETH E WOOD DO	(i) (ii)	323,787	44,354	21,969	67,778	24,853	482,741	
DENNIS TORRETTI MD FACP	(i) (ii)	301,277	95,566	28,383	17,778	13,281	456,285	
DAVID P FRANKLIN MD FACS	(i) (ii)	545,169	200,000	29,210	17,778	18,627	810,784	
KENNETH A HOLDREN	(i) (ii)	293,580	109,661	30,603	61,246	21,153	516,243	
ALBERT BOTHE JR MD	(i) (ii)	471,310	244,569	34,571	152,195	7,905	910,550	
BRUCE H HAMORY MD	(i) (ii)	456,961	120,250	127,263	133,879	19,779	858,132	80,909
DUANE E DAVIS MD	(i) (ii)	325,594	138,599	37,511	17,778	15,074	534,556	
HOWARD R GRANT MD	(i) (ii)	459,995	214,508	64,857	169,684	17,729	926,773	
THOMAS R GRAF MD	(i) (ii)	245,001	78,705	22,646	17,778	15,118	379,248	
LEE M MYERS	(i) (ii)	242,362	73,513	12,788	17,778	18,366	364,807	
RUTH A NOLAN RN	(i) (ii)	183,259	49,650	2,331	16,815	15,146	267,201	
SUSAN B FETTERMAN RN	(i) (ii)	182,688	60,000	2,843	17,761	15,356	278,648	
THOMAS B WEIR	(i) (ii)	204,160	72,440	24,645	17,778	15,579	334,602	
WILLIAM J KRYWICKI MD FAAOS	(i) (ii)	626,628	120,976	274,121	17,778	24,490	1,063,993	
JOHN F CARDELLA MD FACR	(i) (ii)	783,438	252,503	59,816	17,778	28,914	1,142,449	
STEVEN A TOMS MD MPH FACS	(i) (ii)	843,831	241,509	6,257	17,778	16,341	1,125,716	
THANJAVUR S RAVIKUMAR MD FACS	(i) (ii)	668,912	222,078	44,068	87,778	14,331	1,037,167	
PETER B BERGER MD	(i) (ii)	672,834	186,298	37,968	17,778	24,641	939,519	
KEVIN J KERESTUS CIA	(i) (ii)	159,907	26,114	3,182	12,867	18,150	220,220	
ALFRED S CASALE MD FACC FACS	(i) (ii)	526,647	178,753	27,359	71,779	14,502	819,040	
RONALD A PAULUS MD	(i) (ii)	331,500	218,409	33,843	169,124	13,412	766,288	
JOEL J BERBERICH MD PHD	(i) (ii)	419,618	111,013	31,762	17,778	15,486	595,657	
JOANNE E WADE	(i) (ii)	531,456	268,237	84,354	177,664	8,639	1,070,350	47,691

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER CLINIC

Employer identification number 23-6291113

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(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
See Additional Data Table					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L PART IV	WEIS MARKETS INC 251015 BUSINESS LEASE RE TAX PYMTS WEIS MARKETS INC 14813 BUSINESS FOODSUPPLY PURCHASE GREEN TECH DRIVE ASSOCIATES LP 176430 BUSINESS LEASE EXPENSE HIRTLE CALLAGHAN 118985 BUSINESS INVESTMENT MGMT FEES
ADDITIONAL INFORMATION	SCHEDULE L PART V	SUZANNE REISS MD IS A FAMILY MEMBER OF HOWARD R GRANT MD A KEY EMPLOYEE OF GEISINGER CLINIC GLENN D STEELE JR MD PHD IS A DIRECTOR FOR WEIS MARKETS INC DENNIS TORRETTI MD AND SUSAN B FETTERMAN ARE KEY EMPLOYEES OF GEISINGER CLINIC AND MEMBERS OF THE GOVERNING BODY OF HEALTHSOUTHGHS LLC ROBERT E POOLE A DIRECTOR OF GEISINGER CLINIC AND A PARTNER OF GREEN TECH DRIVE ASSOCIATES LP WILLIAM R GRUVER A DIRECTOR OF GEISINGER CLINIC IS A DIRECTOR OF HIRTLE CALLAGHAN GEISINGER CLINIC GC 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 CLINIC 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 GC AND GMMC GLENN D STEELE JR MD PHD IS THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR EXOFFICIO OF GC AND THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR OF GMMC FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND GMMC EDWARD J ZYCH ESQUIRE IS THE ASSISTANCT SECRETARY OF GC AND GMMC WILLIAM H ALEXANDER IS A DIRECTOR OF GC AND GMMC WILLIAM R GRUVER IS A DIRECTOR OF GC AND GMMC ROBERT E POOLE IS A DIRECTOR OF GC AND GMMC DON A ROSINI IS A DIRECTOR OF GC AND GMMC GEISINGER QUALITY OPTIONS INC GQO DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND GQO GLENN D STEELE JR MD PHD IS THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR EXOFFICIO OF GC AND THE CHAIRMAN OF THE BOARD AND DIRECTOR OF GQO FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND GQO WILLIAM H ALEXANDER IS A DIRECTOR OF GC AND GQO DON A ROSINI IS A DIRECTOR OF GC AND GQO THOMAS H LEE JR IS A DIRECTOR OF GC AND GQO GEISINGER INDEMNITY INSURANCE COMPANY GIIC DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND GIIC GLENN D STEELE JR MD PHD IS THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR EXOFFICIO OF GC AND THE CHAIRMAN OF THE BOARD AND DIRECTOR OF GIIC FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND GIIC WILLIAM H ALEXANDER IS A DIRECTOR OF GC AND GIIC DON A ROSINI IS A DIRECTOR OF GC AND GIIC THOMAS H LEE JR IS A DIRECTOR OF GC AND GIIC INTERNATIONAL SHARED SERVICES INC ISS DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND ISS GLENN D STEELE JR MD PHD IS THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR EXOFFICIO OF GC AND THE CHAIRMAN OF THE BOARD AND DIRECTOR OF ISS FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND THE SENIOR VICE PRESIDENT TREASURER AND DIRECTOR OF ISS EDWARD J ZYCH ESQUIRE IS THE ASSISTANCT SECRETARY OF GC AND ISS GEISINGER ASSURANCE COMPANY LTD GAC DAVID J FELICIO ESQUIRE IS THE CHIEF LEGAL OFFICER AND SECRETARY OF GC AND THE SECRETARY AND DIRECTOR OF GAC GLENN D STEELE JR MD PHD IS THE PRESIDENT CHAIRMAN OF THE BOARD AND DIRECTOR EXOFFICIO OF GC AND THE CHAIRMAN OF THE BOARD AND DIRECTOR OF GAC FRANK J TREMBULAK IS THE SENIOR VICE PRESIDENT AND TREASURER OF GC AND THE PRESIDENT CHIEF EXECUTIVE OFFICER AND 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

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	1,071,015	IC SHARED SERV REV		No
GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	192,260	IC SHARED SERV EXP		No
GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	10,858	LEASE REVENUE		No
GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	6,618,534	IC SHARED SERV REV		No
GEISINGER QUALITY OPTIONS INC	BUSINESS	31,477,426	IC SHARED SERV REV		No
INTERNATIONAL SHARED SERVICES INC	BUSINESS	1,983,674	IC SHARED SERV EXP		No
HEALTHSOUTH GHSLLC	BUSINESS	157,881	SERVICE REVENUE		No
HEALTHSOUTH GHSLLC	BUSINESS	666,205	LEASE REVENUE		No
GEISINGER ASSURANCE COMPANY LTD	BUSINESS	8,149,458	IC SHARED SERV EXP		No
SUZANNE REISS MD	FAMILY	88,641	EMPLOY COMPENSATION		No
WEIS MARKETS INC	BUSINESS	251,015	LEASE /RE TAX PYMTS		No
WEIS MARKETS INC	BUSINESS	14,813	FOOD/SUPPLY PURCHASE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GREEN TECH DRIVE ASSOCIATES LP	BUSINESS	176,430	LEASE EXPENSE		No
HIRTLE CALLAGHAN	BUSINESS	118,985	INVESTMENT MGMT FEES		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

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

Identifier	Return Reference	Explanation
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, PARENT OF GEISINGER CLINIC, 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 ARE DISBURSED TO GEISINGER HEALTH SYSTEM FOUNDATION SUBSIDIARIES, THE BOND LIABILITES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING 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 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOY S 839 PHYSICIANS PRACTICING AT 65 SITES IN 49 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MILTON BELLEFONTE MONTOURSVILLE BERWICK MOOSIC BLOOMSBURG MOUNTAINHOME CARBONDALE MOUNTAINTOP CATAWISSA MOUNT POCONO COAL TOWNSHIP NANTICOKE DALLAS NICHOLSON DANVILLE NORTHUMBERLAND DUBOIS ORWIGSBURG DUNMORE PHILIPSBURG EAST STROUDSBURG PITTSBURGH FORTY FORT PLAINS FRACKVILLE PORT MATILDA HARRISBURG POTTSVILLE HAZLETON SCRANTON HUNTINGDON SELINGSGROVE KINGSTON SHAMOKIN KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANAY CITY WILLIAMSPORT MIFFLIN WYOMING MILLVILLE II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2011, THE COST OF CHARITY CARE WAS 4,305,544</p> <p>B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2011, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 77,140,517 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2011, WAS 5,280,326</p> <p>III RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2011 WAS 707,411</p> <p>IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES AND LECTURES, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 187,558 IN FISCAL YEAR ENDED JUNE 30</p>

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>, 2011 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS BARIATRIC SURGERY SUPPORT GROUP CHRONIC PAIN SUPPORT GROUP SIGHT LOSS SUPPORT GROUP B HEALTH EDUCATION SERIES YMCA HEALTH LIVING SERIES C HEALTH EDUCATION LECTURES DIABETES LECTURE COLORECTAL SEMINAR OBESITY PREVENTION PROGRAM DIABETES & THE HEART SEMINAR WOMEN'S HEALTH SEMINAR HEALTHY LIFESTYLE COOKING HYPERTENSION/DIABETES SEMINAR NEWBORN CARE SEMINAR OSTEOPOROSIS SEMINAR D OTHER SERVICES AND PROGRAMS HEALTH FAIRS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH SCREENINGS RACE FOR THE CURE SCHOOL AND SPORTS PHYSICAL EXAMS TRANSPLANT PICNIC KIDS SAFETY EXPO PHARMACY CLERKSHIP PROGRAMS CAMPS FOR PEDIATRIC PATIENTS HEALTH PROMOTION SPEAKING ENGAGEMENTS EMS PROGRAMS SUPPORT & TRAINING SENIOR HEALTH EXPO TRAUMA EDUCATION PROGRAM V COMMUNITY SERVICE SUMMARY CHARITY CARE 4,305,544 MEDICARE/MEDICAID 77,140,517 OTHER UNCOMPENSATED PATIENT SERVICES 5,280,326 RESEARCH 707,411 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 187,558 TOTAL 87,621,356 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 1,898,668 SERVICE DAYS (CLINIC-WIDE) 410,580 GEISINGER CLINIC PHYSICIANS ADMIT TO THE TWO GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER AND GEISINGER WYOMING VALLEY AS WELL AS FIFTEEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS</p>

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 CERTAIN 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
ADDITIONAL INFORMATION	FORM 990, PART VI	<p>FORM 990, PART I, SECTION A, LINE 4 FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, 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 VOTING MEMBERS DESCRIBED ABOVE, A TOTAL OF SIX VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF AFFILIATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS MAY BE DISCLOSED ON SCHEDULE L, PART IV HOWEVER, IF THE RELATED TAXABLE ORGANIZATIONS WERE REQUIRED TO FILE SCHEDULE L, THESE TRANSACTIONS WOULD NOT BE OF 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, ROBERT E POOLE, 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 AFFILIATES OF GEISINGER CLINIC ALL OF THE AFFILIATES ARE PART OF THE GEISINGER HEALTH SYSTEM</p>

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND APPROVE AMENDMENTS TO THE CORPORATE BY LAWS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF DIRECTORS OF THE CORPORATION SHALL SERVE AS THE GOVERNING BODY OF THE CORPORATION THE PRESIDENT OF THE CORPORATION SHALL BE A DIRECTOR BY REASON OF HOLDING SUCH OFFICE THE REMAINING DIRECTORS SHALL BE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS THE MEMBERS OF THE CORPORATION MAY SERVE AS DIRECTORS AND DIRECTORS MAY SUCCEED THEMSELVES FROM TERM TO TERM VACANCIES ON THE BOARD OF DIRECTORS SHALL BE FILLED BY THE MEMBERS AT THEIR DISCRETION AT THE ANNUAL MEETING OF THE MEMBERS OR AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 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 IS PROVIDED TO ASSIST IN THE REVIEW. IN ACCORDANCE WITH THE GEISINGER HEALTH SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS. THE FORM 990 IS PREPARED BY THE GEISINGER HEALTH SYSTEM (GHS) TAX 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 MEDICAL CENTER ARE SUBJECT TO THE GHS CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS) AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) AND OTHERS DESIGNATED BY THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL FINANCIAL INTERESTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST WITH ANY AFFILIATE WITHIN THE 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 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 COMPENSATED EMPLOYEES WORK A MINIMUM OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XI	FORM 990, PART IX, LINE 24F BALANCE ON LINE 24F INCLUDES 4,433 OF UNRELATED BUSINESS INCOME TAX

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	INCREASES IN NET ASSETS UNREALIZED GAIN ON INVESTMENTS 15,155,053 UNREALIZED GAIN ON DERIVATIVE 482,458 TOTAL INCREASES IN NET ASSETS 15,637,511 DECREASES IN NET ASSETS TRANSFER TO AFFILIATES 1,393,892 LOSS ON EXTINGUISHMENT OF DEBT 202,877 TOTAL DECREASES IN NET ASSETS 1,596,769 CHANGE IN NET ASSETS 14,040,742

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 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

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

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

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

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

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

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

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

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

(a) Name of other organization	(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 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 CLINIC IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS WHICH MAY INCLUDE SALES EXCHANGES AND LEASES OF PROPERTY EXTENSIONS OF CREDIT FURNISHING OF GOODS SERVICES AND FACILITIES AND TRANSFERS OF ASSETS THESE INTER ORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES THESE TYPES OF INTER ORGANIZATION TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF GHS PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS TAX EXEMPT STATUS

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2164794	SUPPT SVCS	PA	501C3	11A	GHSF	Yes	
GEISINGER INSURANCE CORPORATIONRRG 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 14-1909894	SELF INSUR	VT	501C3	11A	GHSF	Yes	
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1995911	PHILANTHRO	PA	501C3	7	NA	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 COVE PROF LIAB TRT 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6852932	SELF INSUR	PA	501C3	11A	GMC	Yes	
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 24-0795959	HOSPITAL	PA	501C3	3	GHSF	Yes	
GEISINGER WYOMING VALLEY MED CTR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1996150	HOSPITAL	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 HEALTH PLAN 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2311553	HMO	PA	501C4		GHSF	Yes	
GEISINGER COMMUNITY HEALTH SERVICE 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2967235	HEALTHCARE	PA	501C3	9	GSS	Yes	
MARWORTH 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2171417	D&A REHAB	PA	501C3	3	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 ENGIN	PA	N/A				
GEISINGER INDEMNITY INSURANCE COMP 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2815174	HEALTH INS	PA	N/A				
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-4275139	HEALTH INS	PA	N/A				
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, GRAND CAYMAN CJ 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 ENGIN	PA	N/A				
GEISINGER INDEMNITY INSURANCE COMP 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2815174	HEALTH INS	PA	N/A				
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-4275139	HEALTH INS	PA	N/A				
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, GRAND CAYMAN CJ 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 WYOMING VALLEY MED CTR	A	863,853	FMV
(2) GEISINGER HEALTH PLAN	A	28,157	FMV
(3) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(4) HEALTHSOUTH GHS LLC	A	666,205	FMV
(5) GEISINGER MEDICAL CENTER	A	10,560	FMV
(6) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(7) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(8) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(9) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(10) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(11) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(12) MARWORTH	K	1,017,890	GAAP
(13) MARWORTH	C	104,000	GAAP
(14) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(15) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(16) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(17) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(18) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(19) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(20) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(21) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(22) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(23) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(24) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(25) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(26) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(27) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(28) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(29) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(30) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	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) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(32) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(33) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(34) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(35) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(36) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(37) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(38) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(39) GEISINGER HEALTH PLAN	A	28,157	FMV
(40) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(41) HEALTHSOUTH GHS LLC	A	666,205	FMV
(42) GEISINGER MEDICAL CENTER	A	10,560	FMV
(43) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(44) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(45) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(46) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(47) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(48) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(49) MARWORTH	K	1,017,890	GAAP
(50) MARWORTH	C	104,000	GAAP
(51) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(52) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(53) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(54) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(55) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(56) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(57) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(58) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(59) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(60) GEISINGER MEDICAL CENTER	K	61,116,332	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 WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(62) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(63) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(64) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(65) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(66) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(67) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(68) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(69) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(70) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(71) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(72) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(73) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(74) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(75) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(76) GEISINGER HEALTH PLAN	A	28,157	FMV
(77) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(78) HEALTHSOUTH GHS LLC	A	666,205	FMV
(79) GEISINGER MEDICAL CENTER	A	10,560	FMV
(80) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(81) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(82) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(83) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(84) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(85) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(86) MARWORTH	K	1,017,890	GAAP
(87) MARWORTH	C	104,000	GAAP
(88) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(89) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(90) GEISINGER HEALTH PLAN	K	2,284,773	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	K	158,628,100	GAAP
(92) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(93) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(94) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(95) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(96) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(97) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(98) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(99) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(100) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(101) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(102) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(103) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(104) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(105) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(106) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(107) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(108) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(109) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(110) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(111) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(112) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(113) GEISINGER HEALTH PLAN	A	28,157	FMV
(114) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(115) HEALTHSOUTH GHS LLC	A	666,205	FMV
(116) GEISINGER MEDICAL CENTER	A	10,560	FMV
(117) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(118) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(119) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(120) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	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
(121) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(122) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(123) MARWORTH	K	1,017,890	GAAP
(124) MARWORTH	C	104,000	GAAP
(125) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(126) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(127) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(128) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(129) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(130) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(131) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(132) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(133) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(134) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(135) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(136) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(137) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(138) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(139) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(140) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(141) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(142) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(143) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(144) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(145) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(146) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(147) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(148) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(149) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(150) GEISINGER HEALTH PLAN	A	28,157	FMV

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
(151) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(152) HEALTHSOUTH GHS LLC	A	666,205	FMV
(153) GEISINGER MEDICAL CENTER	A	10,560	FMV
(154) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(155) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(156) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(157) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(158) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(159) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(160) MARWORTH	K	1,017,890	GAAP
(161) MARWORTH	C	104,000	GAAP
(162) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(163) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(164) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(165) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(166) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(167) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(168) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(169) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(170) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(171) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(172) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(173) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(174) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(175) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(176) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(177) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(178) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(179) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(180) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	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
(181) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(182) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(183) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(184) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(185) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(186) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(187) GEISINGER HEALTH PLAN	A	28,157	FMV
(188) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(189) HEALTHSOUTH GHS LLC	A	666,205	FMV
(190) GEISINGER MEDICAL CENTER	A	10,560	FMV
(191) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(192) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(193) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(194) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(195) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(196) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(197) MARWORTH	K	1,017,890	GAAP
(198) MARWORTH	C	104,000	GAAP
(199) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(200) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(201) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(202) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(203) GEISINGER QUALITY OPTIONS INC	K	31,477,426	GAAP
(204) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(205) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(206) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(207) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(208) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(209) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(210) GEISINGER HEALTH SYSTEM FOUNDATION	L	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
(211) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(212) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(213) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(214) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(215) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(216) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(217) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(218) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(219) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(220) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(221) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(222) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV
(223) GEISINGER WYOMING VALLEY MED CTR	A	863,853	FMV
(224) GEISINGER HEALTH PLAN	A	28,157	FMV
(225) GEISINGER MEDICAL MANAGEMENT CORP	A	10,858	FMV
(226) HEALTHSOUTH GHS LLC	A	666,205	FMV
(227) GEISINGER MEDICAL CENTER	A	10,560	FMV
(228) GEISINGER HEALTH SYSTEM FOUNDATION	C	2,876,321	GAAP
(229) GEISINGER HEALTH SYSTEM FOUNDATION	K	264,636	GAAP
(230) GEISINGER MEDICAL CENTER	C	7,194,000	GAAP
(231) GEISINGER WYOMING VALLEY MED CTR	C	2,966,000	GAAP
(232) GEISINGER MEDICAL CENTER	K	17,151,619	GAAP
(233) GEISINGER WYOMING VALLEY MED CTR	K	15,086,263	GAAP
(234) MARWORTH	K	1,017,890	GAAP
(235) MARWORTH	C	104,000	GAAP
(236) GEISINGER COMMUNITY HEALTH SERVICES	K	865,531	GAAP
(237) GEISINGER SYSTEM SERVICES	K	1,341,570	GAAP
(238) GEISINGER HEALTH PLAN	K	2,284,773	GAAP
(239) GEISINGER HEALTH PLAN	K	158,628,100	GAAP
(240) GEISINGER QUALITY OPTIONS INC	K	31,477,426	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
(241) GEISINGER INDEMNITY INSURANCE COMP	K	6,618,534	GAAP
(242) GEISINGER MEDICAL MANAGEMENT CORP	K	1,050,881	GAAP
(243) HEALTHSOUTH GHS LLC	K	157,881	GAAP
(244) GEISINGER MEDICAL MANAGEMENT CORP	K	20,134	GAAP
(245) GEISINGER MEDICAL CENTER	K	61,116,332	GAAP
(246) GEISINGER WYOMING VALLEY MED CTR	K	22,010,186	GAAP
(247) GEISINGER HEALTH SYSTEM FOUNDATION	L	1,569,474	GAAP
(248) GEISINGER MEDICAL CENTER	L	2,888,125	GAAP
(249) GEISINGER WYOMING VALLEY MED CTR	L	336,482	GAAP
(250) GEISINGER COMMUNITY HEALTH SERVICES	L	2,136,147	GAAP
(251) GEISINGER SYSTEM SERVICES	L	69,959,177	GAAP
(252) GEISINGER MEDICAL MANAGEMENT CORP	L	192,260	GAAP
(253) INTERNATIONAL SHARED SERVICES INC	L	1,983,674	GAAP
(254) GEISINGER INSURANCE CORPORATIONRRG	L	708,759	GAAP
(255) GEISINGER ASSURANCE COMPANY LTD	L	8,149,458	GAAP
(256) GEISINGER SYSTEM SERVICES	O	18,787,216	GAAP
(257) GEISINGER INSURANCE CORPORATIONRRG	O	5,563,351	GAAP
(258) GEISINGER WYOMING VALLEY MED CTR	P	4,419,997	GAAP
(259) GEISINGER WYOMING VALLEY MED CTR	I	196,010	FMV