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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

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

**C** Name of organization
GEISINGER HEALTH SYSTEM FOUNDATION

Doing Business As

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

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

**D Employer identification number**
23-1995911

E Telephone number
(570) 271-6624

**G** Gross receipts $ 106,500,355

**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 1975

**M** State of legal domicile PA

## Part I Summary

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

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 17 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | **5** | 55 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 536 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 16,387,728 | 20,529,661 |
| **9** | Program service revenue (Part VIII, line 2g) | 7,855,694 | 9,840,267 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 47,261,224 | 75,572,155 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 40,139 | -6,931 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 71,544,785 | 105,935,152 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 12,119,968 | 7,713,280 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 4,153,720 | 4,866,049 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 228,955 | 427,607 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶3,420,421 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 7,551,778 | 8,201,051 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 24,054,421 | 21,207,987 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 47,490,364 | 84,727,165 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,380,327,522 | 1,515,617,502 |
| **21** | Total liabilities (Part X, line 26) | 22,320,922 | 24,779,414 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 1,358,006,600 | 1,490,838,088 |

Net Assets or Fund Balances

## 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: 2014-05-02

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 |
|---|---|---|---|---|
| | | 2014-05-14 | | |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 17,460,303 including grants of $ 7,713,280 ) (Revenue $ 9,840,267 )

SEE SCHEDULE O AS THE PARENT ORGANIZATION OF GEISINGER HEALTH SYSTEM FOUNDATION (GHSF) IS COMMITTED TO THE SYSTEM'S MISSION, VISION, AND VALUES MISSION TO PROVIDE THE CORPORATE ENTITIES OF GEISINGER HEALTH SYSTEM WITH PHILANTHROPIC SUPPORT TO ASSIST IN MEETING THE CAPITAL AND PROGRAM PRIORITIES OF THE SYSTEM'S PLANNING PROCESS VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE - WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION - OUR PHYSICIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE -INDIVIDUAL DIGNITY - WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL -TEAMWORK - WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AND VALUE OF TEAMWORK -PHYSICIAN LEADERSHIP - WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY - DIVERSITY AMONG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT -EDUCATION - WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS -RESEARCH - WE BELIEVE THAT BASIC SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEALTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY - WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION - WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY I GENERAL INFORMATION GHSF, A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE TWENTY-FOUR GEISINGER AFFILIATED ENTITIES (NINETEEN NOT FOR PROFIT ENTITIES, FOUR FOR PROFIT ENTITIES AND ONE FOREIGN CORPORATION)AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GHSF IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER HEALTH SYSTEM NOT-FOR-PROFIT ENTITIES THE AFFILIATED ENTITIES OF GHSF ARE GEISINGER MEDICAL CENTER (GMC) IS A REGIONAL REFERRAL TERTIARY HEALTHCARE CENTER LOCATED IN DANVILLE, PENNSYLVANIA, A PREDOMINATELY RURAL AREA OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GMC OPERATES A LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER INCLUDING LIFE FLIGHT, A RAPID RESPONSE HELICOPTER RETRIEVAL PROGRAM ALSO PART OF GMC ARE THE HOSPITAL FOR ADVANCED MEDICINE, JANET WEIS CHILDREN'S HOSPITAL AND THE WOMEN'S HEALTH PAVILION, IN ADDITION TO TREATMENT CENTERS FOR CANCER, KIDNEY TRANSPLANTS, HEART AND NEUROLOGICAL DISEASE AND INFERTILITY GEISINGER CLINIC (THE CLINIC) CONSISTS OF MULTI-SPECIALTY PHYSICIAN GROUP PRACTICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA SOME SITES ARE DOCTOR'S OFFICES LOCATED IN THE SMALL TOWNS OF THE REGION, OTHERS ARE CLINICS WITH DIAGNOSTIC CAPABILITIES AND PHARMACIES ON THE PREMISES THE CLINIC IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, AND RESEARCH GEISINGER SYSTEM SERVICES IS A COST-EFFECTIVE CENTRALIZED PROVIDER OF MANAGEMENT AND CONSULTATIVE SERVICES TO OTHER ENTITIES WITHIN THE GEISINGER HEALTH SYSTEM SERVICES PROVIDED INCLUDE COMMUNICATION AND PUBLIC RELATIONS, FACILITIES PLANNING AND MANAGEMENT, FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, MARKET PLANNING, SUPPLY CHAIN, EMPLOYEE BENEFIT ADMINISTRATION, MAIL SERVICES, REPROGRAPHICS, RISK MANAGEMENT, CAFETERIA, LAUNDRY, AND TELECOMMUNICATIONS GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS AN ACUTE CARE OPEN STAFF COMMUNITY HOSPITAL AND REFERRAL MEDICAL CENTER IN WILKES-BARRE, PENNSYLVANIA GWV OFFERS 24-HOUR COMPREHENSIVE EMERGENCY SERVICE, MEDICAL AND SURGICAL UNITS, MATERNITY PROGRAMS, PEDIATRIC CARE AND COMPLETE CANCER TREATMENT AT THE FRANK M AND DORTHEA HENRY CANCER CENTER THE HEART HOSPITAL AT GWV IS DEDICATED TO BRINGING THE LATEST TECHNOLOGY USED IN THE TREATMENT OF HEART DISEASE TO THE PEOPLE OF THE WYOMING VALLEY THERE IS ALSO A SOUTH WILKES-BARRE CAMPUS THAT PROVIDES ADULT AND PEDIATRIC URGENT CARE, INPATIENT REHABILITATION, PAIN MANAGEMENT AND SLEEP CENTER SERVICES AND HOUSES AN AMBULATORY SURGERY CENTER GEISINGER ASSURANCE COMPANY, LTD (GAC) IS A WHOLLY OWNED SUBSIDIARY OF THE FOUNDATION LICENSED IN GRAND CAYMAN, BRITISH WEST INDIES THE PRINCIPAL ACTIVITY OF GAC IS THE REINSURANCE, ON A CLAIMS MADE BASIS, OF A RETROSPECTIVELY RATED PROFESSIONAL LIABILITY INSURANCE POLICY ISSUED BY AN UNRELATED INSURANCE COMPANY BASED IN THE UNITED STATES OF AMERICA TO GAC'S SHAREHOLDER AND CERTAIN AFFILIATES GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP - REGISTERED BY THE PA INSURANCE DEPT TO PROVIDE PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL ENTITIES OF GHS GEISINGER MEDICAL MANAGEMENT CORPORATION (GMMC) PROVIDES CONTRACT MANAGEMENT, HOSPITALITY AND CONSULTING SERVICES THROUGH CONTRACT RELATIONSHIPS WITH OTHER HEALTHCARE PROVIDERS OR RELATED GEISINGER ENTITIES SUREHEALTH, A SINGLE MEMBER LIMITED LIABILITY COMPANY OF GMMC, LOCATED IN DANVILLE, PENNSYLVANIA, FORMERLY OPERATED SEVERAL RETAIL PHARMACIES AND A SPECIALTY PHARMACY BUSINESS GEISINGER COMMUNITY HEALTH SERVICES (GCHS) PROVIDES COMMUNITY HEALTH SERVICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA GCHS OFFERS SKILLED NURSING, HOME HEALTH AIDES, MSW, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, HOME INFUSION THERAPY AND RESPIRATORY THERAPY IN ADDITION, GCHS MANAGES THE UTILIZATION AND CLINICAL PROGRAM DEVELOPMENT RELATING TO THE PROVISION OF HOME CARE THROUGHOUT THE ENTIRE AREA SERVICED BY GHP MARWORTH PROVIDES NATIONALLY RECOGNIZED ALCOHOL AND CHEMICAL DETOXIFICATION AND REHABILITATION TREATMENT PROGRAMS IN WAVERLY, PENNSYLVANIA MARWORTH IS LICENSED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS, AND IS ACCREDITED, WITH COMMENDATION, BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS MARWORTH OFFERS INDIVIDUALIZED 12-STEP TREATMENT PROGRAMS IN ADDITION TO A SPECIAL DUAL DIAGNOSIS TREATMENT PROGRAM AND SPECIAL PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS AND HEALTHCARE PROFESSIONALS GEISINGER HEALTH PLAN (GHP) IS THE LARGEST RURAL HEALTH MAINTENANCE ORGANIZATION (HMO) IN THE NATION GHP HAS MEMBERS FROM PENNSYLVANIA AND WEST VIRGINIA, FROM INDIVIDUALS AND FAMILIES ENROLLED IN THE BASIC HEALTH-MAINTENANCE PROGRAM, INCLUDING A MEDICARE ALTERNATIVE, TO BUSINESS SUBSCRIBERS WHO CAN CHOOSE A CUSTOM-DESIGNED POINT-OF-SERVICE PLAN OR SMALL BUSINESS INSURANCE PLAN GHP'S MANAGED CARE PATIENTS BENEFITS FROM THEIR FOCUS ON EDUCATION, DISEASE PREVENTION AND WELLNESS GEISINGER INDEMNITY INSURANCE COMPANY AND GEISINGER QUALITY OPTIONS, INC ARE PENNSYLVANIA BUSINESS CORPORATIONS THAT ARE WHOLLY OWNED SUBSIDIARIES OF THE FOUNDATION AND OFFER INDEMNITYHEALTH INSURANCE COMMUNITY MEDICAL CENTER, DBA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A LEADING PROVIDER OF QUALITY HEALTHCARE SERVICES IN NORTHEASTERN PENNSYLVANIA A NOT-FOR-PROFIT CHARITABLE HOSPITAL LOCATED IN SCRANTON, GCMC IS HOME TO SCRANTON'S ONLY LEVEL II TRAUMA CENTER AND ADULT INPATIENT BEHAVIORAL HEALTH UNIT OTHER PROGRAMS INCLUDE A COMPREHENSIVE CARDIAC SERVICE LINE-INCLUDING OPEN HEART SURGERY, ORTHOPAEDIC SERVICES INCLUDING THE NEWSTEPS JOINT REPLACEMENT CENTER, AND A BROAD RANGE OF OTHER SPECIALIZED SURGICAL AND RADIOLOGICAL SERVICES COMMUNITY MEDICAL CARE, INC , LOCATED IN SCRANTON, PENNSYLVANIA IS A TAX- EXEMPT ENTITY PROVIDING PHYSICIAN AND OTHER HEALTHCARE PROFESSIONAL SERVICES GEISINGER-BLOOMSBURG HOSPITAL (GBH), LOCATED IN BLOOMSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY OFFERS EASY ACCESS TO A WIDE VARIETY OF QUALITY PROGRAMS AND SERVICES INCLUDING COMPLETE INPATIENT SURGERY, CARDIOLOGY AND CARDIAC REHABILITATION, FULL DIAGNOSTIC TESTING AND PROCEDURES THROUGH ON-SITE LABORATORY AND RADIOLOGY SERVICES, MATERNITY SERVICES AND EDUCATION CLASSES AS WELL AS PEDIATRIC CARE, PHYSICAL THERAPY, ORTHOPAEDIC, RESPIRATORY AND PSYCHIATRIC SERVICES THE PRIMARY MEDICAL/SURGICAL SUITE BOASTS 30 PRIVATE PATIENT ROOMS BLOOMSBURG PHYSICIANS SERVICES (BPS), LOCATED IN BLOOMSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY PROVIDING PHYSICIAN AND OTHER HEALTHCARE PROFESSIONAL SERVICES GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), LOCATED IN BLOOMSBURG, PENNSYLVANIA, A TAX-EXEMPT ENTITY OPERATING A LONG-TERM CARE NURSING HOME COLUMBIA MONTOUR HOME HEALTH SERVICES / VISITING NURSES ASSOCIATION, INC (CMHHS), LOCATED IN BLOOMSBURG, PENNSYLVANIA, A TAX-EXEMPT

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

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

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

**4e** **Total program service expenses ▶** 17,460,303

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | Yes | |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | | | |
|---|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | No |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | Yes | |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | Yes | |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | Yes | |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 32 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 55 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | Yes | |
| b | If "Yes," enter the name of the foreign country ▶ CJ<br>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year . . . . . | **1a** | 17 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent . . . . . | **1b** | 14 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | Yes | |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | **3** | | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | **5** | | | No |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | **7a** | | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | **7b** | | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? . . . . . | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | **9** | | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | **11a** | Yes | |
| **b** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | Yes | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | **16a** | Yes | |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | Yes | |

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ▶ FL , KY , MA , MI , MN , NJ , NY , 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ KENNETH BARTLETT DIRECTOR 100 NORTH ACADEMY AVENUE MC 49-52 DANVILLE, PA (570) 271-5555

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| **1b** **Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 1,175,687 | 13,349,407 | 2,771,885 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| MARTS AND LUNDY 1200 WALL STREET WEST LYNDHURST NJ 07071 | CONSULTING | 167,882 |
| AFRC INC 208 PASSAIC AVENUE FAIRFIELD NJ 07004 | PROF FUNDRAISER | 156,998 |
| SNAVELY ASSOC LTD 112 W FOSTER AVE STE 401 PO BOX 1139 STATE COLLEGE PA 168041139 | COMMUNICATIONS | 130,795 |
| CONSOLIDATED GRAPHIC COMMUNICATIONS PO BOX A BRIDGEVILLE PA 150170206 | MAILINGS | 126,746 |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

## Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . | 1a 3,726 | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c 901,924 | | | | |
| | d | Related organizations . . . | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 19,624,011 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | 251,716 | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 20,529,661 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | INTERCOMPANY REVENUE | 541900 | 9,840,267 | 9,840,267 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 9,840,267 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 25,619,825 | | | 25,619,825 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties . . . . . ▶ | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 49,952,330 | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | 49,952,330 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 49,952,330 | | | 49,952,330 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 901,924 of contributions reported on line 1c) See Part IV, line 18 . . a 488,523 | | | | | |
| | b | Less direct expenses . . . b 565,203 | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | -76,680 | | | -76,680 |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a 69,749 | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | 69,749 | | | 69,749 |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 105,935,152 | 9,840,267 | | 75,565,224 |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

| 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 United States See Part IV, line 21 | 7,713,280 | 7,713,280 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . | 732,546 | 611,143 | 12,020 | 109,383 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 81,362 | 67,878 | 1,335 | 12,149 |
| 7 Other salaries and wages | 3,147,798 | 2,626,120 | 51,652 | 470,026 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | 150,072 | 125,201 | 2,463 | 22,408 |
| 9 Other employee benefits . . . . . | 502,375 | 419,118 | 8,243 | 75,014 |
| 10 Payroll taxes . . . . . | 251,896 | 210,150 | 4,133 | 37,613 |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | | | | |
| b Legal . . . . . | | | | |
| c Accounting . . . . . | 18,239 | | 18,239 | |
| d Lobbying . . . . . | | | | |
| e Professional fundraising services See Part IV, line 17 | 427,607 | | | 427,607 |
| f Investment management fees . . . . . | 1,558,973 | 1,558,973 | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . . | 778,271 | 68,231 | | 710,040 |
| 12 Advertising and promotion . . . . | 21,770 | | | 21,770 |
| 13 Office expenses . . . . . | 562,089 | 62,710 | | 499,379 |
| 14 Information technology . . . . . | 7,385 | 1,920 | | 5,465 |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . | 71,215 | 59,413 | 1,169 | 10,633 |
| 17 Travel . . . . . | 347,278 | 257,771 | | 89,507 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 35,525 | 19,640 | | 15,885 |
| 20 Interest . . . . . | 821,296 | 821,296 | | |
| 21 Payments to affiliates . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . | 14,474 | 12,075 | 238 | 2,161 |
| 23 Insurance . . . . . | 99,179 | | 99,179 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a INTERCOMPANY EXPENSES | 3,760,619 | 2,758,202 | 126,721 | 875,696 |
| b BOOKS,LICENSES,FEES,DUES | 94,059 | 67,182 | 1,871 | 25,006 |
| c FUND RAISING DIRECT EXP | 10,679 | | | 10,679 |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 21,207,987 | 17,460,303 | 327,263 | 3,420,421 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 1,453,112 | 1 | 3,662,938 |
| | 2 | Savings and temporary cash investments | | 75,814,701 | 2 | 111,842,326 |
| | 3 | Pledges and grants receivable, net | | 4,834,796 | 3 | 7,300,479 |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 22,544 | 5 | 11,781 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | 1,174 |
| | 7 | Notes and loans receivable, net | | 4,075 | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 68,194 | | | |
| | b | Less accumulated depreciation | 10b 55,525 | 27,143 | 10c | 12,669 |
| | 11 | Investments—publicly traded securities | | 221,754,479 | 11 | 225,279,566 |
| | 12 | Investments—other securities See Part IV, line 11 | | 1,076,416,672 | 12 | 1,167,506,569 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,380,327,522 | 16 | 1,515,617,502 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 523,410 | 17 | 676,964 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 16,984,100 | 23 | 16,108,938 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 900,000 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 4,813,412 | 25 | 7,093,512 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 22,320,922 | 26 | 24,779,414 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 1,271,407,200 | 27 | 1,392,294,855 |
| | 28 | Temporarily restricted net assets | | 22,922,744 | 28 | 32,806,881 |
| | 29 | Permanently restricted net assets | | 63,676,656 | 29 | 65,736,352 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 1,358,006,600 | 33 | 1,490,838,088 |
| | 34 | Total liabilities and net assets/fund balances | | 1,380,327,522 | 34 | 1,515,617,502 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 105,935,152 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,207,987 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 84,727,165 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,358,006,600 |
| 5 | Net unrealized gains (losses) on investments | 5 | 60,889,859 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -12,785,536 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,490,838,088 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

## Additional Data

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WILLIAM H ALEXANDER<br>BOARD CHAIR, | 1 00<br>4 50 | X | | X | | | | 0 | 0 | 0 |
| DORRANCE R BELINESQUIRE<br>VICE CHAIR, | 1 00<br>3 50 | X | | | | | | 0 | 0 | 0 |
| JOHN C BRAVMANPHD<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| E ALLEN DEAVER<br>DIRECTOR | 1 00<br>3 50 | X | | | | | | 0 | 0 | 0 |
| WILLIAM J FLOOD<br>DIRECTOR EME | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD A GRAFMYRE<br>DIRECTOR | 1 00<br>4 50 | X | | | | | | 0 | 0 | 0 |
| WILLIAM R GRUVER<br>DIRECTOR | 1 00<br>3 75 | X | | | | | | 0 | 0 | 0 |
| FRANK M HENRY<br>DIRECTOR | 1 00<br>3 50 | X | | | | | | 0 | 0 | 0 |
| JEFF JACOBSON<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| JOHN D MORAN JR<br>DIRECTOR | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD A ROSE JR<br>DIRECTOR | 1 00<br>25 | X | | | | | | 0 | 0 | 0 |
| THOMAS H LEE JR MD<br>DIRECTOR | 1 00<br>4 25 | X | | | | | | 0 | 0 | 0 |
| VIRGINIA MCGREGOR<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| GAIL R WILENSKY PHD<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| GARY A SOJKA PHD<br>DIRECTOR (EM | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| GLENN D STEELE JR MD PHD<br>PRES CEO DIR | 0 00<br>40 00 | X | | X | | | | 0 | 2,062,556 | 418,454 |
| JOEL MINDEL MD PHD<br>DIRECTOR (EM | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| KAREN E DAVIS PHD<br>DIRECTOR | 1 00<br>75 | X | | | | | | 0 | 0 | 0 |
| ROBERT E POOLE<br>DIRECTOR | 1 00<br>3 75 | X | | | | | | 0 | 0 | 0 |
| DON A ROSINI<br>DIRECTOR | 1 00<br>4 50 | X | | | | | | 0 | 0 | 0 |
| ROBERT L TAMBUR<br>DIRECTOR | 1 00<br>25 | X | | | | | | 0 | 0 | 0 |
| ANDREW M DEUBLER<br>EVP DEVELOPM | 0 00<br>40 00 | | | X | | | | 0 | 513,658 | 132,178 |
| DAVID J FELICIO ESQUIRE<br>CLO SECRETAR | 0 00<br>40 00 | | | X | | | | 0 | 512,681 | 140,659 |
| EDWARD J ZYCH ESQUIRE<br>ACLO ASST SE | 0 00<br>40 00 | | | X | | | | 0 | 344,575 | 65,798 |
| DAVID H LEDBETTER PHD FACMG<br>EVPCH SCI | 0 00<br>40 00 | | | X | | | | 0 | 860,333 | 197,213 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| KEVIN F BRENNAN CPA FHFMA<br>EVP FIN TRE | 0 00<br>40 00 | | | X | | | | 0 | 1,079,326 | 202,187 |
| SUSAN M HALLICKMHABSNRNCNEA-BC<br>EVP CNO | 0 00<br>40 00 | | | X | | | | 0 | 655,925 | 134,657 |
| ALBERT BOTHE JR MD<br>EVP CMO | 0 00<br>40 00 | | | X | | | | 0 | 1,071,539 | 189,516 |
| DUANE E DAVIS MD<br>EVP INS OPS | 0 00<br>40 00 | | | X | | | | 0 | 695,877 | 32,509 |
| EARL P STEINBERG MD MPP<br>EVP INNOVATI | 0 00<br>40 00 | | | X | | | | 0 | 670,013 | 104,460 |
| EDELYN L MILLER<br>EVP CLINICAL | 0 00<br>40 00 | | | X | | | | 0 | 850,926 | 176,567 |
| FRANK J TREMBULAK<br>EVP COO | 0 00<br>40 00 | | | X | | | | 0 | 1,245,352 | 216,867 |
| JOANNE E WADE<br>EVP STRAT P | 0 00<br>40 00 | | | X | | | | 0 | 1,170,997 | 201,114 |
| LYN BOOCOCK-TAYLOR<br>VP CHIEF ADV | 40 00<br>0 00 | | | | X | | | 343,065 | 0 | 24,807 |
| JAMES H BRUCKER PHD<br>VP CHIEF ADV | 40 00<br>0 00 | | | | X | | | 345,386 | 0 | 38,636 |
| CHERYL A CONNOLLY<br>SR DIRECTOR | 40 00<br>0 00 | | | | | X | | 108,128 | 0 | 11,300 |
| JAMES A GOLD<br>DIRECTOR GIF | 40 00<br>0 00 | | | | | X | | 100,812 | 0 | 25,326 |
| NANCY G LAWTON<br>AVP RESOURCE | 40 00<br>0 00 | | | | | X | | 116,982 | 0 | 28,771 |
| HEATHER WILEY<br>ASSOC VP GIF | 40 00<br>0 00 | | | | | X | | 161,314 | 0 | 46,619 |
| KEVIN J KERESTUS CIA<br>FORMER KEY E | 0 00<br>40 00 | | | | | | X | 0 | 232,997 | 36,505 |
| JEAN HAYNES<br>FORMER OFFIC | 0 00<br>40 00 | | | | | | X | 0 | 244,203 | 185,496 |
| BRUCE H HAMORY MD<br>FORMER OFFIC | 0 00<br>40 00 | | | | | | X | 0 | 1,138,449 | 162,246 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization**
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11g(i)** | | |
| **(ii)** A family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (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 monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 3,362,359 | 7,331,406 | 8,153,888 | 16,387,728 | 20,529,661 | 55,765,042 |
| 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 | 3,362,359 | 7,331,406 | 8,153,888 | 16,387,728 | 20,529,661 | 55,765,042 |
| 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) | | | | | | 475,811 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 55,289,231 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 3,362,359 | 7,331,406 | 8,153,888 | 16,387,728 | 20,529,661 | 55,765,042 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 9,457,924 | 11,563,638 | 14,441,106 | 21,721,675 | 25,625,954 | 82,810,297 |
| 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 ) | 14,028 | 19,979 | 106 | 918 | | 35,031 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 138,610,370 |

| | | |
|---|---|---|
| 12 Gross receipts from related activities, etc (see instructions) | 12 | 9,840,267 |

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 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 39 890 % |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 39 040 % |

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2011** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the 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).

| Facts And Circumstances Test |
| --- |
| |

**Explanation**

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

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

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

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

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

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| 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) | | 1,437 |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 648,738 |
| c Total lobbying expenditures (add lines 1a and 1b) | | 650,175 |
| d Other exempt purpose expenditures | | 2,932,675,696 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 2,933,325,871 |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | 1,000,000 |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 250,000 |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable 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 | 574,174 | 611,545 | 640,652 | 650,175 | 2,476,546 |
| d Grassroots nontaxable 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 | | | | 1,437 | 1,437 |

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

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| 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? | | | |

## 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 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

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

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134058984

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization**
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

| | | (a) Current year | (b) Prior year | b (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 80,086,000 | 77,598,000 | 75,302,000 | 71,078,000 | 88,270,000 |
| b | Contributions | 8,933,000 | 5,172,000 | 627,000 | 1,148,000 | 1,005,000 |
| c | Net investment earnings, gains, and losses | 9,257,000 | -9,000 | 13,943,000 | 8,379,000 | -13,762,000 |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | -3,614,000 | -2,675,000 | -12,274,000 | -5,303,000 | -4,435,000 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 94,662,000 | 80,086,000 | 77,598,000 | 75,302,000 | 71,078,000 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 25 000 %
- b Permanent endowment ▶ 65 000 %
- c Temporarily restricted endowment ▶ 10 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 68,194 | 55,525 | 12,669 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 12,669 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | 1,167,506,569 | F |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 1,167,506,569 | |

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

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

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

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

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

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| ANNUITIES PAYABLE | 7,093,512 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 7,093,512 |

**2.** Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 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 XIII ) | 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 XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

## Part XII 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 XIII ) | 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 XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

## Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| INTENDED USES FOR ENDOWMENT FUNDS | SCHEDULE D, PAGE 2, PART V, LINE 4 | ENDOWMENT FUNDS ARE USED BY THE GEISINGER HEALTH SYSTEM (1) ("GHS") TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES |
| SUPPLEMENTAL FINANCIAL INFORMATION | SCHEDULE D, PAGE 4, PART XIII | EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM (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, 2013 OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE JUNE 30, 2013 GHS CONSOLIDATED FINANCIAL STATEMENTS THOUGHOUT (1) THOUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF ALL GEISINGER HEALTH SYSTEM FOUNDATION (GHSF)AS PARENT AND ALL SUBSIDIARY CORPORATION COMPRISING THE SYSTEM |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|---|
| | CENTRAL AMERICA AND THE CARIBBEAN | | | INVESTMENTS | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3a | Sub-total | | | | | 145,173,355 |
| b | Total from continuation sheets to Part I | | | | | |
| c | **Totals** (add lines 3a and 3b) | | | | | 145,173,355 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | **(a)** Name of organization | **(b)** IRS code section and EIN (if applicable) | **(c)** Region | **(d)** Purpose of grant | **(e)** Amount of cash grant | **(f)** Manner of cash disbursement | **(g)** Amount of of non-cash assistance | **(h)** Description of non-cash assistance | **(i)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
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## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* | ☑ Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* | ☐ Yes | ☑ No |

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | ReturnReference | Explanation |
|---|---|---|
| ACTIVITIES PER REGION | SCHEDULE F, PAGE 1, PART I, LINE 3 | CENTRAL AMERICA AND THE CARIBBEAN 0 145,173,355 |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| ADVANTAGE FUND-RAISING CONSULTING<br>208 PASSAIC AVENUE<br><br>FAIRFIELD, NJ 07004 | CONSULTING | | No | | 156,998 | -156,998 |
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| **Total** . . . . . ▶ | | | | | 156,998 | -156,998 |

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

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

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

| | | (a) Event #1 GNE GALA (event type) | (b) Event #2 GMC GALA (event type) | (c) Other events 15 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 298,183 | 267,319 | 889,451 | 1,454,953 |
| | 2 Less Contributions | 223,592 | 213,169 | 465,163 | 901,924 |
| | 3 Gross income (line 1 minus line 2) | 74,591 | 54,150 | 424,288 | 553,029 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 32,688 | 16,861 | | 49,549 |
| | 6 Rent/facility costs | 35,527 | 66,890 | | 102,417 |
| | 7 Food and beverages | 41,552 | 37,838 | | 79,390 |
| | 8 Entertainment | 4,900 | 5,300 | | 10,200 |
| | 9 Other direct expenses | 35,732 | 45,710 | 264,442 | 345,884 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (587,440) |
| | 11 Net income summary Combine line 3, column (d), and line 10 ▶ | | | | -34,411 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | 69,749 | 69,749 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | 69,749 |

9 Enter the state(s) in which the organization operates gaming activities PA

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity operated in

| | | | |
|---|---|---|---|
| a | The organization's facility . . . . . | 13a | 80 000 % |
| b | An outside facility . . . . . | 13b | 20 000 % |

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

Name ▶ VANESSA KLINGENSMITH

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

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ JAMES H BRUCKER

Gaming manager compensation ▶ $

Description of services provided ▶ CHIEF ADVANCEMENT OFFICER

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | THE GAMING MANAGER IS NOT COMPENSATED SPECIFICALLY FOR GAMING ACTIVITIES THESE ACTIVITIES ARE ONLY A SMALL PERCENTAGE OF HIS RESPONSIBILITIES AND HIS TOTAL COMPENSATION IS REPORTED IN SCHEDULE J |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

**Additional Data** Return to Form

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

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GEISINGER WYOMING VALLEY MED CTR1000 EAST MOUNTAIN DRIVE WILKES BARRE,PA 187110027 | 23-1996150 | 3 | 1,480,666 | | | | CAPITAL/PROG SERVICE |
| GEISINGER MEDICAL CENTER100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800 | 24-0795959 | 3 | 3,032,615 | | | | CAPITAL/PROG SERVICE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GEISINGER CLINIC100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800 | 23-6291113 | 3 | 2,310,116 | | | | CAPITAL/PROG SERVICE |
| GEISINGER SYSTEM SERVICES100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800 | 23-2164794 | 3 | 65,575 | | | | CAPITAL/PROG SERVICE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| DANVILLE AREA UNITED WAY116 MILL ST DANVILLE,PA 17821 | 24-6023856 | 3 | 5,600 | | | | CONTRIBUTION SUPPORT |
| MARWORTHPO BOX 36 WAVERLY,PA 184717736 | 23-2171417 | 3 | 82,644 | | | | CAPITAL/PROG SERVICE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ROAD RADIO USA INC601 SOUTH MAIN STREET MUNCY,PA 177561708 | 23-2767215 | 3 | 25,000 | | | | CMN SPONSORSHIP |
| PA STATE NURSES ASSOCIATION2578 INTERSTATE DRIVE STE 101 HARRISBURG,PA 17110 | 23-0961200 | 3 | 75,000 | | | | CONTRIBUTION SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP VICTORYPO BOX 810 MILLVILLE,PA 17846 | 23-2979076 | 3 | 14,000 | | | | CONTRIBUTION SUPPORT |
| RONALD MCDONALD HOUSE1019 WEST 9TH AVENUE KING OF PRUSSIA,PA 194061215 | 23-2767215 | 3 | 14,470 | | | | CONTRIBUTION SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COUNTRYSIDE CONSERVANCYPO BOX 55 LAPLUME,PA 18440 | 23-2787790 | 3 | 10,000 | | | | CONTRIBUTION SUPPORT |
| GEISINGER MEDICAL MANAGEMENT CORP109 WOODBINE LANE DANVILLE,PA 178219118 | 23-2077663 | | 16,204 | | | | CAPITAL/PROG SERVICE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MERIDIAN HOSPITALS<br>1345 CAMPUS PARKWAY<br>STE A2<br>NEPTUNE,NJ 07753 | 22-3471515 | 3 | 20,000 | | | | CONTRIBUTION/SUPPORT |
| NEPA PHILHARMONIC195<br>HANOVER STREET<br>WILKES BARRE,PA 18711 | 23-1855655 | 3 | 20,000 | | | | CONTRIBUTION/SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NORTHUMBERLAND COUNTY399 S FIFTH ST STE 207 SUNBURY,PA 17801 | 23-2028312 | 3 | 7,500 | | | | CONTRIBUTION/SUPPORT |
| SULLIVAN COUNTY ACTION INCPO BOX 1 LAPORTE,PA 18626 | 23-1955077 | 3 | 10,000 | | | | CONTRIBUTION/SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GEISNGER BLOOMSBURG HOSPITAL100 NORTH ACADEMY AVENUE DANVILLE,PA 17822 | 23-2193572 | 3 | 20,946 | | | | CAPITAL/PROG SERVICE |
| BUCKNELL UNIVERSITY 112 MARTS HALL LEWISBURG,PA 17837 | 24-0772407 | 3 | 5,335 | | | | CONTRIBUTION/SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COMMUNITY MEDICAL CENTER100 NORTH ACADEMY AVENUE DANVILLE,PA 17822 | 23-2279376 | 3 | 136,185 | | | | CAPITAL/PROG SERVICE |
| MOUNTAIN VIEW CARE CENTER100 NORTH ACADEMY AVENUE DANVILLE,PA 17822 | 23-2568288 | 3 | 5,145 | | | | CAPITAL/PROG SERVICE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COLUMBIA MONTOUR HOME HEALTH100 NORTH ACADEMY AVENUE DANVILLE,PA 17822 | 23-1704399 | 3 | 79,934 | | | | CAPITAL/PROG SERVICE |
| COALITION TO PROTECT PO BOX 30211 BETHESDA,MD 20824 | 52-2253225 | 3 | 10,000 | | | | CONTRIBUTION SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PHILAD COLLEGE OF OSTEOPATHIC MED4170 CITY AVENUE PHILADELPHIA,PA 19131 | 23-1355135 | 3 | 100,043 | | | | CONTRIBUTION/SUPPORT |
| GIRL SCOUTS IN THE HEART OF PA350 HALE AVENUE HARRISBURG,PA 17104 | 24-0795960 | 3 | 10,000 | | | | CONTRIBUTION SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GREATER WILKES-BARRE CHAMBER2 PUBLIC SQUARE PO BOX 5340 WILKES BARRE,PA 18710 | 24-0751080 | 3 | 20,000 | | | | CONTRIBUTION/SUPPORT |
| ALL OTHER ASSISTANCE COMBINEDEACH INDIVIDUALLY 5000 OR LESS DANVILLE,PA 17822 | | 3 | 136,302 | | | | CONTRBUTION/SUPPORT |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

## Part I Questions Regarding Compensation

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

| **(A)** Name and Title | **(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 as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS | SCHEDULE J, PAGE 1, PART I, LINE 4 | KEVIN F BRENNAN, CPA, FHFMA 0 247,768 0 SUSAN M HALLICK,MHA,BSN,RNC,NEA-BC 0 142,702 0 ALBERT BOTHE, JR , M D 0 221,209 0 EDELYN L MILLER 0 62,877 0 FRANK J TREMBULAK 0 276,507 0 JOANNE E WADE 0 272,636 0 BRUCE H HAMORY, M D 0 500,931 0 |
| NON-FIXED PAYMENTS PROVIDED | SCHEDULE J, PAGE 1, PART I, LINE 7 | BECAUSE THE 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 ON 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<br>_____ FOOTNOTE<br>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**

Return to Form

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

**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)<br>(II) | 1,021,563 | 920,000 | 120,993 | 388,588 | 29,866 | 2,481,010 | |
| ANDREW M DEUBLER | (I)<br>(II) | 324,127 | 139,995 | 49,536 | 112,976 | 19,202 | 645,836 | |
| DAVID J FELICIO ESQUIRE | (I)<br>(II) | 313,540 | 152,506 | 46,635 | 120,520 | 20,139 | 653,340 | |
| EDWARD J ZYCH ESQUIRE | (I)<br>(II) | 250,888 | 74,435 | 19,252 | 43,763 | 22,035 | 410,373 | |
| DAVID H LEDBETTER PHD FACMG | (I)<br>(II) | 522,476 | 245,709 | 92,148 | 172,976 | 24,237 | 1,057,546 | |
| KEVIN F BRENNAN CPA FHFMA | (I)<br>(II) | 501,671 | 290,967 | 286,688 | 181,114 | 21,073 | 1,281,513 | 247,768 |
| SUSAN M HALLICKMHABSNRNCNEA -BC | (I)<br>(II) | 315,557 | 171,475 | 168,893 | 115,064 | 19,593 | 790,582 | 142,702 |
| ALBERT BOTHE JR MD | (I)<br>(II) | 528,879 | 268,143 | 274,517 | 178,224 | 11,292 | 1,261,055 | 221,209 |
| DUANE E DAVIS MD | (I)<br>(II) | 429,430 | 216,332 | 50,115 | 18,096 | 14,413 | 728,386 | |
| EARL P STEINBERG MD MPP | (I)<br>(II) | 416,240 | 187,058 | 66,715 | 104,100 | 360 | 774,473 | |
| EDELYN L MILLER | (I)<br>(II) | 499,776 | 240,005 | 111,145 | 163,699 | 12,868 | 1,027,493 | 62,877 |
| FRANK J TREMBULAK | (I)<br>(II) | 592,806 | 305,296 | 347,250 | 203,077 | 13,790 | 1,462,219 | 274,280 |
| JOANNE E WADE | (I)<br>(II) | 574,175 | 286,871 | 309,951 | 191,976 | 9,138 | 1,372,111 | 272,636 |
| LYN BOOCOCK-TAYLOR | (I)<br>(II) | 253,062 | 71,072 | 18,931 | 18,096 | 6,711 | 367,872 | |
| JAMES H BRUCKER PHD | (I)<br>(II) | 237,006 | 74,038 | 34,342 | 18,096 | 20,540 | 384,022 | |
| HEATHER WILEY | (I)<br>(II) | 136,922 | 20,854 | 3,538 | 9,989 | 36,630 | 207,933 | |
| KEVIN J KERESTUS CIA | (I)<br>(II) | 179,748 | 48,224 | 5,025 | 16,563 | 19,942 | 269,502 | |
| JEAN HAYNES | (I)<br>(II) | 201,178 | | 43,025 | 174,906 | 10,590 | 429,699 | |
| BRUCE H HAMORY MD | (I)<br>(II) | 470,170 | 108,216 | 560,063 | 138,526 | 23,720 | 1,300,695 | 500,931 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | GEISINGER AUTHORITY SERIES 2011A | 23-2471439 | 368497GN7 | 06-09-2011 | 140,181,194 | LOANED TO 501(C)(3) AFFILIATES,REFUND 8/11/98 BONDS | | X | | X | X | |
| B | GEISINGER AUTHORITY SERIES 2011 BC | 23-2471439 | 368497GY3 | 06-09-2011 | 100,000,000 | LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS | | X | | X | X | |
| C | GEISINGER AUTHORITY SERIES 2009 BC | 23-2471439 | 368497FT5 | 02-28-2011 | 115,000,000 | REISSUE 2009 B&C | | X | | X | X | |
| D | GEISINGER AUTHORITY SERIES 2009A | 23-2471439 | 368497FR9 | 06-04-2009 | 155,702,940 | LOANED TO 501(C)(3) AFFILIATES,REFUND 5/10/2007 BONDS | | X | | X | X | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 140,193,337 | 100,007,088 | 115,000,000 | 155,704,437 |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 111,615,743 | 85,872,181 | 115,000,000 | 144,098,940 |
| 11 | Other spent proceeds | 12,143 | 7,088 | | 11,605,497 |
| 12 | Other unspent proceeds | 28,565,451 | 14,127,819 | | |
| 13 | Year of substantial completion | 2010 | 2010 | 2010 | 2009 |

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

## Part III Private Business Use

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

## Part III Private Business Use *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | % | | % | | % | | % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | % | | % | | % | | % | |
| 6 | Total of lines 4 and 5 | % | | % | | % | | % | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | X | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | X | | X | |
| b | Exception to rebate? | | X | | X | | X | | X |
| c | No rebate due? | | X | | X | | X | | X |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | X | | X | | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |

## Part IV Arbitrage *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

## Part V Procedures To Undertake Corrective Action

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

## Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | SCHEDULE K | GEISINGER AUTHORITY SERIES 2011A AN ADDITIONAL SCHEDULE K REPORTS TWO EARLIER BOND ISSUES GEISINGER AUTHORITY SERIES 2009A PART II COLUMN D LINE 11 INCLUDES 11604000 TO TERMINATE INTEREST RATE SWAP ON REFUNDED BONDS |

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# Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Transactions with Interested Persons

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) LYN BOOCOCK-TAYLOR | KEY EMPLOYEE | RECRUITMENT | | X | 33,000 | 11,781 | | No | Yes | | Yes | |
| (2) CHERYL A CONNOLLY | 5 HIGHEST COMP EE | RECRUITMENT | | X | 6,000 | 1,174 | | No | Yes | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | ▶ $ | | | 12,955 | | | | | | |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) DONNA GRAFMYRE | FAMILY | 71,989 | EMPLOYEE COMPENSAT | | No |
| (2) HIRTLE CALLAGHAN | BUSINESS | 1,174,607 | INVESTMENT MGMT FEES | | No |
| (3) GEISINGER MEDICAL MANAGEMENT CORP | BUSINESS | 93,553 | IC SHARED SERV EXP | | No |
| (4) GEISINGER ASSURANCE COMPANY LTD | BUSINESS | 6,500,000 | CAPITAL CONTR REV | | No |
| | | | | | |
| | | | | | |

## Part V Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | SCHEDULE L PART V | GEISINGER HEALTH SYSTEM FOUNDATION GHSF IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTERORGANIZATIONAL TRANSACTIONS WHICH MAY INCLUDE SALES EXCHANGES AND LEASE OF PROPERTY EXTENSIONS OF CREDIT FURNISHING OF GOODS SERVICES AND FACILITIES AND TRANSFERS OF ASSETS THESE TYPES OF INTERORGANIZATIONAL TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IRS IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF PRIVATE LETTER RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS TAX EXEMPT STATUS THE FOLLOWING ORGANIZATIONS REPRESENT THE AFFILIATED FORPROFIT ORGANIZATIONS WITHIN THE GEISINGER HEALTH SYSTEM FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS GEISINGER MEDICAL MANAGEMENT CORPORATION GEISINGER ASSURANCE COMPANY LTD THE FOLLOWING OFFICERS ANDOR DIRECTORS OF GEISINGER HEALTH SYSTEM FOUNDATION ARE OFFICERS ANDOR DIRECTORS OF SOME OR ALL OF THESE ORGANIZATIONS WILLIAM H ALEXANDER ALBERT BOTHE MD KEVIN F BRENNAN DAVID J FELICIO ESQUIRE RICHARD A GRAFMYRE WILLIAM R GRUVER JOHN D MORAN JR ROBERT E POOLE RICHARD A ROSE JR DON A ROSINI GLENN D STEELE MD PHD ROBERT L TAMBUR FRANK J TREMBULAK EDWARD J ZYCH ESQUIRE DONNA M GRAFMYRE IS A FAMILY MEMBER OF RICHARD A GRAFMYRE A DIRECTOR OF GHSF WILLIAM R GRUVER A DIRECTOR OF GHSF IS A DIRECTOR OF HIRTLE CALLAGHAN FOOTNOTE THROUGHOUT FORM 990 THE TERMS GEISINGER HEALTH SYSTEM AND SYSTEM OR THE ACRONYM GHS SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION THE FOUNDATION AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM |

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | X | 10 | 4,047 | SELLING PRICE OF PROPERTY |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | X | | 52,092 | SELLING PRICE OF PROPERTY |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 7 | 108,548 | PROCEEDS FROM SALE |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | X | 1 | 771 | SELLING PRICE OF PROPERTY |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | X | 1 | 77,613 | SELLING PRICE OF PROPERTY |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ ( FOOD ) | X | 15 | 3,064 | SELLING PRICE |
| 26 | Other ▶ ( MISCELLANEOUS ) | X | 7 | 4,601 | VARIOUS |
| 27 | Other ▶ ( GIFT CERTIFICAT ) | X | 6 | 980 | FACE VALUE |
| 28 | Other ▶ ( ) | | | | |

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

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|

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|---|---|---|

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| FIRST ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | AS THE PARENT ORGANIZATION OF GEISINGER HEALTH SYSTEM FOUNDATION (GHSF) IS COMMITTED TO TH E SYSTEM'S MISSION, VISION, AND VALUES MISSION TO PROVIDE THE CORPORATE ENTITIES OF GEIS INGER HEALTH SYSTEM WITH PHILANTHROPIC SUPPORT TO ASSIST IN MEETING THE CAPITAL AND PROGRA M PRIORITIES OF THE SYSTEM'S PLANNING PROCESS VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE - WE STRIVE FOR THE BES T, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION - OUR PHYSI CIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIV E AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE -INDIVIDUAL DIGNITY - WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE I NDIVIDUAL -TEAMWORK - WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONST RATE THE IMPORTANCE AND VALUE OF TEAMWORK - PHYSICIAN LEADERSHIP - WE ARE PHYSICIAN LED AC ROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY - DIVERSITY AMO NG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AN D RESPECT -EDUCATION - WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNO WLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF O UR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS -RESEARCH - WE BELIEVE THAT BASI C SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEA LTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY - WE EXER CISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION - WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATIO N OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY I GENERAL INFORMATION GHSF, A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF T HE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE TWENTY-FOUR GEISINGER AFFILIATED ENTITIES (NINETEEN NOT FOR PROFIT ENTITIES, FOUR FOR PROF IT ENTITIES AND ONE FOREIGN CORPORATION)AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BU SINESSES GHSF IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPO RT PROGRAMS FOR ALL THE GEISINGER HEALTH SYSTEM NOT-FOR-PROFIT ENTITIES THE AFFILIATED EN TITIES OF GHSF ARE GEISINGER MEDICAL CENTER (GMC) IS A REGIONAL REFERRAL TERTIARY HEALTHC ARE CENTER LOCATED IN DANVILLE, PENNSYLVANIA, A PREDOMINATELY RURAL AREA OF NORTHEASTERN A ND CENTRAL PENNSYLVANIA GMC OPERATES A LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER INCLUDING LIFE FLIGHT, A RAPID RESPONSE HELICOPTER RETRIEVAL PROGRAM ALSO PART OF GMC ARE THE HOSPI TAL FOR ADVANCED MEDICINE, JANET WEIS CHILDREN'S HOSPITAL AND THE WOMEN'S HEALTH PAVILION, IN ADDITION TO TREATMENT CENTERS FOR CANCER, KIDNEY TRANSPLANTS, HEART AND NEUROLOGICAL D ISEASE AND INFERTILITY GEISINGER CLINIC (THE CLINIC) CONSISTS OF MULTI-SPECIALTY PHYSICIA N GROUP PRACTICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA SOME SITES ARE DOCTOR' S OFFICES LOCATED IN THE SMALL TOWNS OF THE REGION, OTHERS ARE CLINICS WITH DIAGNOSTIC CAP ABILITIES AND PHARMACIES ON THE PREMISES THE CLINIC IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, AND RESEARCH GEISINGER SYSTEM SERVICES IS A COST-EFFECTIVE CENTRALIZED PROVIDER OF MANAGEMENT AND CONSULTATIVE SERVICES TO OTHER ENTI TIES WITHIN THE GEISINGER HEALTH SYSTEM SERVICES PROVIDED INCLUDE COMMUNICATION AND PUBL IC RELATIONS, FACILITIES PLANNING AND MANAGEMENT, FINANCIAL SERVICES, HUMAN RESOURCES, INF ORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, MARKET PLANNING, SUPPLY CHAIN, EMPLOYEE BENEFIT ADMINISTRATION, MAIL SERVICES, REPROGRAPHICS, RISK MANAGEMENT, CAFETERIA, LAUNDRY , AND TELECOMMUNICATIONS GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS AN ACUTE CARE O PEN STAFF COMMUNITY HOSPITAL AND REFERRAL MEDICAL CENTER IN WILKES-BARRE, PENNSYLVANIA GW V OFFERS 24-HOUR COMPREHENSIVE EMERGENCY SERVICE, MEDICAL AND SURGICAL UNITS, MATERNITY PR OGRAMS, PEDIATRIC CARE AND COMPLETE CANCER TREATMENT AT THE FRANK M AND DORTHEA HENRY CAN CER CENTER THE HEART HOSPITAL AT GWV IS DEDICATED TO BRINGING THE LATEST TECHNOLOGY USED IN THE TREATMENT OF HEART DISEASE TO THE PEOPLE OF THE WYOMING VALLEY THERE IS ALSO A SOU TH WILKES-BARRE CAMPUS THAT PROVIDES ADULT AND PEDIATRIC URGENT CARE, INPATIENT REHABILITA TION, PAIN MANAGEMENT AND SLEEP CENTER SERVICES AND HOUSES AN AMBULATORY SURGERY CENTER G EISINGER ASSURANCE COMPANY, LTD (GAC) IS A WHOLLY OWNED SUBSIDIARY OF THE FOUNDATION LICE NSED IN GRAND CAYMAN, BRITISH WEST INDIES THE PRINCIPAL ACTIVITY OF GAC IS THE REINSURANC E, ON A CLAIMS MADE BASIS, OF A RETROSPECTIVELY RATED PROFESSIONAL LIABILITY INSURANCE POL ICY ISSUED BY AN UNRELATED INSURANCE COMPANY BASED |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FIRST ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | IN THE UNITED STATES OF AMERICA TO GAC'S SHAREHOLDER AND CERTAIN AFFILIATES GEISINGER IN SURANCE CORPORATION, RISK RETENTION GROUP - REGISTERED BY THE PA INSURANCE DEPT TO PROVID E PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL ENTITIES OF GHS GEISINGER MEDICAL M ANAGEMENT CORPORATION (GMMC) PROVIDES CONTRACT MANAGEMENT, HOSPITALITY AND CONSULTING SERV ICES THROUGH CONTRACT RELATIONSHIPS WITH OTHER HEALTHCARE PROVIDERS OR RELATED GEISINGER E NTITIES SUREHEALTH, A SINGLE MEMBER LIMITED LIABILITY COMPANY OF GMMC, LOCATED IN DANVILL E, PENNSYLVANIA, FORMERLY OPERATED SEVERAL RETAIL PHARMACIES AND A SPECIALTY PHARMACY BUSI NESS GEISINGER COMMUNITY HEALTH SERVICES (GCHS) PROVIDES COMMUNITY HEALTH SERVICES THROUG HOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA GCHS OFFERS SKILLED NURSING, HOME HEALTH AIDES , MSW, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, HOME INFUSION THERAPY AND R ESPIRATORY THERAPY IN ADDITION, GCHS MANAGES THE UTILIZATION AND CLINICAL PROGRAM DEVELOP MENT RELATING TO THE PROVISION OF HOME CARE THROUGHOUT THE ENTIRE AREA SERVICED BY GHP MA RWORTH PROVIDES NATIONALLY RECOGNIZED ALCOHOL AND CHEMICAL DETOXIFICATION AND REHABILITATI ON TREATMENT PROGRAMS IN WAVERLY, PENNSYLVANIA MARWORTH IS LICENSED BY THE PENNSYLVANIA D EPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS, AND IS ACCREDITED, WITH COMMENDA TION, BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS MARWORTH OFFER S INDIVIDUALIZED 12-STEP TREATMENT PROGRAMS IN ADDITION TO A SPECIAL DUAL DIAGNOSIS TREATM ENT PROGRAM AND SPECIAL PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS AND HEALTHCARE PROFESSI ONALS GEISINGER HEALTH PLAN (GHP) IS THE LARGEST RURAL HEALTH MAINTENANCE ORGANIZATION (H MO) IN THE NATION GHP HAS MEMBERS FROM PENNSYLVANIA AND WEST VIRGINIA, FROM INDIVIDUALS A ND FAMILIES ENROLLED IN THE BASIC HEALTH-MAINTENANCE PROGRAM, INCLUDING A MEDICARE ALTERNA TIVE, TO BUSINESS SUBSCRIBERS WHO CAN CHOOSE A CUSTOM-DESIGNED POINT-OF-SERVICE PLAN OR SM ALL BUSINESS INSURANCE PLAN GHP'S MANAGED CARE PATIENTS BENEFITS FROM THEIR FOCUS ON EDUC ATION, DISEASE PREVENTION AND WELLNESS GEISINGER INDEMNITY INSURANCE COMPANY AND GEISINGE R QUALITY OPTIONS, INC ARE PENNSYLVANIA BUSINESS CORPORATIONS THAT ARE WHOLLY OWNED SUBSI DIARIES OF THE FOUNDATION AND OFFER INDEMNITY HEALTH INSURANCE. COMMUNITY MEDICAL CENTER, D BA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A LEADING PROVIDER OF QUALITY HEALTHCARE SE RVICES IN NORTHEASTERN PENNSYLVANIA A NOT-FOR-PROFIT CHARITABLE HOSPITAL LOCATED IN SCRAN TON, GCMC IS HOME TO SCRANTON'S ONLY LEVEL II TRAUMA CENTER AND ADULT INPATIENT BEHAVIORAL HEALTH UNIT OTHER PROGRAMS INCLUDE A COMPREHENSIVE CARDIAC SERVICE LINE-INCLUDING OPEN HEART SURGERY, ORTHOPAEDIC SERVICES INCLUDING THE NEWSTEPS JOINT REPLACEMENT CENTER, AND A BROAD RANGE OF OTHER SPECIALIZED SURGICAL AND RADIOLOGICAL SERVICES COMMUNITY MEDICAL CA RE, INC , LOCATED IN SCRANTON, PENNSYLVANIA IS A TAX- EXEMPT ENTITY PROVIDING PHYSICIAN AN D OTHER HEALTHCARE PROFESSIONAL SERVICES GEISINGER-BLOOMSBURG HOSPITAL (GBH), LOCATED IN BLOOMSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY OFFERS EASY ACCESS TO A WIDE VARIETY OF QUALI TY PROGRAMS AND SERVICES INCLUDING COMPLETE INPATIENT SURGERY, CARDIOLOGY AND CARDIAC REHA BILITATION, FULL DIAGNOSTIC TESTING AND PROCEDURES THROUGH ON-SITE LABORATORY AND RADIOLOG Y SERVICES, MATERNITY SERVICES AND EDUCATION CLASSES AS WELL AS PEDIATRIC CARE, PHYSICAL T HERAPY, ORTHOPAEDIC, RESPIRATORY AND PSYCHIATRIC SERVICES THE PRIMARY MEDICAL/SURGICAL SU ITE BOASTS 30 PRIVATE PATIENT ROOMS BLOOMSBURG PHYSICIANS SERVICES (BPS), LOCATED IN BLOO MSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY PROVIDING PHYSICIAN AND OTHER HEALTHCARE PROFESSI ONAL SERVICES GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), LOCATED IN BLOOMSBURG, PEN NSYLVANIA, A TAX-EXEMPT ENTITY OPERATING A LONG-TERM CARE NURSING HOME COLUMBIA MONTOUR H OME HEALTH SERVICES / VISITING NURSES ASSOCIATION, INC (CMHHS), LOCATED IN BLOOMSBURG, PE NNSYLVANIA, A TAX-EXEMPT ENTITY THAT PRO |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | FORM 990, PART V | 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? GHSF IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 842,322,715, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2013 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GHSF SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER, EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER, EIN 23-1996150 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 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 ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2012 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,386 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATION'S EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | FORM 990, PART VI | FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND TWO VOTING MEMBERS ARE NOT INDEPENDENT DUE TO TRANSACTIONS REPORTED ON SCHEDULE L, PART IV INCLUDING THE VOTINGS MEMBER DESCRIBED ABOVE, A TOTAL OF NINE VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF THE RELATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS, BETWEEN GHSF AND THE RELATED TAXABLE ORGANIZATION, ARE REPORTED 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 RELATED 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 RELATED 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 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 RELATION- SHIP 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, RICHARD GRAFMYRE, WILLIAM R GRUVER, THOMAS H LEE, JR, M D, EDELYN L MILLER, JOHN D MORAN, JR, ROBERT E POOLE, RICHARD A ROSE, ALBERT BOTHE, JR, MD, KEVIN F BRENNAN, DON A ROSINI, ROBERT TAMBUR, AND JOANNE E WADE, KAREN E DAVIS, PH D, DUANE E DAVIS, M D, AND EARL P STEINBERG, ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT SUBSIDIARIES OF GHSF |

| Identifier | Return Reference | Explanation |
|---|---|---|
| AUTHORITY DELEGATED TO COMMITTEE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 1A | THERE WAS A DELEGATION OF AUTHORITY TO THE GEISINGER HEALTH SYSTEM FOUNDATION EXECUTIVE COMMITTEE WHICH IS COMPRISED OF THOSE INDIVIDUALS WHO SERVE AS GEISINGER HEALTH SYSTEM FOUNDATION BOARD MEMBERS UNDER THE NONPROFIT CORPORATION LAW AND UNDER EISINGER HEALTH SYSTEM FOUNDATION'S CORPORATE BYLAWS, THE EXECUTIVE COMMITTEE HAS THE FULL AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS WHEN IT IS NOT IN SESSION |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN WAS PROVIDED TO ASSIST IN THE REVIEW IN ACCORDANCE WITH THE GHSF BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE SYSTEM TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE 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, 2012 |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GHS EMPLOYED BOARD DIRECTORS, OFFICERS AND EXECUTIVE MANAGEMENT IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR INTERMEDIATE SANCTION PURPOSES THE PROCESS REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PARTIES, USE OF APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS ON AN ANNUAL BASIS, AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANT COMPLETES A COMPARATIVE ASSESSMENT OF COMPENSATION FOR THE CEO AND SENIOR MANAGEMENT WITHIN GHS THE CONSULTANT'S REPORT IS PRESENTED TO THE MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE MANAGEMENT AND COMPENSATION COMMITTEE TO ENSURE THAT THE PROGRAM IS RESPONSIBLE TO THE GEISINGER CHARITABLE MISSION, REFLECTS REASONABLE COMPENSATION WITHIN THE NONPROFIT MARKET AND IS COMPLIANT WITH THE IRS'S INTERMEDIATE SANCTION REQUIREMENTS THE SURVEY DATA IN THE COMPARATIVE ANALYSIS IS CAPTURED FOR FUNCTIONALLY COMPARABLE POSITIONS IN MULTIPLE SIMILAR NONPROFIT ORGANIZATIONS AND REFLECTS TOTAL REMUNERATION PROVIDED IN THE MARKET ALL SURVEYS ARE CONDUCTED BY THIRD PARTY ORGANIZATIONS AND NOT CONDUCTED AT THE SPECIFIC DIRECTION OF GEISINGER ANY COMPENSATION ADJUSTMENTS ARE APPROVED BY THE MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT THE MANAGEMENT AND COMPENSATION COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | THE MISSION STATEMENT IS AVAILABLE ON THE GEISINGER HEALTH SYSTEM WEBSITE AT WWW GEISINGER ORG THE ANNUAL REPORT FOR GEISINGER HEALTH SYSTEM, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, ARE AVAILABLE ON THE GEISINGER HEALTH SYSTEM WEBSITE GO TO WWW GEISINGER ORG/ABOUT/MISSION HTML AND SELECT 2013 ANNUAL REPORT 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 |
|---|---|---|
| OTHER CHANGES IN NET ASSETS EXPLANATION | FORM 990, PART XI, LINE 9 | 23,343,279 INCREASE IN NET ASSETS GAINS ON SUBSIDIARIES 10,557,743 DECREASE IN NET ASSETS EQUITY CONTRIBUTIONS -23,343,279 NET DECREASE IN NET ASSETS -12,785,536 |

| 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 GESINGER 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 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134058984

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

**Employer identification number**
23-1995911

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate 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 | |
| See Additional Data Table | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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 | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | No |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| See Additional Data Table | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate 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 | | Yes | No | |
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**Software ID:**
**Software Version:**
**EIN:** 23-1995911
**Name:** GEISINGER HEALTH SYSTEM FOUNDATION



## Part VII Supplemental Information

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

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

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| KEYSTONE ACCOUNTABLE CARE ORG LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>45-4475297 | ACO | PA | N/A | | | | | No | | | No | |
| LIFESOURCE GEISINGER BLOOD CTR LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>36-4718005 | BLOOD COLL | PA | N/A | | | | | No | | | No | |
| MERIDIAN GEISINGER HLTH NTWRK LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>45-5484165 | ORG DL SYS | NJ | N/A | | | | | No | | | No | |
| HEALTHSOUTH GHS LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>72-1398803 | PHY THERAP | PA | N/A | | | | | No | | | No | |
| EVANGELICAL-GEISINGER HEALTH LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-0567687 | HEALTHCARE | PA | N/A | | | | | No | | | No | |
| GEISINGER-SCA HOLDINGS LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-1615328 | HOLDING CO | DE | N/A | | | | | No | | | No | |
| LACKAWANNA PHYSICIANS AMB SURG CTR<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-3024998 | HEALTHCARE | PA | N/A | | | | | No | | | No | |
| KEYSTONE ACCOUNTABLE CARE ORG LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>45-4475297 | ACO | PA | N/A | | | | | No | | | No | |
| LIFESOURCE GEISINGER BLOOD CTR LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>36-4718005 | BLOOD COLL | PA | N/A | | | | | No | | | No | |
| MERIDIAN GEISINGER HLTH NTWRK LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>45-5484165 | ORG DL SYS | NJ | N/A | | | | | No | | | No | |
| HEALTHSOUTH GHS LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>72-1398803 | PHY THERAP | PA | N/A | | | | | No | | | No | |
| EVANGELICAL-GEISINGER HEALTH LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-0567687 | HEALTHCARE | PA | N/A | | | | | No | | | No | |
| GEISINGER-SCA HOLDINGS LLC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-1615328 | HOLDING CO | DE | N/A | | | | | No | | | No | |
| LACKAWANNA PHYSICIANS AMB SURG CTR<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-3024998 | HEALTHCARE | PA | N/A | | | | | No | | | No | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| GEISINGER MEDICAL MANAGEMENT CORP<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2077663 | HOTEL/REST | PA | N/A | | | | | Yes | |
| INTERNATIONAL SHARED SERVICES INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2159597 | COMPUTER | PA | N/A | | | | | Yes | |
| GEISINGER INDEMNITY INSURANCE COMP<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2815174 | HLTH INSUR | PA | N/A | | | | | Yes | |
| GEISINGER QUALITY OPTIONS INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>20-4275139 | HLTH INSUR | PA | N/A | | | | | Yes | |
| GEISINGER ASSURANCE COMPANY LTD<br><br>PO BOX 2196GT<br>GRAND CAYMAN<br>CJ<br>98-1016737 | INSURANCE | CJ | N/A | | | | | Yes | |
| XG HEALTH SOLUTIONS INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-1657345 | CONSULTING | DE | N/A | | | | | Yes | |
| GEISINGER MEDICAL MANAGEMENT CORP<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2077663 | HOTEL/REST | PA | N/A | | | | | Yes | |
| INTERNATIONAL SHARED SERVICES INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2159597 | COMPUTER | PA | N/A | | | | | Yes | |
| GEISINGER INDEMNITY INSURANCE COMP<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>23-2815174 | HLTH INSUR | PA | N/A | | | | | Yes | |
| GEISINGER QUALITY OPTIONS INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>20-4275139 | HLTH INSUR | PA | N/A | | | | | Yes | |
| GEISINGER ASSURANCE COMPANY LTD<br><br>PO BOX 2196GT<br>GRAND CAYMAN<br>CJ<br>98-1016737 | INSURANCE | CJ | N/A | | | | | Yes | |
| XG HEALTH SOLUTIONS INC<br><br>100 NORTH ACADEMY AVENUE MC 49-70<br>DANVILLE, PA 17822<br>46-1657345 | CONSULTING | DE | N/A | | | | | Yes | |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |
| BLOOMSBURG PHYSICIANS SERVICES | B | 604,796 | GAAP |
| GEISINGER ASSURANCE COMPANY LTD | C | 6,500,000 | GAAP |
| GEISINGER BLOOM SELF INSUR TRUST | C | 1,679,674 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER CLINIC | B | 2,502,474 | GAAP |
| GEISINGER CLINIC | L | 2,911,692 | GAAP |
| GEISINGER CLINIC | M | 62,796 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | B | 79,934 | GAAP |
| GEISINGER COLUMBIA MONTOUR HOME HEA | C | 3,057,377 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | B | 2,500,000 | GAAP |
| GEISINGER COMMUNITY HEALTH SERVICES | M | 5,306 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 4,555,863 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 3,400,000 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | B | 141,356 | GAAP |
| GEISINGER COMMUNITY MEDICAL CENTER | M | 5,171 | GAAP |
| GEISINGER MEDICAL CENTER | B | 3,035,127 | GAAP |
| GEISINGER MEDICAL CENTER | L | 4,631,232 | GAAP |
| GEISINGER MEDICAL CENTER | M | 366,124 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | B | 22,915 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 71,526 | GAAP |
| GEISINGER MEDICAL MANAGEMENT CORP | M | 6,711 | GAAP |
| GEISINGER SYSTEM SERVICES | B | 116,940 | GAAP |
| GEISINGER SYSTEM SERVICES | L | 80,589 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 3,390,845 | GAAP |
| GEISINGER SYSTEM SERVICES | M | 51,365 | GAAP |
| GEISINGER SYSTEM SERVICES | O | 364,316 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | B | 1,627,377 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | L | 2,156,374 | GAAP |
| GEISINGER WYOMING VALLEY MED CTR | M | 146,711 | GAAP |

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| GEISINGER-BLOOM HEALTH CARE CTR | C | 924,253 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 9,500,510 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 33,807 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | B | 25,795,851 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | M | 12,861 | GAAP |
| GEISINGER-BLOOMSBURG HOSPITAL | R | 7,950 | GAAP |
| MARWORTH | B | 82,644 | GAAP |
| MARWORTH | L | 60,380 | GAAP |
| MOUNTAIN VIEW NURSING HOME INC | B | 5,145 | GAAP |

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# TY 2012 Affiliated Group Schedule

**Name:** GEISINGER HEALTH SYSTEM FOUNDATION

**EIN:** 23-1995911

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER HEALTH SYSTEM FOUNDATION |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-1995911 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 0 |
| **Total Exempt Purpose Expenditures:** | 0 |
| **Lobbying Nontaxable Amount:** | 0 |
| **Grassroots Nontaxable Amount:** | 0 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER MEDICAL CENTER |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 24-0795959 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 29,290 |
| **Total Lobbying Expenditures:** | 29,290 |
| **Other Exempt Purpose Expenditures:** | 909,722,334 |
| **Total Exempt Purpose Expenditures:** | 909,751,624 |
| **Lobbying Nontaxable Amount:** | 310,143 |
| **Grassroots Nontaxable Amount:** | 77,536 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER CLINIC |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-6291113 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 37,359 |
| **Total Lobbying Expenditures:** | 37,359 |
| **Other Exempt Purpose Expenditures:** | 777,143,985 |
| **Total Exempt Purpose Expenditures:** | 777,181,344 |
| **Lobbying Nontaxable Amount:** | 264,949 |
| **Grassroots Nontaxable Amount:** | 66,237 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER SYSTEM SERVICES |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2164794 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 1,437 |
| **Total Direct Lobbying:** | 560,350 |
| **Total Lobbying Expenditures:** | 561,787 |
| **Other Exempt Purpose Expenditures:** | 512,135,793 |
| **Total Exempt Purpose Expenditures:** | 512,697,580 |
| **Lobbying Nontaxable Amount:** | 174,784 |
| **Grassroots Nontaxable Amount:** | 43,696 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER WYOMING VALLEY MEDICAL CTR |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-1996150 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 7,636 |
| **Total Lobbying Expenditures:** | 7,636 |
| **Other Exempt Purpose Expenditures:** | 413,534,594 |
| **Total Exempt Purpose Expenditures:** | 413,542,230 |
| **Lobbying Nontaxable Amount:** | 140,981 |
| **Grassroots Nontaxable Amount:** | 35,245 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

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|---|---|
| **Affiliated Group Business Name:** | MARWORTH |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2171417 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 5,667 |
| **Total Lobbying Expenditures:** | 5,667 |
| **Other Exempt Purpose Expenditures:** | 12,161,456 |
| **Total Exempt Purpose Expenditures:** | 12,167,123 |
| **Lobbying Nontaxable Amount:** | 4,148 |
| **Grassroots Nontaxable Amount:** | 1,037 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

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|---|---|
| **Affiliated Group Business Name:** | HERSHEY MEDICAL CENTER |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2891807 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 0 |
| **Total Exempt Purpose Expenditures:** | 0 |
| **Lobbying Nontaxable Amount:** | 0 |
| **Grassroots Nontaxable Amount:** | 0 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER COMMUNITY HEALTH SERVICES |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2967235 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 4,568 |
| **Total Lobbying Expenditures:** | 4,568 |
| **Other Exempt Purpose Expenditures:** | 40,789,275 |
| **Total Exempt Purpose Expenditures:** | 40,793,843 |
| **Lobbying Nontaxable Amount:** | 13,907 |
| **Grassroots Nontaxable Amount:** | 3,477 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER INSURANCE CORP RRG |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 14-1909894 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 986,617 |
| **Total Exempt Purpose Expenditures:** | 986,617 |
| **Lobbying Nontaxable Amount:** | 336 |
| **Grassroots Nontaxable Amount:** | 84 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER MED CTR PROF LIAB TRUST |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 25-6220019 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 5,147 |
| **Total Exempt Purpose Expenditures:** | 5,147 |
| **Lobbying Nontaxable Amount:** | 2 |
| **Grassroots Nontaxable Amount:** | 0 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

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|---|---|
| **Affiliated Group Business Name:** | GEISINGER EXCESS COV PROF LIAB TRUST |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-6852932 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 0 |
| **Total Exempt Purpose Expenditures:** | 0 |
| **Lobbying Nontaxable Amount:** | 0 |
| **Grassroots Nontaxable Amount:** | 0 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | COMMUNITY MEDICAL CENTER |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 24-0862246 |
| **Electing Organization Checkbox:** | ☑ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 2,518 |
| **Total Lobbying Expenditures:** | 2,518 |
| **Other Exempt Purpose Expenditures:** | 184,555,653 |
| **Total Exempt Purpose Expenditures:** | 184,558,171 |
| **Lobbying Nontaxable Amount:** | 62,918 |
| **Grassroots Nontaxable Amount:** | 15,729 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | COMMUNITY MED CTR HEALTHCARE SYSTEM |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2279376 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 15,061 |
| **Total Exempt Purpose Expenditures:** | 15,061 |
| **Lobbying Nontaxable Amount:** | 5 |
| **Grassroots Nontaxable Amount:** | 1 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | COMMUNITY MED CTR HLTHCARE SYS TRUST |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 04-6990600 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 1,279,441 |
| **Total Exempt Purpose Expenditures:** | 1,279,441 |
| **Lobbying Nontaxable Amount:** | 436 |
| **Grassroots Nontaxable Amount:** | 109 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | COMMUNITY MEDICAL CARE INC |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2429776 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 1,029 |
| **Total Lobbying Expenditures:** | 1,029 |
| **Other Exempt Purpose Expenditures:** | 10,186,478 |
| **Total Exempt Purpose Expenditures:** | 10,187,507 |
| **Lobbying Nontaxable Amount:** | 3,473 |
| **Grassroots Nontaxable Amount:** | 868 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | MOUNTAIN VIEW NURSING HOME INC |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2568288 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 16,731,974 |
| **Total Exempt Purpose Expenditures:** | 16,731,974 |
| **Lobbying Nontaxable Amount:** | 5,704 |
| **Grassroots Nontaxable Amount:** | 1,426 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER-BLOOMSBURG HOSPITAL |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2193572 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 209 |
| **Total Lobbying Expenditures:** | 209 |
| **Other Exempt Purpose Expenditures:** | 36,430,143 |
| **Total Exempt Purpose Expenditures:** | 36,430,352 |
| **Lobbying Nontaxable Amount:** | 12,419 |
| **Grassroots Nontaxable Amount:** | 3,105 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | BLOOMSBURG PHYSICIAN SERVICES |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2979856 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 2,231,806 |
| **Total Exempt Purpose Expenditures:** | 2,231,806 |
| **Lobbying Nontaxable Amount:** | 761 |
| **Grassroots Nontaxable Amount:** | 190 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | GEISINGER-BLOOMSBURG HEALTH CARE CTR |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-2242854 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 0 |
| **Total Lobbying Expenditures:** | 0 |
| **Other Exempt Purpose Expenditures:** | 9,965,074 |
| **Total Exempt Purpose Expenditures:** | 9,965,074 |
| **Lobbying Nontaxable Amount:** | 3,397 |
| **Grassroots Nontaxable Amount:** | 849 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | |
|---|---|
| **Affiliated Group Business Name:** | COLUMBIA-MONTOUR HOME HEALTH SVCS |
| **Address. Either US or Foreign Type:** | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | 23-1704399 |
| **Electing Organization Checkbox:** | ☐ |
| **Total Grassroots Lobbying:** | 0 |
| **Total Direct Lobbying:** | 112 |
| **Total Lobbying Expenditures:** | 112 |
| **Other Exempt Purpose Expenditures:** | 4,748,651 |
| **Total Exempt Purpose Expenditures:** | 4,748,763 |
| **Lobbying Nontaxable Amount:** | 1,619 |
| **Grassroots Nontaxable Amount:** | 405 |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 |
| **Share Of Excess Lobbying:** | 0 |

| | | |
|---|---|---|
| **Affiliated Group Business Name:** | | BLOOMSBURG HOSPITAL MED PROFL SIT |
| **Address. Either US or Foreign Type:** | | 100 NORTH ACADEMY AVENUE<br>DANVILLE, PA 17822 |
| **EIN:** | | 14-6222837 |
| **Electing Organization Checkbox:** | | ☐ |
| **Total Grassroots Lobbying:** | 0 | |
| **Total Direct Lobbying:** | 0 | |
| **Total Lobbying Expenditures:** | 0 | |
| **Other Exempt Purpose Expenditures:** | 52,214 | |
| **Total Exempt Purpose Expenditures:** | 52,214 | |
| **Lobbying Nontaxable Amount:** | 18 | |
| **Grassroots Nontaxable Amount:** | 4 | |
| **Tot Lobbying Grassroot Minus Non Tx:** | 0 | |
| **Tot Lobby Expend Mns Lobbying Non Tx:** | 0 | |
| **Share Of Excess Lobbying:** | 0 | |