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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 CLINIC
 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: 23-6291113

E Telephone number: (570) 271-6624

F Name and address of principal officer: GLENN D STEELE JR MD PHD, 100 NORTH ACADEMY AVENUE MC 22-01, DANVILLE, PA 17822

G Gross receipts \$ 777,340,125

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.GEISINGER.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1962 **M** State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities MISSION TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN AND ADVANCED PRACTITIONER SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE II GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 945 PHYSICIANS PRACTICING AT 78 SITES IN 50 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MIFFLIN BELLEFONTE MILLVILLE BENTON MILTON BERWICK MONTOURSVILLE BLOOMSBURG MOOSIC BURNHAM MOUNTAINTOP CARBONDALE MOUNT CARMEL CATAWISSA MOUNT POCONO COA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3,467
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,833,120
b Net unrelated business taxable income from Form 990-T, line 34	7b	-79,421	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,565,640	25,928,774
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	703,985,337	745,740,531
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,585,937	5,237,606
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	479,691	423,124
		731,616,605	777,330,035
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	383	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	495,683,042	545,103,478
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	213,959,897	232,077,866
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	709,643,322	777,181,344	
19 Revenue less expenses Subtract line 18 from line 12	21,973,283	148,691	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	250,973,021	274,082,080
	21 Total liabilities (Part X, line 26)	197,675,092	215,177,675
22 Net assets or fund balances Subtract line 21 from line 20	53,297,929	58,904,405	

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 <input type="checkbox"/> if self-employed	PTIN
		2014-05-13		
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

I MISSION TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN AND ADVANCED PRACTITIONER SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE II GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 945 PHYSICIANS PRACTICING AT 78 SITES IN 50 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA MIFFLIN BELLEFONTE MILLVILLE BENTON MILTON BERWICK MONTOURSVILLE BLOOMSBURG MOOSIC BURNHAM MOUNTAINTOP CARBONDALE MOUNT CARMEL CATAWISSA MOUNT POCONO COA

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 \$ 682,499,438 including grants of \$) (Revenue \$)
PHYSICIAN SERVICES - SEE SCHEDULE O

4b (Code) (Expenses \$ 42,292,962 including grants of \$) (Revenue \$)
RESEARCH - SEE SCHEDULE O

4c (Code) (Expenses \$ 21,800,024 including grants of \$) (Revenue \$)
EDUCATION - SEE SCHEDULE O

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

4e Total program service expenses 746,592,424

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part I</i> <input type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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
STEPHEN MASSINI CFO 100 NORTH ACADEMY AVENUE MC 01-50 DANVILLE, PA (570) 214-6181

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 _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e 19,144,687					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 6,784,087					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		25,928,774			
Program Service Revenue	2a HEALTHCARE Business Code 621110	722,437,899	722,437,899			
	b RESEARCH Business Code 541700	13,460,258	13,460,258			
	c PHARMACY Business Code 446110	3,813,349		3,813,349		
	d RENTAL Business Code 531120	1,987,022			1,987,022	
	e IC SHARED SERVICE-SCHEDULE O Business Code 611710	1,767,999	1,767,999			
	f All other program service revenue	2,274,004	2,257,923	16,081		
	g Total. Add lines 2a-2f ▶		745,740,531			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	2,143,436			2,143,436	
	4 Income from investment of tax-exempt bond proceeds ▶	2,148			2,148	
	5 Royalties ▶	2,736			2,736	
	6a Gross rents	(i) Real 14,999				
		b Less rental expenses 10,090				
		c Rental income or (loss) 4,909				
	d Net rental income or (loss) ▶	4,909		3,690	1,219	
	7a Gross amount from sales of assets other than inventory	(i) Securities 3,092,022				
		b Less cost or other basis and sales expenses				
		c Gain or (loss) 3,092,022				
	d Net gain or (loss) ▶	3,092,022	3,092,022			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a _____					
	b Less direct expenses b _____					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a _____					
b Less direct expenses b _____						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a _____						
b Less cost of goods sold b _____						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue Business Code						
11a PURCHASE DISCOUNTS Business Code 900099	151,058	151,058				
b CREDENTIALING Business Code 900099	98,030	98,030				
c CLINICAL TRIALS OFFICE ADMINI Business Code 541700	95,579	95,579				
d All other revenue	70,812	43,982		26,830		
e Total. Add lines 11a-11d ▶	415,479					
12 Total revenue. See Instructions ▶	777,330,035	743,404,750	3,833,120	4,163,391		

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.				
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.	6,710,264	6,648,868	61,396	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	6,477,119	6,169,432	307,687	
7	Other salaries and wages.	449,436,643	434,317,314	15,119,329	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,079,815	22,307,115	772,700	
9	Other employee benefits.	37,647,176	36,386,768	1,260,408	
10	Payroll taxes.	21,752,461	20,896,645	855,816	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	15,592		15,592	
c	Accounting.	73,862	28,266	45,596	
d	Lobbying.	37,359		37,359	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,164,489	626,497	537,992	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,141,848	24,285,235	856,613	
12	Advertising and promotion.	3,700,782	3,700,782		
13	Office expenses.	7,208,284	5,859,128	1,349,156	
14	Information technology.	289,174	283,655	5,519	
15	Royalties.				
16	Occupancy.	10,119,462	9,724,487	394,975	
17	Travel.	2,327,229	2,204,701	122,528	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,693,923	3,693,923		
20	Interest.	2,565,398	2,465,267	100,131	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,931,833	9,546,701	385,132	
23	Insurance.	16,378,310	16,060,961	317,349	
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	INTER-ENTITY EXPENSE	93,585,878	85,668,271	7,917,607	
b	MEDICAL SUPPLIES	39,863,603	39,755,371	108,232	
c	UNCOLLECTIBLE EXPENSE	15,151,525	15,151,525		
d	BOOKS, LICENSES, FEES	761,213	761,213		
e	All other expenses	68,102	50,299	17,803	
25	Total functional expenses. Add lines 1 through 24e.	777,181,344	746,592,424	30,588,920	0
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,968,630	1	18,396,791
	2 Savings and temporary cash investments	31,449,158	2	21,353,749
	3 Pledges and grants receivable, net	2,290,781	3	3,625,430
	4 Accounts receivable, net	31,192,741	4	34,093,262
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5
	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
	7 Notes and loans receivable, net	8,071,973	7	7,750,112
	8 Inventories for sale or use	1,933,050	8	1,865,279
	9 Prepaid expenses and deferred charges	4,821,146	9	4,813,399
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	199,568,149		
	b Less accumulated depreciation	92,314,808		
	11 Investments—publicly traded securities	14,311,961	11	14,396,903
	12 Investments—other securities See Part IV, line 11	57,164,830	12	58,310,397
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	559,809	14	423,901
	15 Other assets See Part IV, line 11	306,568	15	1,799,516
16 Total assets. Add lines 1 through 15 (must equal line 34)	250,973,021	16	274,082,080	
Liabilities	17 Accounts payable and accrued expenses	60,653,716	17	65,782,515
	18 Grants payable		18	
	19 Deferred revenue	3,207,222	19	6,343,823
	20 Tax-exempt bond liabilities	95,752,467	20	93,321,762
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	38,061,687	25	49,729,575
	26 Total liabilities. Add lines 17 through 25	197,675,092	26	215,177,675
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	53,297,929	27	58,904,405
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	53,297,929	33	58,904,405	
34 Total liabilities and net assets/fund balances	250,973,021	34	274,082,080	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	777,330,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	777,181,344
3	Revenue less expenses Subtract line 2 from line 1	3	148,691
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,297,929
5	Net unrealized gains (losses) on investments	5	5,457,785
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,904,405

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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 DIRECTOR	25 25	X						0	0	0
E ALLEN DEAVER DIRECTOR	25 4 25	X						0	0	0
DORRANCE R BELIN ESQUIRE VICE CHAIR,	25 4 25	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	25 5 25	X						0	0	0
WILLIAM R GRUVER DIRECTOR	25 4 50	X						0	0	0
FRANK M HENRY DIRECTOR	25 4 25	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	25 5 00	X						0	0	0
GLENN D STEELE JR MD PHD PRES, CHAIR,	0 00 40 00	X		X				0	2,062,556	418,454
ROBERT E POOLE DIRECTOR	25 4 50	X						0	0	0
DON A ROSINI DIRECTOR	25 5 25	X						0	0	0
DAVID J FELICIO ESQUIRE CLO, SECRETA	0 00 40 00			X				0	512,681	140,659
EDWARD J ZYCH ESQUIRE ASSISTANT SE	0 00 40 00			X				0	344,575	65,798
KEVIN F BRENNAN CPA FHFMA EVP, FINANCE	0 00 40 00			X				0	1,079,326	202,187
FRANK J TREMBULAK SR VP, TREAS	0 00 40 00			X				0	1,245,352	216,867
DENNIS TORRETTI MD FACP ASSOCIATE CM	40 00 0 00				X			477,789	0	33,573
DAVID P FRANKLIN MD FACS CHAIRMAN OF	40 00 0 00				X			944,278	0	38,377
KENNETH A HOLDREN CAO, GEISINGE	40 00 0 00				X			532,349	0	85,746
ALBERT BOTHE JR MD EVP, CMO	40 00 0 00				X			1,071,539	0	189,516
BRUCE H HAMORY MD EVP, MANAGING	40 00 0 00				X			1,138,449	0	162,246
DUANE E DAVIS MD EVP, INSURAN	40 00 0 00				X			695,877	0	32,509
MARIA S KOBYLINSKI MD CHAIRMAN, CP	40 00 0 00				X			310,892	0	27,199
THOMAS R GRAF MD CHAIR CPSL	40 00 0 00				X			451,858	0	65,633
LEE M MYERS VP, CPSL	40 00 0 00				X			359,140	0	37,262
RUTH A NOLAN RN VP, OPERATIO	40 00 0 00				X			281,124	0	34,619
SUSAN B FETTERMAN RN VP OPS, MEDI	40 00 0 00				X			313,641	0	34,680

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				
THOMAS B WEIR VP SURGERY,	40 00 0 00				X			327,737	0	29,959	
WILLIAM J KRYWICKI MD FAAOS PHYSICIAN	40 00 0 00					X		1,068,216	0	42,861	
JOHN F CARDELLA MD FACR PHYSICIAN	40 00 0 00					X		1,142,473	0	41,177	
STEVEN A TOMS MD MPH FACS PHYSICIAN	40 00 0 00					X		1,140,881	0	40,776	
G DEAN HARTER MD PHYSICIAN	40 00 0 00					X		1,215,427	0	44,809	
KEVIN J KERESTUS CIA FORMER KEY E	0 00 40 00						X	0	232,997	36,505	
KENNETH E WOOD DO CHIEF MEDICA	40 00 0 00						X	618,518	0	98,335	
DAVID H LEDBETTER PHD FACMG EVP, CH SCI O	0 00 40 00						X	0	860,333	197,213	
STEVEN B PIERDON MD FORMER OFFIC	40 00 0 00						X	898,249	0	156,652	
WILLIAM E STRODEL III MD FORMER KEY E	40 00 0 00						X	586,500	0	40,204	
JOEL J BERBERICH MD PHD FORMER KEY E	40 00 0 00						X	247,441	0	38,422	
JOANNE E WADE FORMER KEY E	0 00 40 00						X	0	1,170,997	201,114	
ALFRED S CASALE MD FACC FACS ACMO, NE, FO	40 00 0 00						X	1,004,775	0	108,981	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
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 <input type="checkbox"/>						

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

IN ADDITION TO MAKING DONATIONS AND OTHER TRANSFERS TO THE GEISINGER HEALTH SYSTEM FOUNDATION AND TO ORGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES, GEISINGER CLINIC SUPPORTS ITS SUPPORTED ORGANIZATIONS THROUGH THE SERVICES OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN CONNECTION WITH THE PROVISION OF HEALTH CARE SERVICES AT GEISINGER MEDICAL CENTER AND THROUGHOUT THE GEISINGER HEALTH SYSTEM AND OTHER HOSPITALS, CLINICS AND HEALTH CARE FACILITIES

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
GEISINGER COMMUNITY HEALTH SERVICES	232967235	9	Yes		Yes		Yes		0
COMMUNITY MEDICAL CARE INC	232429776	9	Yes		Yes		Yes		0
MOUNTAIN VIEW NURSING HOME INC	232568288	9	Yes		Yes		Yes		0
BLOOMSBURG PHYSICIANS SERVICES	232979856	9	Yes		Yes		Yes		0
GEISINGER HEALTH SYSTEM FOUNDATION	231995911	7	Yes		Yes		Yes		0
GEISINGER MEDICAL CENTER	240795959	3	Yes		Yes		Yes		0
GEISINGER WYOMING VALLEY MEDICAL CTR	231996150	3	Yes		Yes		Yes		0
COMMUNITY MEDICAL CENTER	240862246	3	Yes		Yes		Yes		0
GEISINGER-BLOOMSBURG HOSPITAL	232193572	3	Yes		Yes		Yes		0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

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

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

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

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

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

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)	37,359	648,738												
c	Total lobbying expenditures (add lines 1a and 1b)	37,359	650,175												
d	Other exempt purpose expenditures	777,143,985	2,932,675,696												
e	Total exempt purpose expenditures (add lines 1c and 1d)	777,181,344	2,933,325,871												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER CLINIC

Employer identification number

23-6291113

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

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)
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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and historic structures.

- 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?
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)?
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
1b 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
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

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

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

b If "Yes," explain the arrangement in Part 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	(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	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

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		17,342,366		17,342,366
b Buildings		67,305,862	38,190,696	29,115,166
c Leasehold improvements		5,684,420	3,413,055	2,271,365
d Equipment		77,407,815	46,618,830	30,788,985
e Other		31,827,686	4,092,227	27,735,459
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,253,341

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
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIII	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED BY GEISINGER HEALTH SYSTEM TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES PART X - LIABILITY UNDER FIN 48 FOOTNOTE EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM (GHS) 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 (1) THROUGHOUT THIS DOCUMENT, THE ACRONYM "GHS" OR THE TERMS "SYSTEM", "GEISINGER", OR "GEISINGER HEALTH SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF THE GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATE ENTITIES COMPRISING THE SYSTEM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)

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

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?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?
- b** Any related organization?
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?
- b** Any related organization?
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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

Note. The sum of columns (B)(i)-(iii) 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 FRANK J TREMBULAK 0 276,507 0 KENNETH A HOLDREN 0 65,305 0 ALBERT BOTHE, JR, M D 0 221,209 0 BRUCE H HAMORY, M D 0 500,931 0 G DEAN HARTER, M D 0 190,458 0 JOANNE E WADE 0 272,636 0 ALFRED S CASALE, M D, FACC, FACS 0 75,612 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.
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY. FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD	(i) (ii)	1,021,563	920,000	120,993	388,588	29,866	2,481,010	
DAVID J FELICIO ESQUIRE	(i) (ii)	313,540	152,506	46,635	120,520	20,139	653,340	
EDWARD J ZYCH ESQUIRE	(i) (ii)	250,888	74,435	19,252	43,763	22,035	410,373	
KEVIN F BRENNAN CPA FHFMA	(i) (ii)	501,671	290,967	286,688	181,114	21,073	1,281,513	247,768
FRANK J TREMBULAK	(i) (ii)	592,806	305,296	347,250	203,077	13,790	1,462,219	274,280
DENNIS TORRETTI MD FACP	(i) (ii)	319,747	119,724	38,318	18,096	15,477	511,362	
DAVID P FRANKLIN MD FACS	(i) (ii)	663,889	230,064	50,325	18,096	20,281	982,655	
KENNETH A HOLDREN	(i) (ii)	315,794	115,347	101,208	63,583	22,163	618,095	65,305
ALBERT BOTHE JR MD	(i) (ii)	528,879	268,143	274,517	178,224	11,292	1,261,055	221,209
BRUCE H HAMORY MD	(i) (ii)	470,170	108,216	560,063	138,526	23,720	1,300,695	500,931
DUANE E DAVIS MD	(i) (ii)	429,430	216,332	50,115	18,096	14,413	728,386	
MARIA S KOBYLINSKI MD	(i) (ii)	233,815	56,283	20,794	18,096	9,103	338,091	
THOMAS R GRAF MD	(i) (ii)	306,118	118,081	27,659	49,298	16,335	517,491	
LEE M MYERS	(i) (ii)	257,277	85,056	16,807	18,096	19,166	396,402	
RUTH A NOLAN RN	(i) (ii)	206,564	71,625	2,935	18,096	16,523	315,743	
SUSAN B FETTERMAN RN	(i) (ii)	229,594	80,341	3,706	18,096	16,584	348,321	
THOMAS B WEIR	(i) (ii)	218,286	83,629	25,822	18,096	11,863	357,696	
WILLIAM J KRYWICKI MD FAAOS	(i) (ii)	633,571	182,530	252,115	18,096	24,765	1,111,077	
JOHN F CARDELLA MD FACR	(i) (ii)	827,862	288,799	25,812	18,096	23,081	1,183,650	
STEVEN A TOMS MD MPH FACS	(i) (ii)	886,815	250,729	3,337	18,096	22,680	1,181,657	

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				
G DEAN HARTER MD	(i) (ii)	703,883	227,549	283,995	18,096	26,713	1,260,236	156,950
KEVIN J KERESTUS CIA	(i) (ii)	179,748	48,224	5,025	16,563	19,942	269,502	
KENNETH E WOOD DO	(i) (ii)	404,042	169,578	44,898	74,795	23,540	716,853	
DAVID H LEDBETTER PHD FACMG	(i) (ii)	522,476	245,709	92,148	172,976	24,237	1,057,546	
STEVEN B PIERDON MD	(i) (ii)	413,646	198,746	285,857	143,210	13,442	1,054,901	242,753
WILLIAM E STRODEL III MD	(i) (ii)	478,565	62,496	45,439	18,096	22,108	626,704	
JOEL J BERBERICH MD PHD	(i) (ii)	197,042	41,000	9,399	17,890	20,532	285,863	
JOANNE E WADE	(i) (ii)	574,175	286,871	309,951	191,976	9,138	1,372,111	272,636
ALFRED S CASALE MD FACC FACS	(i) (ii)	665,111	234,050	105,614	86,597	22,384	1,113,756	75,612

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER CLINIC

Employer identification number 23-6291113

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

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

Table with 4 main columns: (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

Table with 9 main columns: (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)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L PART IV	WEIS MARKETS INC 303199 BUSINESS LEASE RE TAX PYMTS WEIS MARKETS INC 7550 BUSINESS FOODSUPPLY PURCHASE GREEN TECH DRIVE ASSOCIATES LP 187475 BUSINESS LEASE EXPENSE
ADDITIONAL INFORMATION	SCHEDULE L PART V	GEISINGER CLINIC GC IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTERORGANIZATIONAL TRANSACTIONS WHICH MAY INCLUDE SALES EXCHANGES AND LEASE OF PROPERTY EXTENSIONS OF CREDIT FURNISHING OF GOODS SERVICES AND FACILITIES AND TRANSFERS OF ASSETS THESE TYPES OF INTERORGANIZATIONAL TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IRS IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF PRIVATE LETTER RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS TAX EXEMPT STATUS THE FOLLOWING ORGANIZATIONS REPRESENT THE AFFILIATED FORPROFIT ORGANIZATIONS WITHIN THE GEISINGER CLINIC FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS GEISINGER MEDICAL MANAGEMENT CORPORATION GEISINGER QUALITY OPTIONS INC GEISINGER INDEMNITY INSURANCE COMPANY INTERNATIONAL SHARED SERVICES INC GEISINGER ASSURANCE COMPANY LTD THE FOLLOWING OFFICERS AND/OR DIRECTORS OF GEISINGER CLINIC ARE OFFICERS AND/OR DIRECTORS OF SOME OR ALL OF THESE ORGANIZATIONS WILLIAM H ALEXANDER DUANE E DAVIS MD DAVID J FELICIO ESQUIRE RICHARD A GRAFMYRE WILLIAM R GRUVER THOMAS H LEE JR MD ROBERT E POOLE DON A ROSINI GLENN D STEELE MD PHD FRANK J TREMBULAK GLENN D STEELE JR MD PHD IS A DIRECTOR FOR WEIS MARKETS INC DENNIS TORRETTI MD AND SUSAN B FETTERMAN ARE KEY EMPLOYEES OF GEISINGER CLINIC AND MEMBERS OF THE GOVERNING BODY OF HEALTHSOUTHGHS LLC ROBERT E POOLE A DIRECTOR OF GEISINGER CLINIC AND A PARTNER OF GREEN TECH DRIVE ASSOCIATES LP FOOTNOTE THROUGHOUT FORM 990 THE TERMS GEISINGER HEALTH SYSTEM AND SYSTEM OR THE ACRONYM GHS SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION THE FOUNDATION AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	649,915	IC SHARED SERV REV		No
(2) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	1,415,598	IC SHARED SERV EXP		No
(3) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	14,998	LEASE REVENUE		No
(4) GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	14,190,625	IC SHARED SERV REV		No
(5) GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	56,599	IC SHARED SERV EXP		No
(6) GEISINGER QUALITY OPTIONS INC	BUSINESS	35,831,223	IC SHARED SERV REV		No
(7) INTERNATIONAL SHARED SERVICES INC	BUSINESS	1,101,072	IC SHARED SERV EXP		No
(8) HEALTHSOUTH GHSLLC	BUSINESS	176,911	SERVICE REVENUE		No
(9) HEALTHSOUTH GHSLLC	BUSINESS	679,179	LEASE REVENUE		No
(10) GEISINGER ASSURANCE COMPANY LTD	BUSINESS	9,407,418	IC SHARED SERV EXP		No
(11) WEIS MARKETS INC	BUSINESS	303,199	LEASE /RE TAX PYMTS		No
(12) WEIS MARKETS INC	BUSINESS	7,550	FOOD/SUPPLY PURCHASE		No
(13) GREEN TECH DRIVE ASSOCIATES LP	BUSINESS	187,475	LEASE EXPENSE		No

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.**

2012

**Open to Public
Inspection**

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>I MISSION TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING QUALITY PHYSICIAN AND ADVANCED PRACTITIONER SERVICES AND ACCESS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE. II GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 945 PHYSICIANS PRACTICING AT 78 SITES IN 50 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA. GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM. THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH. SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE ALTOONA, MIFFLIN, BELLEFONTE, MILLVILLE, BENTON, MILTON, BERWICK, MONTGOMERY, BLOOMSBURG, MOOSIC, BURNHAM, MOUNTAINTOP, CARBONDALE, MOUNT CARMEL, CATAWISSA, MOUNT POCONO, COAL TOWNSHIP, NANTICOKE, DALLAS, NICHOLSON, DANVILLE, NORTHUMBERLAND, DUNMORE, ORWIGSBURG, EAST STROUDSBURG, PHILIPSBURG, ELYSBURG, PITTSTON, FORTY FORT, PLAINS, FRACKVILLE, PORT MATILDA, HARRISBURG, POTTSVILLE, HAZLETON, SCRANTON, HUNTINGDON, SELINGSGROVE, KINGSTON, STATE COLLEGE, KULP, MONT SUNBURY, LEWISBURG, TUNKHANNOCK, LEWISTOWN, WILKES-BARRE, LOCK HAVEN, WILLIAMSPORT, MASHANOCITY, WYOMING. III UNCOMPENSATED CARE. GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION. GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND PROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES. A CHARITY CARE. THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY. THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2013, THE COST OF CHARITY CARE WAS 6.7 MILLION. B MEDICARE/MEDICAID. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID). CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE. GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY. THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM. FOR FISCAL YEAR ENDED JUNE 30, 2013, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 103 MILLION. C OTHER UNCOMPENSATED PATIENT SERVICES. IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED. THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2013, WAS 4.5 MILLION. IV RESEARCH SUPPORT. GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER: THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH. THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS. THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE. SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY. THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS: THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS). GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS. THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE. ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH. TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY. THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2013 WAS 2.4 MILLION. V COMMUNITY HEALTH, EDUCATION AND OUTREACH. GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED. GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>UT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SE RIES, LECTURES AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 258 T HOUSAND IN FISCAL YEAR ENDED JUNE 30, 2013 SOME OF THE SERVICES AND PROGRAMS PROVIDED INC LUDE A SUPPORT GROUPS CANCER SUPPORT GROUPS DIABETES SUPPORT GROUP CHRONIC PAIN SUPPORT G ROUP LYMPHONA/LEUKEMIA SUPPORT GROUP SIGHT LOSS SUPPORT GROUP B HEALTH EDUCATION SERIES YM CA HEALTHY LIVING SERIES PRENATAL/CHILDBIRTH/NEWBORN CARE CLASSES C HEALTH EDUCATION LECTU RES NUTRITION SEMINAR SKIN CANCER PREVENTION EDUCATION WEIGHT MANAGEMENT EDUCATIONS SHINGLE S PREVENTION PAIN MANAGEMENT STRATEGIES INJURY PREVENTION EDUCATION D OTHER SERVICES AND P ROGRAMS HEALTH FAIRS HEALTH SCREENINGS SCHOOL VISION SCREENINGS SCHOOL SPORTS PHYSICALS KI DS SAFETY EXPO TRANSPLANT PICNIC RACE FOR THE CURE FREE CLINICS BLOOD DRIVES SENIOR HEALTH EXPO UNITED WAY CAMPAIGN CHILDREN'S MIRACLE NETWORK EMS PROGRAMS SUPPORT & TRAINING PATIE NT SUPPORT & EDUCATION PROGRAMS HEALTH PROMOTION SPEAKING ENGAGEMENTS INTERNSHIP AND CLERK SHIP PROGRAMS VI COMMUNITY SERVICE SUMMARY CHARITY CARE 6,684,541 MEDICARE/MEDICAID 102,9 55,146 OTHER UNCOMPENSATED PATIENT SERVICES 4,516,248 RESEARCH 2,409,167 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 258,289 TOTAL 116,823,391 VII STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,193,957 SERVICE DAYS (CLINIC-WIDE) 465,046 GEISINGER CLINIC PHY SICI ANS ADMIT TO THE FOUR GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WY OM ING VALLEY, GEISINGER-COMMUNITY MEDICAL CENTER, AND GEISINGER BLOOMSBURG HOSPITAL AS WELL AS TWELVE NON- GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS</p>

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	FORM 990, PART IX, LINE 24E BALANCE ON LINE 24E INCLUDES 30 OF UNRELATED BUSINESS INCOME TAX

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART III	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH SYSTEM FOUNDATION, PARENT OF GEISINGER CLINIC, IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 842,322,715 INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2013 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GEISINGER HEALTH SYSTEM FOUNDATION SUBSIDIARIES, THE BOND LIABILITES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER, EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER, EIN 23-1996150 GEISINGER CLINIC, EIN 23-6291113 MARWORTH, EIN 23-2171417 GEISINGER SYSTEM SERVICES, EIN 23-2164794 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER 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
ADDITIONAL INFORMATION	FORM 990, PART VI	<p>FORM 990, PART I, SECTION A, LINE 4 FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY , ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND ONE VOTING MEMBER IS NOT INDEPENDENT DUE TO A TRANSACTION REPORTED ON SCHEDULE L, PART IV INCLUDING THE VOTING MEMBERS DESCRIBED ABOVE, A TOTAL OF SEVEN VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF RELATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS, BETWEEN GC AND THE RELATED TAXABLE ORGANIZATION, ARE DISCLOSED IN 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 HEALTH SYSTEM CONFLICTS OF INTEREST POLICY, DISCLOSURE, AND ENFORCEMENT FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? GLENN D STEELE, JR M D , PH D , DAVID J FELICIO, ESQUIRE, FRANK J TREMBULAK, EDWARD J ZYCH, ESQUIRE, WILLIAM H ALEXANDER, RICHARD GRAFMYRE, WILLIAM R GRUVER, THOMAS H LEE, JR , M D , ROBERT E POOLE, DON A ROSINI, KEN HOLDREN, THOMAS GRAF, M D , DUANE E DAVIS, M D , DENNIS TORRETTI, M D , AND SUSAN FETTERMAN, ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER CLINIC ALL OF THE AFFILIATES ARE PART OF THE GEISINGER HEALTH SYSTEM</p>

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

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS. AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN IS PROVIDED TO ASSIST IN THE REVIEW. IN ACCORDANCE WITH THE GEISINGER HEALTH SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS. THE FORM 990 IS PREPARED BY THE GEISINGER HEALTH SYSTEM (GHS) TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, PAYROLL, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE GEISINGER HEALTH SYSTEM. THE CHIEF FINANCIAL OFFICER (CFO) OF GHS AND THE INDIVIDUAL ORGANIZATIONS SENIOR FINANCIAL MANAGERS REVIEW THEIR RESPECTIVE FORM 990 PRIOR TO MAKING THE FINAL RETURN AVAILABLE TO THE BOARD. IN ADDITION, THE CHIEF LEGAL OFFICER AND CHIEF HUMAN RESOURCE OFFICER OF GHS REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY. FOR PURPOSES OF THEIR ANNUAL AUDIT OF THE GHS CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY THE GHS ORGANIZATIONS TO IDENTIFY MATERIAL ITEMS, INCLUDING IF THERE ARE ANY UNCERTAIN TAX POSITIONS THAT MAY BE REQUIRED TO BE RECOGNIZED. THE COMPANY HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED FOR FISCAL YEAR-ENDED JUNE 30, 2013.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF GEISINGER CLINIC ARE SUBJECT TO THE GHS CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS) AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) AND OTHERS DESIGNATED BY THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL FINANCIAL INTERESTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST WITH ANY AFFILIATE WITHIN THE GEISINGER HEALTH SYSTEM THE DISCLOSURES ARE REVIEWED BY THE OFFICE OF THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT COMMITTEE AND BOARD OF DIRECTORS AFTER REVIEW OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM DEPARTMENT OF LEGAL SERVICES AND ANY DISCUSSION WITH THE PERSON DESIRED BY THE BOARD OR COMMITTEE, THE BOARD DECIDES IF A CONFLICT EXISTS AND TAKES APPROPRIATE ACTION THE INDIVIDUAL DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER

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

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
ADDITIONAL INFORMATION	FORM 990, PART VIII	FORM 990, PART VIII, LINE 2E THE IC SHARED SERVICE REVENUE IN THE AMOUNT OF 1,767,999 REPRESENTS REVENUE FROM INTERCOMPANY MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED TAXABLE ORGANIZATIONS THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS ARE ALL CONTROLLED BY GEISINGER HEALTH SYSTEM FOUNDATION THE SERVICES, PROVIDED AT OR BELOW COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT OPERATION OF THE GEISINGER HEALTH SYSTEM IN CARRYING OUT ITS CHARITABLE MISSION THE SERVICES ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC UNDER IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND ARE NOT TO BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO CONDITIONS (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE, AND (2) THERE MUST BE A PROFIT MOTIVE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XII	FORM 990, PART XII, LINE 3A AS A RESULT OF A FEDERAL AWARD, WAS THE ORGANIZATION REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE AUDIT ACT OR OMB CIRCULAR A-133? FEDERAL AWARDS ARE AUDITED AS A PART OF THE GEISINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133 FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" 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

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	No
See Additional Data Table							

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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									

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

Part VII Supplemental Information

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

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

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) Disproportionate 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 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	NA	RELATED				No		Yes		33 000 %
LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
MERIDIAN GEISINGER HLTH NTWRK LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DL SYS	NJ	N/A					No			No	
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A	RELATED	899,229	499,194		No		Yes		50 000 %
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HOLDING CO	DE	N/A					No			No	
LACKAWANNA PHYSICIANS AMB SURG CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-3024998	HEALTHCARE	PA	N/A					No			No	
KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	NA	RELATED				No		Yes		33 000 %
LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
MERIDIAN GEISINGER HLTH NTWRK LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DL SYS	NJ	N/A					No			No	
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A	RELATED	899,229	499,194		No		Yes		50 000 %
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HOLDING CO	DE	N/A					No			No	
LACKAWANNA PHYSICIANS AMB SURG CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 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 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
INTERNATIONAL SHARED SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2159597	COMPUTER	PA	N/A					Yes	
GEISINGER INDEMNITY INSURANCE COMP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN CJ 98-1016737	INSURANCE	CJ	N/A					Yes	
XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
INTERNATIONAL SHARED SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2159597	COMPUTER	PA	N/A					Yes	
GEISINGER INDEMNITY INSURANCE COMP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN CJ 98-1016737	INSURANCE	CJ	N/A					Yes	
XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 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
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	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 QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV
GEISINGER WYOMING VALLEY MED CTR	M	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	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 HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	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	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV
GEISINGER WYOMING VALLEY MED CTR	M	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	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 HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV

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	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	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	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV
GEISINGER WYOMING VALLEY MED CTR	M	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	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
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	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 MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV
GEISINGER WYOMING VALLEY MED CTR	M	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV

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
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV
GEISINGER WYOMING VALLEY MED CTR	M	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP

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(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	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
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HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV
COMMUNITY MEDICAL CENTER	M	65,340	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,407,418	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	67,125	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	32,852	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	758,167	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	11,704	FMV
GEISINGER HEALTH PLAN	L	3,146,490	GAAP
GEISINGER HEALTH PLAN	L	161,280,432	GAAP
GEISINGER HEALTH PLAN	M	10,426	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,911,692	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 HEALTH SYSTEM FOUNDATION	C	2,565,270	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	14,190,625	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	56,599	GAAP
GEISINGER INSURANCE CORPORATIONRRG	M	620,202	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,767,207	GAAP
GEISINGER MEDICAL CENTER	M	1,265,490	GAAP
GEISINGER MEDICAL CENTER	L	68,963,168	GAAP
GEISINGER MEDICAL CENTER	C	8,794,746	GAAP
GEISINGER MEDICAL CENTER	M	24,801,277	GAAP
GEISINGER MEDICAL CENTER	Q	73,130,007	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	267,509	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	632,633	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	150	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	14,998	FMV
GEISINGER MEDICAL MANAGEMENT CORP	L	17,132	GAAP
GEISINGER QUALITY OPTIONS INC	L	34,728,137	GAAP
GEISINGER QUALITY OPTIONS INC	L	1,103,086	GAAP
GEISINGER SYSTEM SERVICES	M	89,708,544	GAAP
GEISINGER SYSTEM SERVICES	P	25,508,296	GAAP
GEISINGER SYSTEM SERVICES	L	1,827,967	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	414,106	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	135,417	FMV
GEISINGER WYOMING VALLEY MED CTR	L	24,173,701	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,589,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	1,070,252	FMV

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	14,084,739	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,419,997	GAAP
HEALTHSOUTH GHS LLC	L	176,911	GAAP
HEALTHSOUTH GHS LLC	A	679,179	FMV
INTERNATIONAL SHARED SERVICES INC	M	1,101,172	GAAP
MARWORTH	L	1,304,239	GAAP
COMMUNITY MEDICAL CENTER	L	1,390,128	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	618,760	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	1,279,458	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	422,078	FMV

TY 2012 Affiliated Group Schedule

Name: GEISINGER CLINIC

EIN: 23-6291113

Affiliated Group Business Name:	GEISINGER HEALTH SYSTEM FOUNDATION
Address. Either US or Foreign Type:	100 NORTH ACADEMY AVENUE DANVILLE, PA 17822
EIN:	23-1995911
Electing Organization Checkbox:	<input checked="" type="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 DANVILLE, PA 17822
EIN:	24-0795959
Electing Organization Checkbox:	<input checked="" type="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
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
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
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

Affiliated Group Business Name: MARWORTH

Address. Either US or Foreign Type: 100 NORTH ACADEMY AVENUE
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

Affiliated Group Business Name:

HERSHEY MEDICAL CENTER

Address. Either US or Foreign Type:

100 NORTH ACADEMY AVENUE
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
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
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
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

Affiliated Group Business Name:

GEISINGER EXCESS COV PROF LIAB TRUST

Address. Either US or Foreign Type:

100 NORTH ACADEMY AVENUE
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
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
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
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 DANVILLE, PA 17822
EIN:	23-2429776
Electing Organization Checkbox:	<input type="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 DANVILLE, PA 17822
EIN:	23-2568288
Electing Organization Checkbox:	<input type="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
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
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
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
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
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

TY 2012 GeneralDependencySmall**Name:** GEISINGER CLINIC**EIN:** 23-6291113**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction
Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK**Attachment Information:** YEAR ENDING: JUNE 30, 2013 23-6291113 GEISINGER CLINIC 100
NORTH ACADEMY AVENUE M.C. 49-70 DANVILLE, PA 17822 NOL
CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE
TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK
PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET
OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.