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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
GEISINGER HEALTH SYSTEM FOUNDATION

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
DANVILLE, PA 17822

D Employer identification number
23-1995911

E Telephone number
(570) 271-6624

G Gross receipts $ 153,171,643

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW GEISINGER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE GEISINGER HEALTH SYSTEM AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, REASEARCH AND CAPITAL PRIORITIES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	58
6	Total number of volunteers (estimate if necessary)	**6**	338
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	20,529,661	24,435,775
9	Program service revenue (Part VIII, line 2g)	9,840,267	9,483,906
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,572,155	119,216,326
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,931	35,636
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,935,152	153,171,643
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,713,280	7,329,107
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,866,049	4,834,992
16a	Professional fundraising fees (Part IX, column (A), line 11e)	427,607	285,137
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,125,214		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,201,051	8,552,999
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,207,987	21,002,235
19	Revenue less expenses Subtract line 18 from line 12	84,727,165	132,169,408

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	1,515,617,502	1,925,423,543
21	Total liabilities (Part X, line 26)	24,779,414	21,901,447
22	Net assets or fund balances Subtract line 21 from line 20	1,490,838,088	1,903,522,096

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 — 2015-05-07 Date

▶ DAVID J FELICIO ESQUIRE SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2015-05-14		
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE GEISINGER HEALTH SYSTEM AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, REASEARCH AND CAPITAL PRIORITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 17,290,334 including grants of $ 7,329,107) (Revenue $ 9,483,906)

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

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

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

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

4e **Total program service expenses** ▶ 17,290,334

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

▶ KENNETH BARTLETT DIRECTOR 100 NORTH ACADEMY AVENUE MC 49-52
DANVILLE, PA 17822 (570) 271-5555

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,281,394	12,984,450	2,503,561

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SILVERLINK COMMUNICATIONS DEPT CH 19727 PALATINE IL 600055972	OUTREACH CALLS	114,704
CONSOLIDATED GRAPHIC COMMUNICATIONS PO BOX A BRIDGEVILLE PA 150170206	MAILINGS	110,492
WYOU TV 22 62 SOUTH FRANKLIN ST WILKES BARRE PA 18701	TV PROMOTION	101,826

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 8,486				
	b Membership dues	1b				
	c Fundraising events	1c 900,635				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 23,526,654				
	g Noncash contributions included in lines 1a-1f $	158,962				
	h **Total.** Add lines 1a-1f		24,435,775			
Program Service Revenue		Business Code				
	2a INTERCOMPANY REVENUE	541900	9,483,906	9,483,906		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		9,483,906			
	3 Investment income (including dividends, interest, and other similar amounts)		36,961,394			36,961,394
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	82,254,932				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	82,254,932				
	d Net gain or (loss)		82,254,932			82,254,932
Other Revenue	8a Gross income from fundraising events (not including $ 900,635 of contributions reported on line 1c) See Part IV, line 18	a 527,488				
	b Less direct expenses	b 595,690				
	c Net income or (loss) from fundraising events		-68,202			-68,202
	9a Gross income from gaming activities See Part IV, line 19	a 103,838				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		103,838			103,838
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		153,171,643	9,483,906		119,251,962

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,329,107	7,329,107		
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	793,317	661,958	23,520	107,839
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	12,594	10,509	373	1,712
7 Other salaries and wages	3,162,545	2,638,885	93,764	429,896
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,222	125,348	4,454	20,420
9 Other employee benefits	462,137	385,615	13,702	62,820
10 Payroll taxes	254,177	212,090	7,536	34,551
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,399		18,399	
d Lobbying				
e Professional fundraising services See Part IV, line 17	285,137			285,137
f Investment management fees	2,201,465	2,201,465		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	932,320	125,491		806,829
12 Advertising and promotion	38,767			38,767
13 Office expenses	435,103	44,171		390,932
14 Information technology	11,393	1,920		9,473
15 Royalties . .				
16 Occupancy	62,008	51,741	1,838	8,429
17 Travel	349,737	248,529		101,208
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,214	13,107		2,107
20 Interest	778,622	778,622		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,777	3,152	112	513
23 Insurance	127,564		99,179	28,385
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INTERCOMPANY EXPENSES	3,496,298	2,391,442	321,939	782,917
b BOOKS,LICENSES,FEES,DUES	82,332	67,182	1,871	13,279
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	21,002,235	17,290,334	586,687	3,125,214
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,662,938	1	
	2	Savings and temporary cash investments		111,842,326	2	154,188,143
	3	Pledges and grants receivable, net		7,300,479	3	7,161,449
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		11,781	5	625
	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		1,174	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 68,194			
	b	Less accumulated depreciation	10b 59,303	12,669	10c	8,891
	11	Investments—publicly traded securities		225,279,566	11	294,075,709
	12	Investments—other securities See Part IV, line 11		1,167,506,569	12	1,467,600,117
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	2,388,609
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,515,617,502	16	1,925,423,543
Liabilities	17	Accounts payable and accrued expenses		676,964	17	2,432,656
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		16,108,938	23	15,191,273
	24	Unsecured notes and loans payable to unrelated third parties		900,000	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		7,093,512	25	4,277,518
	26	**Total liabilities.** Add lines 17 through 25		24,779,414	26	21,901,447
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,392,294,855	27	1,793,832,766
	28	Temporarily restricted net assets		32,806,881	28	41,375,158
	29	Permanently restricted net assets		65,736,352	29	68,314,172
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,490,838,088	33	1,903,522,096
	34	Total liabilities and net assets/fund balances		1,515,617,502	34	1,925,423,543

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,171,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,002,235
3	Revenue less expenses Subtract line 2 from line 1	3	132,169,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,490,838,088
5	Net unrealized gains (losses) on investments	5	109,737,197
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	170,777,403
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,903,522,096

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEATHER M ACKER DIRECTOR	50 1 50	X						0	0	0
WILLIAM H ALEXANDER BOARD CHAIR,	50 5 75	X		X				0	0	0
E ALLEN DEAVER DIRECTOR	50 4 50	X						0	0	0
DORRANCE R BELIN ESQUIRE VICE CHAIR,	50 4 00	X						0	0	0
WILLIAM J FLOOD DIRECTOR (EM	50	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	50 5 50	X						0	0	0
WILLIAM R GRUVER DIRECTOR	50 4 75	X						0	0	0
FRANK M HENRY DIRECTOR	50 4 50	X						0	0	0
JEFF JACOBSON DIRECTOR	50	X						0	0	0
RICHARD A ROSE JR DIRECTOR	50 25	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	50 5 25	X						0	0	0
VIRGINIA MCGREGOR DIRECTOR	50	X						0	0	0
GAIL R WILENSKY PHD DIRECTOR	50	X						0	0	0
GARY A SOJKA PHD DIRECTOR (EM	50	X						0	0	0
GLENN D STEELE JR MD PHD PRES, CEO,	40 00	X		X				0	2,201,016	451,279
JOHN C BRAVMAN PHD DIRECTOR	50	X						0	0	0
KAREN DAVIS PHD DIRECTOR	50 75	X						0	4,500	0
JOEL MINDEL MD PHD DIRECTOR (EM	50	X						0	0	0
ROBERT E POOLE DIRECTOR	50 4 75	X						0	0	0
DON A ROSINI DIRECTOR	50 5 75	X						0	0	0
WILLIAM E SORDONI DIRECTOR	50 75	X						0	0	0
CHRISTOPHER B SULLIVAN DIRECTOR	50 75	X						0	0	0
ROBERT L TAMBUR DIR , VICE	50 4 50	X						0	0	0
ANDREW M DEUBLER EVP, DEVELOP	40 00			X				0	499,572	140,458
DAVID J FELICIO ESQUIRE CLO, SECRET	40 00			X				0	659,899	97,523

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			
EDWARD J ZYCH ESQUIRE ACLO, ASST S	40 00			X				0	339,360	66,915
DAVID H LEDBETTER PHD FACMG EVP, CH SC	40 00			X				0	864,966	206,157
DUANE E DAVIS MD FACP FACR EVP, INS OP	40 00			X				0	864,796	34,140
KEVIN F BRENNAN CPA FHFMA EVP, FIN ,	40 00			X				0	983,365	207,098
ALBERT BOTHE JR MD EVP, CMO	40 00			X				0	952,866	197,122
EARL P STEINBERG MD MPP EVP, INNOV	40 00			X				0	1,175,882	12,875
EDELYN L MILLER EVP, CLINICA	40 00			X				0	862,505	195,959
SUSAN M HALLICK MHA BSN RN EVP, CNO	40 00			X				0	567,017	141,726
FRANK J TREMBULAK EVP, COO	40 00			X				0	1,165,670	221,282
JOANNE E WADE EVP STRAT P	40 00			X				0	1,105,409	209,160
LYN BOOCOCK-TAYLOR VP, CHIEF A	40 00				X			397,093	0	26,462
JAMES H BRUCKER PHD VP, CHIEF	40 00				X			346,282	0	39,200
CHERYL A CONNOLLY SR DIRECTOR,	40 00					X		113,339	0	18,514
NANCY G LAWTON AVP, RESOUR	40 00					X		142,941	0	28,954
SUSAN MATHIAS SR DIRECTOR,	40 00 0 00					X		106,260	0	12,563
HEATHER J WILEY AVP, GIFT PL	40 00					X		175,479	0	30,608
BRUCE H HAMORY MD FORMER OFFIC	40 00						X	0	737,627	165,566

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,331,406	8,153,888	16,387,728	20,529,661	24,435,775	76,838,458
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	7,331,406	8,153,888	16,387,728	20,529,661	24,435,775	76,838,458
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)						72,147
6 **Public support.** Subtract line 5 from line 4						76,766,311

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,331,406	8,153,888	16,387,728	20,529,661	24,435,775	76,838,458
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,563,638	14,441,106	21,721,675	25,625,954	36,961,394	110,313,767
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)	4,349	106	918			5,373
11 **Total support** (Add lines 7 through 10)						187,157,598

12 Gross receipts from related activities, etc (see instructions)	12	9,483,906

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 2013 (line 6, column (f) divided by line 11, column (f))	14	41 020 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	39 890 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference	Explanation
PART II, LINE 10	SALES REVENUE 0 EMPLOYEE LOAN INTEREST 513 AFFILIATION FEE 0 VENDOR REBATES 2,836 ESCHEAT RECOVERY 2,024

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

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

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		710,974
c Total lobbying expenditures (add lines 1a and 1b)		710,974
d Other exempt purpose expenditures		3,268,418,094
e Total exempt purpose expenditures (add lines 1c and 1d)		3,269,129,068
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	611,545	640,652	650,175	710,974	2,613,346
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures			1,437		1,437

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	94,662,000	80,086,000	77,598,000	75,302,000	71,078,000
b	Contributions	1,425,000	8,933,000	5,172,000	627,000	1,148,000
c	Net investment earnings, gains, and losses	13,880,000	9,257,000	-9,000	13,943,000	8,379,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-3,522,000	-3,614,000	-2,675,000	-12,274,000	-5,303,000
f	Administrative expenses					
g	End of year balance	106,445,000	94,662,000	80,086,000	77,598,000	75,302,000

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 ▶ 60 000 %
- c Temporarily restricted endowment ▶ 15 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		68,194	59,303	8,891
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,891

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,467,600,117	F
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,467,600,117	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITIES PAYABLE	4,277,518
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,277,518

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER HEALTH SYSTEM (1) ("GHS") TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES
SCHEDULE D, PAGE 4, PART XIII	PART X - LIABILITY UNDER FIN 48 FOOTNOTE EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM(1) (GHS) ADOPTED ACCOUNTING STANDARDS CODIFICATION 740 (FIN 48), (FORMERLY KNOWN AS "STATEMENT 109 ACCOUNTING FOR INCOME TAXES" OR "FAS 109") 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 NET ASSETS AS OF JUNE 30, 2014 OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE JUNE 30, 2014 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		217,789,176
(2)						
(3)						
(4)						
(5)						
3a	Sub-total					217,789,176
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					217,789,176

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 217,789,176

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 RUFFALO CODY PO BOX 3018 CEDAR RAPIDS, IA 524063018	CONSULTING		No		12,187	-12,187
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					12,187	-12,187

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

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

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

		(a) Event #1 GNE GALA (event type)	(b) Event #2 GMC GALA (event type)	(c) Other events 24 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	279,012	256,376	879,221	1,414,609
	2 Less Contributions	209,462	197,925	487,296	894,683
	3 Gross income (line 1 minus line 2)	69,550	58,451	391,925	519,926
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	20,616	5,572		26,188
	6 Rent/facility costs	22,201	36,279		58,480
	7 Food and beverages	28,014	38,042		66,056
	8 Entertainment	3,800	5,300		9,100
	9 Other direct expenses	30,227	24,885	385,054	440,166
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(599,990)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-80,064

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			103,838	103,838
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☑ No	☐ Yes ____% ☑ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				103,838

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

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

b If "No," explain

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

b If "Yes," explain

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ VANESSA KLINGENSMITH

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

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ LYN BOOCOCK-TAYLOR

Gaming manager compensation ▶ $

Description of services provided ▶ CHIEF ADVANCEMENT OFFICER

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART IV	THE GAMING MANAGER IS NOT COMPENSATED SPECIFICALLY FOR GAMING ACTIVITIES, THESE ACTIVITIES ARE ONLY A SMALL PERCENTAGE OF HER RESPONSIBILITIES, AND HIS TOTAL COMPENSATION IS REPORTED IN SCHEDULE J

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 22

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER WYOMING VALLEY MED CTR 1000 EAST MOUNTAIN DRIVE WILKES BARRE,PA 187110027	23-1996150	3	1,367,765				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	24-0795959	3	2,132,164				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	23-6291113	3	2,777,451				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE DANVILLE,PA 178229800	23-2164794	3	201,053				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANVILLE AREA UNITED WAY 116 MILL ST DANVILLE,PA 17821	24-6023856	3	8,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARWORTH PO BOX 36 WAVERLY,PA 184717736	23-2171417	3	236,227				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROAD RADIO USA INC 601 SOUTH MAIN STREET MUNCY,PA 177561708	23-2767215	3	25,000				CMN SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP VICTORY PO BOX 810 MILLVILLE,PA 17846	23-2979076	3	12,900				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE UNIVERSITY OF SCRANTON EDWARD R LEAHY JR CENTER UNINSURE 800 LINDEN STREET SCRANTON,PA 18510	24-0795495	3	10,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JOSEPH'S CENTER 2010 ADAMS AVE SCRANTON,PA 18509	24-0795689	3	20,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNTRYSIDE CONSERVANCY PO BOX 55 LAPLUME,PA 18440	23-2787790	3	10,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREEN DRAGON FOUNDATION 115 FARLEY CIRCLE LEWISBURG,PA 17837	80-0179894	3	10,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISINGER MEDICAL MANAGEMENT CORP 109 WOODBINE LANE DANVILLE,PA 178219118	23-2077663		8,656				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPENT AT WILKES UNIV 7 SOUTH MAIN ST SUITE 201 WILKESBARRE,PA 18701	24-0795506	3	25,000				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHUMBERLAND COUNTY 399 S FIFTH ST STE 207 SUNBURY,PA 17801	23-2028312	3	50,000				CONTRIBUTION/SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR HEALTH REFORM 1444 EYE STREET NW SUITE 910 WASHINGTON,DC 20005	52-1746328	3	7,500				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE,PA 18626	23-1955077	3	12,315				CONTRIBUTION/SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEISNGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-2193572	3	40,906				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SISTERS OF ST CYRIL ACADEMY 580 RAILROAD ST DANVILLE,PA 17821	23-2517957	3	6,200				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-2279376	3	87,435				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNTAIN VIEW NURSING HOME INC 100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-2568288	3	11,768				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP SPIFIDA 196 ROSE LANE PORT TREVERTON,PA 17864	23-2807759	3	8,600				CONTRIBUTION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA MONTOUR HOME HEALTH 100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-1704399	3	168,120				CAPITAL/PROG SERVICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL OTHER ASSISTANCE COMBINED EACH INDIVIDUALLY 5000 OR LESS DANVILLE,PA 17822		3	92,047				CONTRBUTION/SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	DAVID J FELICIO, ESQUIRE 0 63,492 0 KEVIN F BRENNAN, CPA, FHFMA 0 185,631 0 ALBERT BOTHE, JR , M D 0 168,915 0 EARL P STEINBERG, MD, MPP 0 0 602,430 EDELYN L MILLER 0 54,000 0 SUSAN M HALLICK, MHA, BSN, RN 0 102,624 0 FRANK J TREMBULAK 0 205,970 0 JOANNE E WADE 0 201,765 0 BRUCE H HAMORY, M D 0 145,899 0
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
SCHEDULE J, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS
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 ("GHSF") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD PRES, CEO, DIR	(I) (II)	1,065,733	1,000,000	135,283	418,415	32,864	2,652,295	
ANDREW M DEUBLER EVP, DEVELOPMENT	(I) (II)	330,148	129,291	40,133	116,763	23,695	640,030	
DAVID J FELICIO ESQUIRE CLO, SECRETARY	(I) (II)	381,608	161,063	117,228	73,936	23,587	757,422	63,492
EDWARD J ZYCH ESQUIRE ACLO, ASST SECTY	(I) (II)	258,248	59,566	21,546	44,585	22,330	406,275	
DAVID H LEDBETTER PHD FACMG EVP, CH SCI OFF	(I) (II)	533,061	229,747	102,158	178,936	27,221	1,071,123	
DUANE E DAVIS MD FACP FACR EVP, INS OPS	(I) (II)	566,002	241,207	57,587	18,402	15,738	898,936	
KEVIN F BRENNAN CPA FHFMA EVP, FIN , TREAS	(I) (II)	520,243	239,635	223,487	184,190	22,908	1,190,463	185,631
ALBERT BOTHE JR MD EVP, CMO	(I) (II)	544,296	177,625	230,945	184,808	12,314	1,149,988	168,915
EARL P STEINBERG MD MPP EVP, INNOVATION	(I) (II)	408,615	115,136	652,131	12,815	60	1,188,757	
EDELYN L MILLER EVP, CLINICAL OPS	(I) (II)	560,698	194,068	107,739	181,406	14,553	1,058,464	54,000
SUSAN M HALLICK MHA BSN RN EVP, CNO	(I) (II)	325,388	110,552	131,077	119,698	22,028	708,743	102,624
FRANK J TREMBULAK EVP, COO	(I) (II)	614,182	280,856	270,632	210,979	10,303	1,386,952	205,970
JOANNE E WADE EVP STRAT PRGM DEV	(I) (II)	587,888	272,494	245,027	196,861	12,299	1,314,569	201,765
LYN BOOCOCK-TAYLOR VP, CHIEF ADV OFF	(I) (II)	275,615	91,100	30,378	18,402	8,060	423,555	
JAMES H BRUCKER PHD VP, CHIEF	(I) (II)	244,075	64,658	37,549	18,402	20,798	385,482	
NANCY G LAWTON AVP, RESOURCE DEV	(I) (II)	114,959	24,647	3,335	8,357	20,597	171,895	
HEATHER J WILEY AVP, GIFT PLAN	(I) (II)	141,684	31,148	2,647	11,233	19,375	206,087	
BRUCE H HAMORY MD FORMER OFFICER	(I) (II)	476,859	40,324	220,444	140,904	24,662	903,193	145,899

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	GEISINGER AUTHORITY SERIES 2011A	23-2471439	368497GN7	06-09-2011	140,181,194	LOANED TO 501(C)(3) AFFILIATES,REFUND 8/11/98 BONDS		X		X	X	
B	GEISINGER AUTHORITY SERIES 2011 BC	23-2471439	368497GY3	06-09-2011	100,000,000	LOANED TO 501(C)(3) AFFILIATES TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C	GEISINGER AUTHORITY SERIES 2009 BC	23-2471439	368497FT5	02-28-2011	115,000,000	REISSUE 2009 B&C		X		X	X	
D	GEISINGER AUTHORITY SERIES 2009A	23-2471439	368497FR9	06-04-2009	155,703,266	LOANED TO 501(C)(3) AFFILIATES,REFUND 5/10/2007 BONDS		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	140,181,194	100,007,088	115,000,000	155,703,266
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	140,169,051	100,000,000	115,000,000	144,097,769
11	Other spent proceeds	12,143	7,088		11,605,497
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013	2010	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	GEISINGER AUTHORITY SERIES 2009A PART II, COLUMN D, LINE 11 INCLUDES 11,604,000 TO TERMINATE INTEREST RATE SWAP ON REFUNDED BONDS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) LYN BOOCOCK-TAYLOR	KEY EMPLOYEE	RECRUITMENT		X	33,000	625		No	Yes		Yes	
Total		▶ $				625						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONNA GRAFMYRE	FAMILY	47,740	EMPLOYEE COMPENSAT		No
(2) HIRTLE CALLAGHAN	BUSINESS	1,406,145	INVESTMENT MGMT FEES		No
(3) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	251,732	IC SHARED SERV EXP		No
(4) GEISINGER INDEMNITY INSURANCE CO	BUSINESS	10,000,000	CAPITAL CONTRIBUTION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	GEISINGER HEALTH SYSTEM FOUNDATION (GHSF) IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF OPERATIONS OF THESE AFFILIATED ORGANIZATIONS, THERE ARE NUMEROUS INTER-ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES, AND FACILITIES, AND TRANSFERS OF ASSETS THESE TYPES OF INTER-ORGANIZATIONAL 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 ORGANIZATION'S TAX EXEMPT STATUS THE FOLLOWING ORGANIZATIONS REPRESENTS THE AFFILIATED FOR-PROFIT ORGANIZATION WITHIN THE GEISINGER HEALTH SYSTEM FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS GEISINGER MEDICAL MANAGEMENT CORPORATION GEISINGER INDEMNITY INSURANCE COMPANY THE FOLLOWING OFFICERS AND/OR DIRECTORS OF GEISINGER HEALTH SYSTEM FOUNDATION ARE OFFICERS AND/OR DIRECTORS OF SOME OR ALL OF THESE ORGANIZATIONS HEATHER M ACKER WILLIAM H ALEXANDER ALBERT BOTHE, M D DUANE DAVIS, M D KAREN DAVIS, PH D DAVID J FELICIO, ESQUIRE RICHARD A GRAFMYRE WILLIAM R GRUVER THOMAS H LEE, JR , M D ROBERT E POOLE RICHARD A ROSE, JR DON A ROSINI WILLIAM E SORDONI GLENN D STEELE, M D , PH D CHRISTOPHER B SULLIVAN ROBERT L TAMBUR FRANK J TREMBULAK EDWARD J ZYCH, ESQUIRE DONNA M GRAFMYRE IS A FAMILY MEMBER OF RICHARD A GRAFMYRE, A DIRECTOR OF GHSF WILLIAM R GRUVER, A DIRECTOR OF GHSF, IS A DIRECTOR OF HIRTLE CALLAGHAN FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	13	13,105	SELLING PRICE OF PROPERTY
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		33,033	SELLING PRICE OF PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	64,091	PROCEEDS FROM SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	21	9,106	SELLING PRICE OF PROPERTY
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD)	X	36	4,208	SELLING PRICE
26 Other ▶ (MISCELLANEOUS)	X	41	28,324	VARIOUS
27 Other ▶ (GIFT CERT)	X	45	4,600	FACE VALUE
28 Other ▶ (FURNITURE)	X	1	2,495	SELLING PRICE

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134080785

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

Return Reference	Explanation
FORM 990	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 COMMUNITY MEDICAL CENTER, EIN 24-0862246 MOUNTAIN VIEW NURSING HOME, INC , EIN 23-2568288 GEISINGER-BLOOMSBURG HOSPITAL, EIN 23-2193572 GEISINGER-BLOOMSBURG HEALTH CARE CENTER, EIN 23-2242854 GEISINGER-LEWISTOWN HOSPITAL, EIN 23-1352187

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4A	AS THE PARENT ORGANIZATION OF GEISINGER HEALTH SYSTEM FOUNDATION (GHSF) IS COMMITTED TO TH E SYSTEM'S MISSION, VISION, AND VALUES MISSION TO PROVIDE THE CORPORATE ENTITIES OF GEIS INGER HEALTH SYSTEM WITH PHILANTHROPIC SUPPORT TO ASSIST IN MEETING THE CAPITAL AND PROGRA M PRIORITIES OF THE SYSTEM'S PLANNING PROCESS VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE - WE STRIVE FOR THE BES T, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION - OUR PHYSI CIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIV E AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE -INDIVIDUAL DIGNITY - WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE I NDIVIDUAL - TEAMWORK - WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONST RATE THE IMPORTANCE AND VALUE OF TEAMWORK -PHYSICIAN LEADERSHIP - WE ARE PHYSICIAN LED AC ROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY - DIVERSITY AMO NG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AN D RESPECT -EDUCATION - WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNO WLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF O UR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS -RESEARCH - WE BELIEVE THAT BASI C SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEA LTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY - WE EXER CISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION - WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATIO N OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY I GENERAL INFORMATION GHSF, A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF T HE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE THIRTY-TWO GEISINGER AFFILIATED ENTITIES (TWENTY-SIX NOT- FOR-PROFIT ENTITIES, FIVE FOR PR OFIT ENTITIES AND ONE FOREIGN CORPORATION) ANDTHEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GHSF IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUP PORT PROGRAMS FOR ALL THE GEISINGER HEALTH SYSTEM NOT-FOR-PROFIT ENTITIES THE AFFILIATED ENTITIES OF GHSF ARE GEISINGER MEDICAL CENTER (GMC) IS A REGIONAL REFERRAL TERTIARY HEALT HCARE CENTER LOCATED IN DANVILLE, PENNSYLVANIA, A PREDOMINATELY RURAL AREA OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GMC OPERATES A LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER INCLUDIN G LIFE FLIGHT, A RAPID RESPONSE HELICOPTER RETRIEVAL PROGRAM ALSO PART OF GMC ARE THE HOS PITAL FOR ADVANCED MEDICINE, JANET WEIS CHILDREN'S HOSPITAL AND THE WOMEN'S HEALTH PAVILIO N, IN ADDITION TO TREATMENT CENTERS FOR CANCER, KIDNEY TRANSPLANTS, HEART AND NEUROLOGICAL DISEASE AND INFERTILITY GEISINGER CLINIC (THE CLINIC) CONSISTS OF MULTI-SPECIALTY PHYSIC IAN GROUP PRACTICES THROUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA SOME SITES ARE DOCTO R'S OFFICES LOCATE D IN THE SMALL TOWNS OF THE REGION, OTHERS ARE CLINICS WITH DIAGNOSTIC CAPABILITIES AND PHARMACIES ON THE PREMISES THE CLINIC IS DEDICATED TO IMPROVING THE HEAL TH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPO N A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, AND RESEARCH GEISINGER SYSTEM SERVICES I S A COST-EFFECTIVE CENTRALIZED PROVIDER OF MANAGEMENT AND CONSULTATIVE SERVICES TO OTHER E NTITIES WITHIN THE GEISINGER HEALTH SYSTEM SERVICES PROVIDED INCLUDE COMMUNICATION AND P UBLIC RELATIONS, FACILITIES PLANNING AND MANAGEMENT, FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, MARKET PLANNING, SUPPLY CHAIN, EMPLO YEE BENEFIT ADMINISTRATION, MAIL SERVICES, REPROGRAPHICS, RISK MANAGEMENT, CAFETERIA, LAUN DRY, AND TELECOMMUNICATIONS GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS AN ACUTE CAR E OPEN STAFF COMMUNITY HOSPITAL AND REFERRAL MEDICAL CENTER IN WILKES-BARRE, PENNSYLVANIA GWV OFFERS 24-HOUR COMPREHENSIVE EMERGENCY SERVICE, MEDICAL AND SURGICAL UNITS, MATERNITY PROGRAMS, PEDIATRIC CARE AND COMPLETE CANCER TREATMENT AT THE FRANK M AND DORTHEA HENRY CANCER CENTER THE HEART HOSPITAL AT GWV IS DEDICATED TO BRINGING THE LATEST TECHNOLOGY US ED IN THE TREATMENT OF HEART DISEASE TO THE PEOPLE OF THE WYOMING VALLEY THERE IS ALSO A SOUTH WILKES-BARRE CAMPUS THAT PROVIDES ADULT AND PEDIATRIC URGENT CARE, INPATIENT REHABIL ITATION, PAIN MANAGEMENT AND SLEEP CENTER SERVICES AND HOUSES AN AMBULATORY SURGERY CENTER GEISINGER ASSURANCE COMPANY, LTD (GAC) IS A WHOLLY OWNED SUBSIDIARY OF THE FOUNDATION L ICENSED IN GRAND CAYMAN, BRITISH WEST INDIES THE PRINCIPAL ACTIVITY OF GAC IS THE REINSUR ANCE, ON A CLAIMS MADE BASIS, OF A RETROSPECTIVELY RATED PROFESSIONAL LIABILITY INSURANCE POLICY ISSUED BY AN UNRELATED INSURANCE COMPANY BA

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4A	SED IN THE UNITED STATES OF AMERICA TO GAC'S SHAREHOLDER AND CERTAIN AFFILIATES GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP - REGISTERED BY THE PA INSURANCE DEPT TO PRO VIDE PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL ENTITIES OF GHS GEISINGER MEDICA L MANAGEMENT CORPORATION (GMMC) PROVIDES CONTRACT MANAGEMENT, HOSPITALITY AND CONSULTING S ERVICES THROUGH CONTRACT RELATIONSHIPS WITH OTHER HEALTHCARE PROVIDERS OR RELATED GEISINGE R ENTITIES SUREHEALTH, A SINGLE MEMBER LIMITED LIABILITY COMPANY OF GMMC, LOCATED IN DANV ILLE, PENNSYLVANIA, FORMERLY OPERATED SEVERAL RETAIL PHARMACIES AND A SPECIALTY PHARMACY B USINESS GEISINGER COMMUNITY HEALTH SERVICES (GCHS) PROVIDES COMMUNITY HEALTH SERVICES THR OUGHOUT NORTHEASTERN AND CENTRAL PENNSYLVANIA GCHS OFFERS SKILLED NURSING, HOME HEALTH AI DES, MSW, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, HOME INFUSION THERAPY AN D RESPIRATORY THERAPY IN ADDITION, GCHS MANAGES THE UTILIZATION AND CLINICAL PROGRAM DEVE LOPMENT RELATING TO THE PROVISION OF HOME CARE THROUGHOUT THE ENTIRE AREA SERVICED BY GHP MARWORTH PROVIDES NATIONALLY RECOGNIZED ALCOHOL AND CHEMICAL DETOXIFICATION AND REHABILIT ATION TREATMENT PROGRAMS IN WAVERLY, PENNSYLVANIA MARWORTH IS LICENSED BY THE PENNSYLVANI A DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS, AND IS ACCREDITED, WITH COMME NDATION, BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS MARWORTH OF FERS INDIVIDUALIZED 12-STEP TREATMENT PROGRAMS IN ADDITION TO A SPECIAL DUAL DIAGNOSIS TRE ATMENT PROGRAM AND SPECIAL PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS AND HEALTHCARE PROFE SSIONALS GEISINGER HEALTH PLAN (GHP) IS THE LARGEST RURAL HEALTH MAINTENANCE ORGANIZATION (HMO) IN THE NATION GHP HAS MEMBERS FROM PENNSYLVANIA AND WEST VIRGINIA, FROM INDIVIDUAL S AND FAMILIES ENROLLED IN THE BASIC HEALTH-MAINTENANCE PROGRAM, INCLUDING A MEDICARE ALTE RNATIVE, TO BUSINESS SUBSCRIBERS WHO CAN CHOOSE A CUSTOM-DESIGNED POINT-OF-SERVICE PLAN OR SMALL BUSINESS INSURANCE PLAN GHP'S MANAGED CARE PATIENTS BENEFITS FROM THEIR FOCUS ON E DUCATION, DISEASE PREVENTION AND WELLNESS GEISINGER INDEMNITY INSURANCE COMPANY AND GEISI NGER QUALITY OPTIONS, INC ARE PENNSYLVANIA BUSINESS CORPORATIONS THAT ARE WHOLLY OWNED SU BSIDIARIES OF THE FOUNDATION AND OFFER INDEMNITY HEALTH INSURANCE. COMMUNITY MEDICAL CENTER , DBA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A LEADING PROVIDER OF QUALITY HEALTHCARE SERVICES IN NORTHEASTERN PENNSYLVANIA A NOT-FOR-PROFIT CHARITABLE HOSPITAL LOCATED IN SC RANTON, GCMC IS HOME TO SCRANTON'S ONLY LEVEL II TRAUMA CENTER AND ADULT INPATIENT BEHAVIO RAL HEALTH UNIT OTHER PROGRAMS INCLUDE A COMPREHENSIVE CARDIAC SERVICE LINE-INCLUDING OP EN HEART SURGERY, ORTHOPAEDIC SERVICES INCLUDING THE NEWSTEPS JOINT REPLACEMENT CENTER, AN D A BROAD RANGE OF OTHER SPECIALIZED SURGICAL AND RADIOLOGICAL SERVICES COMMUNITY MEDICAL CARE, INC , LOCATED IN SCRANTON, PENNSYLVANIA IS A TAX- EXEMPT ENTITY PROVIDING PHYSICIAN AND OTHER HEALTHCARE PROFESSIONAL SERVICES GEISINGER-BLOOMSBURG HOSPITAL (GBH), LOCATED IN BLOOMSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY OFFERS EASY ACCESS TO A WIDE VARIETY OF QU ALITY PROGRAMS AND SERVICES INCLUDING COMPLETE INPATIENT SURGERY, CARDIOLOGY AND CARDIAC R EHABILITATION, FULL DIAGNOSTIC TESTING AND PROCEDURES THROUGH ON-SITE LABORATORY AND RADIO LOGY SERVICES, MATERNITY SERVICES AND EDUCATION CLASSES AS WELL AS PEDIATRIC CARE, PHYSICA L THERAPY, ORTHOPAEDIC, RESPIRATORY AND PSYCHIATRIC SERVICES THE PRIMARY MEDICAL/SURGICAL SUITE BOASTS 30 PRIVATE PATIENT ROOMS BLOOMSBURG PHYSICIANS SERVICES (BPS), LOCATED IN B LOOMSBURG, PENNSYLVANIA A TAX-EXEMPT ENTITY PROVIDING PHYSICIAN AND OTHER HEALTHCARE PROFE SSIONAL SERVICES GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), LOCATED IN BLOOMSBURG, PENNSYLVANIA, A TAX-EXEMPT ENTITY OPERATING A LONG-TERM CARE NURSING HOME COLUMBIA MONTOU R HOME HEALTH SERVICES / VISITING NURSES ASSOCIATION, INC (CMHHS), LOCATED IN BLOOMSBURG, PENNSYLVANIA, A TAX-EXEMPT ENTITY THAT

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GHSF IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 1,067,897,566, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2014 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GHSF SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911 FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2013 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 2,147 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

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND TWO VOTING MEMBERS ARE NOT INDEPENDENT DUE TO TRANSACTIONS REPORTED ON SCHEDULE L, PART IV INCLUDING THE VOTING MEMBERS DESCRIBED ABOVE, A TOTAL OF THIRTEEN VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF THE RELATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS, BETWEEN THE ORGANIZATION AND THE RELATED TAXABLE ORGANIZATIONS, ARE REPORTED ON SCHEDULE L, PART IV HOWEVER, IF THE RELATED TAXABLE ORGANIZATIONS WERE REQUIRED TO FILE SCHEDULE L, THESE TRANSACTIONS WOULD NOT BE OF A TYPE THAT WOULD BE REPORTABLE ON THEIR SCHEDULE L IN ADDITION, THESE VOTING MEMBERS ARE NOT COMPENSATED BY THE RELATED TAXABLE ORGANIZATIONS FOR WHICH TRANSACTIONS ARE DISCLOSED IN SCHEDULE L, PART IV, DO NOT HAVE AN OWNERSHIP INTEREST IN OR RECEIVE ANY ECONOMIC BENEFIT FROM THE ACTIVITIES OF THESE RELATED TAXABLE ORGANIZATIONS, RECEIVE NO PRIVATE INUREMENT / PRIVATE BENEFIT FROM THE TRANSACTIONS WITH THE RELATED TAXABLE ORGANIZATIONS AND THE VOTING MEMBERS OF THE GOVERNING BODY ABSTAIN FROM VOTING AND ARE ABSENT FROM BOARD DELIBERATIONS AND DECISIONS ON MATTERS IF A CONFLICT EXISTS REFER TO THE RESPONSE FOR FORM 990, PART VI, SECTION B, QUESTION 12A, 12B, AND 12C REGARDING THE GEISINGER CONFLICTS OF INTEREST POLICY, DISCLOSURE, AND ENFORCEMENT FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? HEATHER M ACKER, WILLIAM H ALEXANDER, DORRANCE R BELIN, ESQUIRE, ALBERT BOTHE, JR , M D , KEVIN F BRENNAN, CPA, DUANE E DAVIS, M D , KAREN DAVIS, PH D , E ALLEN DEAVER, DAVID J FELICIO, ESQUIRE, RICHARD A GRAFMYRE, WILLIAM R GRUVER, FRANK M HENRY, THOMAS H LEE, JR , M D , EDELYN L MILLER, ROBERT E POOLE, RICHARD A ROSE, JR , DON A ROSINI, WILLIAM E SORDONI, GLENN D STEELE, JR , M D , PH D , EARL P STEINBERG, CHRISTOPHER B SULLIVAN, ROBERT L TAMBUR, FRANK J TREMBULAK AND EDWARD J ZYCH, ESQUIRE ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS OR DIRECTORS ON ONE OR MORE FOR-PROFIT SUBSIDIARIES OF GHSF

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN WAS PROVIDED TO ASSIST IN THE REVIEW IN ACCORDANCE WITH THE GHSF BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE SYSTEM TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE SYSTEM THE CHIEF FINANCIAL OFFICER (CFO) OF GHS AND THE INDIVIDUAL ORGANIZATIONS SENIOR FINANCIAL MANAGERS REVIEW THEIR RESPECTIVE FORM 990 PRIOR TO MAKING THE FINAL RETURN AVAILABLE TO THE BOARD IN ADDITION, THE CHIEF LEGAL OFFICER AND CHIEF HUMAN RESOURCE OFFICER OF GHS REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY FOR PURPOSES OF THEIR ANNUAL AUDIT OF THE GHS CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY THE GHS ORGANIZATIONS TO IDENTIFY MATERIAL ITEMS, INCLUDING IF THERE ARE ANY UNCERTAIN TAX POSITIONS THAT MAY BE REQUIRED TO BE RECOGNIZED THE COMPANY HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED FOR FISCAL YEAR-ENDED JUNE 30, 2014

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

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

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

Return Reference	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/PAGES/ABOUT-GEISINGER AND SELECT ANNUAL REPORTS 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS TO AFFILIATES -22,607,242 TRANSFERS FROM AFFILIATES 201,467,403 CONTRIBUTION FROM ACQUISITION -16,026,232 CHANGE IN SUBSIDIARY EQUITY 8,669,929 RESTRICTED FUND TRANSFERS -726,455 TOTAL OTHER CHANGES IN NET ASSETS 170,777,403

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEISINGER HEALTH SYSTEM FOUNDATION

Employer identification number
23-1995911

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	N/A					No			No	
(2) LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
(3) MERIDIAN GEISINGER HLTH NETWORKLLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DEL SY	NJ	N/A					No			No	
(4) HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
(5) EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
(6) LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
(7) GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
(2) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
(3) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
(4) HEALTH ENTERPRISES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2353212	PHARMACY	PA	N/A					Yes	
(5) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
(6) GEISINGER ASSURANCE COMPANY LTD 23 LINE TREE BAY AVE PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A					Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GHSF	Yes	
(1) GEISINGER CLINIC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSICIAN	PA	501C3	11A	GHSF	Yes	
(2) GEISINGER WYOMING VALLEY MEDICAL CT 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GHSF	Yes	
(3) MARWORTH 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GHSF	Yes	
(4) GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HEALTH INS	PA	501C4		GHSF	Yes	
(5) GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	11A	GHSF	Yes	
(6) GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	9	GSS	Yes	
(7) GEISINGER INSURANCE CORPORATIONRRG 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	11A	GHSF	Yes	
(8) COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GHSF	Yes	
(9) COMMUNITY MEDICAL CARE INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2429776	PHYSICIAN	PA	501C3	9	GHSF	Yes	
(10) MEDICAL DIMENSIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2369788	RE HOLDIN	PA	501C2		GHSF	Yes	
(11) MOUNTAIN VIEW NURSING HOME INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	9	GHSF	Yes	
(12) COMMUNITY MEDICAL CTR HEALTHCARE SY 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2279376	SUPPORT SV	PA	501C3	11A	GHSF	Yes	
(13) GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GHSF	Yes	
(14) BLOOMSBURG PHYSICIANS SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2979856	PHYSICIAN	PA	501C3	3	GHSF	Yes	
(15) GEISINGER-BLOOMSBURG HEALTHCARE CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	9	GHSF	Yes	
(16) COLUMBIA-MONTOUR HOME HLTH SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1704399	HOME HEALT	PA	501C3	9	GHSF	Yes	
(17) LEWISTOWN HEALTHCARE FOUNDATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344363	PHILANTHRO	PA	501C3	11A	GHSF	Yes	
(18) GEISINGER-LEWISTOWN HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GHSF	Yes	
(19) LEWISTOWN AMBULATORY CARE CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	RE HOLDIN	PA	501C3	11A	GHSF	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) FAM HEALTH ASSOC OF GEISINGER-LEWIS 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	11A	GHSF	Yes	
(1) KEYSTONE HEALTH INFO EXCHANGE INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	11A	GHSF	Yes	
(2) HEALTH CARE CORP OF NORTHEAST PA 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	11A	CMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(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	N/A					No			No	
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 NETWORKLLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DEL SY	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					No			No	
LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BLOOMSBURG PHYSICIANS SERVICES	B	907,598	GAAP
BLOOMSBURG PHYSICIANS SERVICES	C	45,547	GAAP
COLUMBIA-MONTOUR HOME HLTH SERVICES	M	1,235	GAAP
COLUMBIA-MONTOUR HOME HLTH SERVICES	M	166,885	GAAP
COMMUNITY MEDICAL CARE INC	B	6,800,000	GAAP
COMMUNITY MEDICAL CENTER	M	80,004	GAAP
COMMUNITY MEDICAL CENTER	B	81,843	GAAP
COMMUNITY MEDICAL CENTER	M	13,712	GAAP
COMMUNITY MEDICAL CENTER	B	4,300,000	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	B	166,014	GAAP
GEISINGER - LEWISTOWN HOSPITAL	M	850	GAAP
GEISINGER - LEWISTOWN HOSPITAL	C	16,182,846	GAAP
GEISINGER CLINIC	B	324,704	GAAP
GEISINGER CLINIC	L	2,972,784	GAAP
GEISINGER CLINIC	M	470,081	GAAP
GEISINGER CLINIC	M	2,286,765	GAAP
GEISINGER CLINIC	C	28,200,000	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	1,597	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	B	4,600,000	GAAP
GEISINGER HEALTH PLAN	C	10,000,000	GAAP
GEISINGER INDEMNITY INSURANCE CO	B	10,000,000	GAAP
GEISINGER MEDICAL CENTER	B	1,030,419	GAAP
GEISINGER MEDICAL CENTER	L	4,362,816	GAAP
GEISINGER MEDICAL CENTER	M	100,249	GAAP
GEISINGER MEDICAL CENTER	M	1,293,700	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	C	115,000,000	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	15,871	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	235,861	GAAP
GEISINGER SYSTEM SERVICES	P	168,122	GAAP
GEISINGER SYSTEM SERVICES	M	27,000	GAAP
GEISINGER SYSTEM SERVICES	M	2,911,218	GAAP
GEISINGER SYSTEM SERVICES	L	68,688	GAAP
GEISINGER SYSTEM SERVICES	B	100,000	GAAP
GEISINGER SYSTEM SERVICES	M	136,818	GAAP
GEISINGER WYOMING VALLEY MEDICAL CT	M	263,641	GAAP
GEISINGER WYOMING VALLEY MEDICAL CT	C	39,000,000	GAAP
GEISINGER WYOMING VALLEY MEDICAL CT	B	1,206,358	GAAP
GEISINGER WYOMING VALLEY MEDICAL CT	L	2,022,570	GAAP
GEISINGER WYOMING VALLEY MEDICAL CT	M	21,135	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	B	10,000	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	43,885	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	2,731	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	B	6,000,000	GAAP
HEALTH ENTERPRISES INC	C	4,700	GAAP
LEWISTOWN AMBULATORY CARE CORP	C	3,136	GAAP
LEWISTOWN HEALTH CARE FOUNDATION	C	1,564	GAAP
MARWORTH	M	199,999	GAAP
MARWORTH	L	57,048	GAAP
MARWORTH	B	19,343	GAAP
MARWORTH	M	16,885	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
MOUNTAIN VIEW NURSING HOME INC	C	9,200,000	GAAP
MOUNTAIN VIEW NURSING HOME INC	M	3,831	GAAP
MOUNTAIN VIEW NURSING HOME INC	M	10,643	GAAP