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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GEISINGER CLINIC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 100 NORTH ACADEMY AVENUE MC 49-70 City or town, state or province, country, and ZIP or foreign postal code DANVILLE, PA 17822	D Employer identification number 23-6291113 E Telephone number (570) 271-6624 G Gross receipts \$ 849,482,845
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW GEISINGER ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1962 M State of legal domicile PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH SERVICES DELIVERED BY PHYSICIANS AND ADVANCED PRACTITIONERS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3,841
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,004,805
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-53,985
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	25,928,774	23,981,645
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	745,740,531	820,410,851
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,237,606	4,641,194
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,124	437,802
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	777,330,035	849,471,492
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)	545,103,478	596,363,792
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	232,077,866	256,470,681
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	777,181,344	852,834,473
19	Revenue less expenses Subtract line 18 from line 12	148,691	-3,362,981
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	274,082,080	261,919,733
22	Net assets or fund balances Subtract line 21 from line 20	215,177,675	229,411,154
		58,904,405	32,508,579

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.

Signature of officer DAVID J FELICIO ESQUIRE SECRETARY Type or print name and title	2015-05-07 Date
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Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date 2015-05-11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 758,013,137 including grants of \$) (Revenue \$)
PHYSICIAN SERVICES - SEE SCHEDULE O I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 1045 PHYSICIANS PRACTICING AT 83 SITES IN 51 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE BELLEVILLE MIFFLIN BELLEFONTE MIFFLINTOWN BENTON MILLVILLE BERWICK MILTON BLOOMSBURG MONTGOMERY BURNHAM MOOSIC CARBONDALE MOUNTAINTOP CATAWISSA MOUNT CARMEL COAL TOWNSHIP MOUNT POCONO DALLAS NICHOLSON DANVILLE NANTICOKE DICKSON CITY NORTHUMBERLAND DUNMORE ORWIGSBURG EAST STROUDSBURG PHILIPSBURG ELYSBURG PITTSBURGH FORTYFORD PLAINS FRACKVILLE PORT MATILDA HAZLETON POTTSVILLE HUNTINGDON SCRANTON KINGSTON SELINGSGROVE KULPMONT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MCALISTERVILLE WILLIAMSPORT WYOMING II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND PROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2014, THE COST OF CHARITY CARE WAS 8,338,257 B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2014, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 109,974,443 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2014, WAS 4,594,098 III RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2014 WAS 4,635,687 IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 284,192 IN FISCAL YEAR ENDED JUNE 30, 2014 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS SIGHT LOSS SUPPORT GROUP PROJECT CONNECT ABUSE RESPONSE TEAM B HEALTH EDUCATION SERIES YMCA HEALTHY LIVING SERIES MEDIA ARTICLES & INTERVIEWS PRENATAL/CHILDBIRTH/NEWBORN CLASSES CHILDREN'S SAFETY EVENTS C HEALTH EDUCATION LECTURES BREAST CANCER OPEN FORUM ALZHEIMER'S AND MEMORY LOSS LIVING WITH MS MEDICATION DISPOSAL WEIGHT MANAGEMENT EDUCATION TEEN PREGNANCY PREVENTION D OTHER SERVICES AND PROGRAMS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH FAIRS INTERNSHIP AND CLERKSHIP PROGRAMS SENIOR HEALTH EXPO SCHOOL VISION SCREENINGS CHILDREN'S MIRACLE NETWORK SCHOOL SPORTS PHYSICALS EMS PROGRAMS SUPPORT & TRAINING RACE FOR THE CURE AND RELAY FOR LIFE KIDS SAFETY EXPO MARCH OF DIMES MARCH FOR BABIES HEALTH SCREENINGS HEALTH PROMOTION SPEAKING ENGAGEMENTS FREE CLINICS V COMMUNITY SERVICE SUMMARY CHARITY CARE 8,338,257 MEDICARE/MEDICAID 109,974,443 OTHER UNCOMPENSATED PATIENT SERVICES 4,594,098 RESEARCH 4,635,687 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 284,192 TOTAL 127,826,677 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,508,051 SERVICE DAYS (CLINIC-WIDE) 493,946 GEISINGER CLINIC PHYSICIANS ADMIT TO THE FIVE GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, AND GEISINGER LEWISTOWN HOSPITAL AS WELL AS TEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

4b (Code) (Expenses \$ 44,103,382 including grants of \$) (Revenue \$)
RESEARCH - SEE SCHEDULE O

4c (Code) (Expenses \$ 22,105,158 including grants of \$) (Revenue \$)
EDUCATION - SEE SCHEDULE O

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

4e Total program service expenses 824,221,677

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 KATHLEEN CHAPMAN CFO 100 NORTH ACADEMY AVENUE MC 01-51 DANVILLE, PA 17822 (570) 214-8150

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					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	12,535,357				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,446,288				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	23,981,645				
Program Service Revenue	2a	HEALTHCARE	621110	797,535,499	797,535,499		
	b	RESEARCH	541700	15,994,132	15,994,132		
	c	PHARMACY	446110	2,842,510		2,842,510	
	d	RENTAL	531120	1,938,232		1,938,232	
	e	EDUCATION	611710	955,125	955,125		
	f	All other program service revenue		1,145,353	984,349	161,004	
	g	Total. Add lines 2a-2f		820,410,851			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,625,164		1,625,164
4		Income from investment of tax-exempt bond proceeds		2,433		2,433	
5		Royalties		4,129		4,129	
6a		Gross rents	(i) Real	16,028			
			(ii) Personal				
			b Less rental expenses	11,353			
			c Rental income or (loss)	4,675			
d		Net rental income or (loss)		4,675	1,291	3,384	
7a		Gross amount from sales of assets other than inventory	(i) Securities	3,013,597			
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)	3,013,597			
d		Net gain or (loss)		3,013,597		3,013,597	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	PURCHASE DISCOUNTS	900099	162,688	162,688			
b	CREDENTIALING	900099	138,260	138,260			
c	CLINICAL TRIALS OFFICE ADMINI	541700	78,494	78,494			
d	All other revenue		49,556	26,734		22,822	
e	Total. Add lines 11a-11d		428,998				
12	Total revenue. See Instructions		849,471,492	815,875,281	3,004,805	6,609,761	

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.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,861,473	6,497,641	363,832	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	6,063,419	5,755,462	307,957	
7	Other salaries and wages.	493,217,167	479,284,724	13,932,443	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	24,782,181	24,067,116	715,065	
9	Other employee benefits.	40,979,819	39,797,387	1,182,432	
10	Payroll taxes.	24,459,733	23,720,193	739,540	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	845		845	
c	Accounting.	117,678	6,331	111,347	
d	Lobbying.	42,793		42,793	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,142,634	552,440	590,194	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,250,613	25,624,086	626,527	
12	Advertising and promotion.	4,408,543	4,408,543		
13	Office expenses.	8,048,620	6,671,485	1,377,135	
14	Information technology.	407,867	394,470	13,397	
15	Royalties.				
16	Occupancy.	11,169,559	10,827,456	342,103	
17	Travel.	2,731,944	2,647,416	84,528	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,829,213	3,829,213		
20	Interest.	2,167,253	2,100,874	66,379	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	10,067,791	9,762,270	305,521	
23	Insurance.	17,794,518	17,538,594	255,924	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INTER-ENTITY EXPENSE	105,744,445	98,253,472	7,490,973	
b	MEDICAL SUPPLIES	45,997,537	45,951,068	46,469	
c	UNCOLLECTIBLE EXPENSE	15,863,544	15,863,544		
d	BOOKS, LICENSES, FEES	621,451	621,451		
e	All other expenses	63,833	46,441	17,392	
25	Total functional expenses. Add lines 1 through 24e.	852,834,473	824,221,677	28,612,796	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	18,396,791	1	8,396,999
	2 Savings and temporary cash investments	21,353,749	2	5,519,939
	3 Pledges and grants receivable, net	3,625,430	3	3,152,132
	4 Accounts receivable, net	34,093,262	4	36,298,728
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	26,048
	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	7,750,112	7	7,979,642
	8 Inventories for sale or use	1,865,279	8	2,123,685
	9 Prepaid expenses and deferred charges	4,813,399	9	9,471,840
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 234,243,057		
	b Less accumulated depreciation	10b 97,546,212	107,253,341	10c 136,696,845
	11 Investments—publicly traded securities	14,396,903	11	10,022,661
	12 Investments—other securities See Part IV, line 11	58,310,397	12	40,259,347
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	423,901	14	1,000,498
	15 Other assets See Part IV, line 11	1,799,516	15	971,369
16 Total assets. Add lines 1 through 15 (must equal line 34)	274,082,080	16	261,919,733	
Liabilities	17 Accounts payable and accrued expenses	65,782,515	17	69,799,474
	18 Grants payable		18	
	19 Deferred revenue	6,343,823	19	6,612,611
	20 Tax-exempt bond liabilities	93,321,762	20	111,775,816
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	49,729,575	25	41,223,253
	26 Total liabilities. Add lines 17 through 25	215,177,675	26	229,411,154
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	58,904,405	27	32,508,579
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	58,904,405	33	32,508,579	
34 Total liabilities and net assets/fund balances	274,082,080	34	261,919,733	

Part XI Reconciliation 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	849,471,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	852,834,473
3	Revenue less expenses Subtract line 2 from line 1	3	-3,362,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,904,405
5	Net unrealized gains (losses) on investments	5	4,692,451
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	-27,725,296
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,508,579

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM H ALEXANDER DIRECTOR	25 6 00	X						0	0	0
E ALLEN DEAVER DIRECTOR	25 4 75	X						0	0	0
DORRANCE R BELIN ESQUIRE VICE CHAIR,	25 4 25	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	25 5 75	X						0	0	0
WILLIAM R GRUVER DIRECTOR	25 5 00	X						0	0	0
FRANK M HENRY DIRECTOR	25 4 75	X						0	0	0
THOMAS H LEE JR MD DIRECTOR	25 5 50	X						0	0	0
GLENN D STEELE JR MD PHD PRES, CHAIR,	40 00	X		X				0	2,201,016	451,279
ROBERT E POOLE DIRECTOR	25 5 00	X						0	0	0
DON A ROSINI DIRECTOR	25 6 00	X						0	0	0
ROBERT L TAMBUR DIR , VICE	25 4 75	X						0	0	0
DAVID J FELICIO ESQUIRE CLO, SECRET	40 00			X				0	659,899	97,523
EDWARD J ZYCH ESQUIRE ACLO, ASST	40 00			X				0	339,360	66,915
KEVIN F BRENNAN CPA FHFMA EVP, FINANC	40 00			X				0	983,365	207,098
FRANK J TREMBULAK SR VP, TREA	40 00			X				0	1,165,670	221,282
DENNIS TORRETTI MD FACP ASSOCIATE CM	40 00				X			450,924	0	36,606
DUANE E DAVIS MD FACP FACR EVP, INS O	40 00				X			864,796	0	34,140
DAVID P FRANKLIN MD FACS CHAIRMAN OF	40 00				X			980,172	0	40,751
KENNETH A HOLDREN CAO, GC	40 00				X			501,982	0	88,840
ALBERT BOTHE JR MD EVP, CMO	40 00				X			952,866	0	197,122
BRUCE H HAMORY MD EVP, MGR P	40 00				X			737,627	0	165,566
MARIA S KOBYLINSKI MD CHAIR, CPSL	40 00				X			352,725	0	27,773
THOMAS R GRAF MD CHAIR CPSL	40 00				X			452,273	0	71,000
LEE M MYERS VP, CPSL	40 00				X			358,032	0	41,635
RUTH A ZYRY RN VP, OPERATI	40 00				X			290,317	0	36,841

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			
SUSAN B FETTERMAN RN VP OPS, MEDI	40 00				X			299,370	0	36,861
THOMAS B WEIR VP SURGERY	40 00				X			336,300	0	31,708
JOHN M PARENTI MD FAAOS PHYSICIAN	40 00					X		1,173,277	0	41,674
WILLIAM J KRYWICKI MD FAAOS PHYSICIAN	40 00					X		992,986	0	41,714
JOHN F CARDELLA MD FACR PHYSICIAN	40 00					X		1,116,710	0	38,878
STEVEN A TOMS MD MPH FACS PHYSICIAN	40 00					X		1,100,514	0	43,084
G DEAN HARTER MD PHYSICIAN	40 00					X		1,180,163	0	45,504
KENNETH E WOOD DO FORMER KEY E	40 00						X	629,730	0	107,467
DAVID H LEDBETTER PHD FACMG FORMER KEY E	40 00						X	0	864,966	206,157
ALFRED S CASALE MD FACS FORMER KEY E	40 00						X	950,321	0	110,167
STEVEN B PIERDON MD FORMER OFFIC	40 00						X	723,699	0	165,462
WILLIAM E STRODEL III MD FORMER KEY E	40 00						X	595,484	0	43,964
JOEL J BERBERICH MD PHD FORMER KEY E	40 00						X	252,563	0	36,027

SCHEDULE A
(Form 990 or 990EZ)

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.**

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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 <input type="checkbox"/>						

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 I, LINE 11H	GEISINGER MEDICAL CENTER 24-0795959 3 X X X 0 GEISINGER WYOMING VALLEY MEDICAL CTR 23-1996150 3 X X X 0 COMMUNITY MEDICAL CENTER 24-0862246 3 X X X 0 GEISINGER-BLOOMSBURG HOSPITAL 23-2193572 3 X X X 0 FAM HEALTH ASSOC OF GEISINGER-LEWISTOWN 25-1651582 9 X X X 0 GEISINGER-LEWISTOWN HOSPITAL 23-1352187 3 X X X 0
SUPPLEMENTAL INFORMATION	IN ADDITION TO MAKING DONATIONS AND OTHER TRANSFERS TO THE GEISINGER HEALTH SYSTEM FOUNDATION AND TO ORGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES, GEISINGER CLINIC SUPPORTS ITS SUPPORTED ORGANIZATIONS THROUGH THE SERVICES OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN CONNECTION WITH THE PROVISION OF HEALTH CARE SERVICES AT GEISINGER MEDICAL CENTER AND THROUGHOUT THE GEISINGER HEALTH SYSTEM AND OTHER HOSPITALS, CLINICS AND HEALTH CARE FACILITIES

Additional Data

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

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) GEISINGER COMMUNITY HEALTH SERVICES	232967235	9	Yes		Yes		Yes		0
(A) COMMUNITY MEDICAL CARE INC	232429776	9	Yes		Yes		Yes		0
(B) MOUNTAIN VIEW NURSING HOME INC	232568288	9	Yes		Yes		Yes		0
(C) BLOOMSBURG PHYSICIANS SERVICES	232979856	9	Yes		Yes		Yes		0
(D) GEISINGER HEALTH SYSTEM FOUNDATION	231995911	7	Yes		Yes		Yes		0
(E) GEISINGER MEDICAL CENTER	240795959	3	Yes		Yes		Yes		0
(F) GEISINGER WYOMING VALLEY MEDICAL CTR	231996150	3	Yes		Yes		Yes		0
(G) COMMUNITY MEDICAL CENTER	240862246	3	Yes		Yes		Yes		0
(H) GEISINGER-BLOOMSBURG HOSPITAL	232193572	3	Yes		Yes		Yes		0
(I) FAM HEALTH ASSOC OF GEISINGER-LEWISTOWN	251651582	9	Yes		Yes		Yes		0
(J) GEISINGER-LEWISTOWN HOSPITAL	231352187	3	Yes		Yes		Yes		0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527. Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 GEISINGER CLINIC

Employer identification number

23-6291113

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	42,793	710,974												
c	Total lobbying expenditures (add lines 1a and 1b)	42,793	710,974												
d	Other exempt purpose expenditures	852,791,680	3,268,418,094												
e	Total exempt purpose expenditures (add lines 1c and 1d)	852,834,473	3,269,129,068												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization GEISINGER CLINIC

Employer identification number

23-6291113

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance.

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

Table for 3a(i) and 3a(ii) with Yes/No columns

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

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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 GESINGER HEALTH SYSTEM 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 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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

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

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

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

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

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

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

Part III Supplemental Information

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 FRANK J TREMBULAK 0 205,970 0 KENNETH A HOLDREN 0 53,558 0 ALBERT BOTHE, JR, M D 0 168,915 0 BRUCE H HAMORY, M D 0 145,899 0 JOHN M PARENTI, M D, FAAOS 0 221,566 0 KENNETH E WOOD, D O 0 62,937 0 ALFRED S CASALE, M D, FACS 0 72,702 0 STEVEN B PIERDON, M D 0 136,001 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, PART III	PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD PRES, CHAIR, DIR	(i) (ii)	1,065,733	1,000,000	135,283	418,415	32,864	2,652,295	
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	
KEVIN F BRENNAN CPA FHFMA EVP, FINANCE	(i) (ii)	520,243	239,635	223,487	184,190	22,908	1,190,463	185,631
FRANK J TREMBULAK SR VP, TREASURER	(i) (ii)	614,182	280,856	270,632	210,979	10,303	1,386,952	205,970
DENNIS TORRETTI MD FACP ASSOCIATE CMO	(i) (ii)	331,079	74,312	45,533	18,402	18,204	487,530	
DUANE E DAVIS MD FACP FACR EVP, INS OPS	(i) (ii)	566,002	241,207	57,587	18,402	15,738	898,936	
DAVID P FRANKLIN MD FACS CHAIRMAN OF SURGERY	(i) (ii)	708,388	218,767	53,017	18,402	22,349	1,020,923	
KENNETH A HOLDREN CAO, GC	(i) (ii)	324,089	83,212	94,681	64,698	24,142	590,822	53,558
ALBERT BOTHE JR MD EVP, CMO	(i) (ii)	544,296	177,625	230,945	184,808	12,314	1,149,988	168,915
BRUCE H HAMORY MD EVP, MGR PRTR	(i) (ii)	476,859	40,324	220,444	140,904	24,662	903,193	145,899
MARIA S KOBYLINSKI MD CHAIR, CPSL	(i) (ii)	246,717	80,803	25,205	18,402	9,371	380,498	
THOMAS R GRAF MD CHAIR CPSL	(i) (ii)	319,943	102,687	29,643	52,098	18,902	523,273	
LEE M MYERS VP, CPSL	(i) (ii)	260,263	72,316	25,453	18,402	23,233	399,667	
RUTH A ZYRY RN VP, OPERATIONS	(i) (ii)	220,001	67,034	3,282	18,402	18,439	327,158	
SUSAN B FETTERMAN RN VP OPS, MEDICINE	(i) (ii)	236,973	56,770	5,627	18,402	18,459	336,231	
THOMAS B WEIR VP SURGERY	(i) (ii)	226,087	78,182	32,031	18,402	13,306	368,008	
JOHN M PARENTI MD FAAOS PHYSICIAN	(i) (ii)	614,077	116,936	442,264	18,402	23,272	1,214,951	
WILLIAM J KRYWICKI MD FAAOS PHYSICIAN	(i) (ii)	648,524	117,281	227,181	18,402	23,312	1,034,700	
JOHN F CARDELLA MD FACR PHYSICIAN	(i) (ii)	845,131	242,667	28,912	18,402	20,476	1,155,588	

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				
STEVEN A TOMS MD MPH FACS PHYSICIAN	(i) (ii)	901,878	194,399	4,237	18,402	24,682	1,143,598	
G DEAN HARTER MD PHYSICIAN	(i) (ii)	737,581	266,560	176,022	18,402	27,102	1,225,667	
KENNETH E WOOD DO FORMER KEY EMPLOYEE	(i) (ii)	413,634	106,082	110,014	79,283	28,184	737,197	62,937
DAVID H LEDBETTER PHD FACMG FORMER KEY EMPLOYEE	(i) (ii)	533,061	229,747	102,158	178,936	27,221	1,071,123	
ALFRED S CASALE MD FACS FORMER KEY EMPLOYEE	(i) (ii)	686,330	149,931	114,060	88,958	21,209	1,060,488	72,702
STEVEN B PIERDON MD FORMER OFFICER	(i) (ii)	421,239	122,476	179,984	146,422	19,040	889,161	136,001
WILLIAM E STRODEL III MD FORMER KEY EMPLOYEE	(i) (ii)	479,199	70,544	45,741	18,402	25,562	639,448	
JOEL J BERBERICH MD PHD FORMER KEY EMPLOYEE	(i) (ii)	194,153	42,000	16,410	17,415	18,612	288,590	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Name of the organization GEISINGER CLINIC

Employer identification number

23-6291113

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	WEIS MARKETS, INC 29,166 BUSINESS FOOD/SUPPLY PURCHASE GREEN TECH DRIVE ASSOCIATES LP 192,887 BUSINESS LEASE/RE TAX PYMTS ELAINE K BERBERICH 47,132 FAMILY EMPLOYEE COMP MEGAN FETTERMAN 20,456 FAMILY EMPLOYEE COMP
SCHEDULE L, PART V	<p>GLENN D STEELE, JR, M D, PH D IS AN OFFICER/DIRECTOR OF GEISINGER CLINIC AND A DIRECTOR FOR WEIS MARKETS, INC DUANE E DAVIS, M D IS A KEY EMPLOYEE AND ALFRED S CASALE, M D IS A FORMER KEY EMPLOYEE OF GEISINGER CLINIC AND BOTH ARE OFFICERS OR DIRECTORS OF GEISINGER INDEMNITY INSURANCE CO AND GEISINGER QUALITY OPTIONS, INC ALBERT BOTHE, M D IS A KEY EMPLOYEE OF GEISINGER CLINIC AND A DIRECTOR FOR GEISINGER ASSURANCE COMPANY, LTD SUSAN B FETTERMAN IS A KEY EMPLOYEE OF GEISINGER CLINIC AND MEMBER OF THE GOVERNING BODY OF HEALTHSOUTH/GHS LLC AND A FAMILY MEMBER OF MEGHAN J FETTERMAN ROBERT E POOLE IS A DIRECTOR OF GEISINGER CLINIC AND A PARTNER OF GREEN TECH DRIVE ASSOCIATES LP ELAINE K BERBERICH IS THE SPOUSE OF JOEL BERBERICH, A FORMER KEY EMPLOYEE OF GEISINGER CLINIC GEISINGER CLINIC (GC) 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 REPRESENT THE AFFILIATED FOR-PROFIT ORGANIZATIONS WITHIN THE GEISINGER HEALTH SYSTEM FOR WHOM BUSINESS TRANSACTIONS MUST BE DISCLOSED FOR PURPOSES OF SCHEDULE L PART IV TRANSACTIONS WITH INTERESTED PERSONS GEISINGER MEDICAL MANAGEMENT CORPORATION GEISINGER QUALITY OPTIONS, INC GEISINGER INDEMNITY INSURANCE COMPANY GEISINGER ASSURANCE COMPANY, LTD THE FOLLOWING OFFICERS AND/OR DIRECTORS OF GEISINGER CLINIC ARE OFFICERS AND/OR DIRECTORS OF SOME OR ALL OF THESE ORGANIZATIONS WILLIAM H ALEXANDER DAVID J FELICIO, ESQUIRE RICHARD A GRAFMYRE WILLIAM R GRUVER THOMAS H LEE, JR, M D ROBERT E POOLE DON A ROSINI GLENN D STEELE, M D, PH D ROBERT L TAMBUR FRANK J TREMBULAK EDWARD J ZYCH, ESQUIRE</p> <p>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</p>

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	871,989	IC SHARED SERV REV		No
(2) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	3,278,616	IC SHARED SERV EXP		No
(3) GEISINGER MEDICAL MANAGEMENT CORP	BUSINESS	16,028	LEASE REVENUE		No
(4) GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	11,201,423	IC SHARED SERV REV		No
(5) GEISINGER INDEMNITY INSURANCE COMP	BUSINESS	1,842,159	IC SHARED SERV EXP		No
(6) GEISINGER QUALITY OPTIONS INC	BUSINESS	24,691,651	IC SHARED SERV REV		No
(7) HEALTHSOUTH GHSLLC	BUSINESS	178,447	SERVICE REVENUE		No
(8) HEALTHSOUTH GHSLLC	BUSINESS	676,730	LEASE REVENUE		No
(9) GEISINGER ASSURANCE COMPANY LTD	BUSINESS	9,888,808	IC SHARED SERV EXP		No
(10) WEIS MARKETS INC	BUSINESS	415,865	LEASE /RE TAX PYMTS		No
(11) WEIS MARKETS INC	BUSINESS	29,166	FOOD/SUPPLY PURCHASE		No
(12) GREEN TECH DRIVE ASSOCIATES LP	BUSINESS	192,887	LEASE/RE TAX PYMTS		No
(13) ELAINE K BERBERICH	FAMILY	47,132	EMPLOYEE COMP		No
(14) MEGAN FETTERMAN	FAMILY	20,456	EMPLOYEE COMP		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Return Reference

Explanation

FORM 990 -
ORGANIZATION'S
MISSION

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

Return Reference	Explanation
FORM 990	FORM 990, PART IX, LINE 24E BALANCE ON LINE 24E INCLUDES 330 OF UNRELATED BUSINESS INCOME TAX FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH SYSTEM FOUNDATION, PARENT OF THE ORGANIZATION, 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 GEISINGER HEALTH SYSTEM FOUNDATION SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER, EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER, EIN 23-1996150 GEISINGER CLINIC, EIN 23-6291113 MARWORTH, EIN 23-2171417 GEISINGER SYSTEM SERVICES, EIN 23-2164794 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 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911

Return Reference	Explanation	
FORM 990, PAGE 2, PART III, LINE 4A		<p>I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYERS 1045 PHYSICIANS PRACTICING AT 83 SITES IN 51 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE BELLEVILLE MIFFLIN BELLEFONTE MIFFLINTOWN BENTON MILLVILLE BERWICK MILTON BLOOMSBURG MONTOURSVILLE BURNHAM MOOSIC CARBONDALE MOUNTAINTOP CATAWISSA MOUNT CARMEL COAL TOWNSHIP MOUNT POCONO DALLAS NICHOLSON DANVILLE NANTICOKE DICKSON CITY NORTHUMBERLAND DUNMORE ORWIGSBURG EAST STROUDSBURG PHILIPSBURG ELYSBURG PITTSBURGH FORTYFORD PLAINS FRACKVILLE PORT MATILDA HAZLETON POTTSVILLE HUNTINGDON SCRANTON KINGSTON SELINGSGROVE KULPMOUNT STATE COLLEGE LEWISBURG SUNBURY LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MCALISTERVILLE WILLIAMSPORT WYOMING II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND PROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2014, THE COST OF CHARITY CARE WAS 8,338,257 B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2014, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 109,974,443 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2014, WAS 4,594,098 III RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2014 WAS 4,635,687 IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRAMS T</p>

Return Reference	Explanation	
FORM 990, PAGE 2, PART III, LINE 4A		<p>THE COST OF THESE SERVICES TOTALED 284,192 IN FISCAL YEAR ENDED JUNE 30, 2014 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS SIGHT LOSS SUPPORT GROUP PROJECT CONNECT ABUSE RESPONSE TEAM B HEALTH EDUCATION SERIES Y MCA HEALTHY LIVING SERIES MEDIA ARTICLES & INTERVIEWS PRENATAL/CHILDBIRTH/NEWBORN CLASSES CHILDREN'S SAFETY EVENTS C HEALTH EDUCATION LECTURES BREAST CANCER OPEN FORUM ALZHEIMER'S AND MEMORY LOSS LIVING WITH MS MEDICATION DISPOSAL WEIGHT MANAGEMENT EDUCATION TEEN PREGNANCY PREVENTION D OTHER SERVICES AND PROGRAMS PATIENT SUPPORT & EDUCATION PROGRAMS HEALTH FAIRS INTERNSHIP AND CLERKSHIP PROGRAMS SENIOR HEALTH EXPO SCHOOL VISION SCREENINGS CHILDREN'S MIRACLE NETWORK SCHOOL SPORTS PHYSICALS EMS PROGRAMS SUPPORT & TRAINING RACE FOR THE CURE AND RELAY FOR LIFE KIDS SAFETY EXPO MARCH OF DIMES MARCH FOR BABIES HEALTH SCREENINGS HEALTH PROMOTION SPEAKING ENGAGEMENTS FREE CLINICS V COMMUNITY SERVICE SUMMARY CHARITY CARE 8,338,257 MEDICARE/MEDICAID 109,974,443 OTHER UNCOMPENSATED PATIENT SERVICES 4,594,098 RESEARCH 4,635,687 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 284,192 TOTAL 127,826,677 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,508,051 SERVICE DAYS (CLINIC-WIDE) 493,946 GEISINGER CLINIC PHYSICIANS ADMIT TO THE FIVE GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, AND GEISINGER LEWISTOWN HOSPITAL AS WELL AS TEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS</p>

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 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 VI	<p>FORM 990, PART I, SECTION A, LINE 4 FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY , ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND ONE VOTING MEMBER IS NOT INDEPENDENT DUE TO A TRANSACTION REPORTED ON SCHEDULE L, PART IV INCLUDING THE VOTING MEMBERS DESCRIBED ABOVE, A TOTAL OF EIGHT VOTING MEMBERS OF THE GOVERNING BODY ARE ALSO VOTING MEMBERS OF RELATED TAXABLE ORGANIZATIONS FOR WHICH BUSINESS TRANSACTIONS, BETWEEN GC AND THE RELATED TAXABLE ORGANIZATIONS, ARE DISCLOSED IN SCHEDULE L, PART IV HOWEVER, IF THE RELATED TAXABLE ORGANIZATIONS WERE REQUIRED TO FILE SCHEDULE L, THESE TRANSACTIONS WOULD NOT BE OF A TYPE THAT WOULD BE REPORTABLE ON THEIR SCHEDULE L IN ADDITION, THESE VOTING MEMBERS ARE NOT COMPENSATED BY THE RELATED TAXABLE ORGANIZATIONS FOR WHICH TRANSACTIONS ARE DISCLOSED IN SCHEDULE L, PART IV, DO NOT HAVE AN OWNERSHIP INTEREST IN OR RECEIVE ANY ECONOMIC BENEFIT FROM THE ACTIVITIES OF THESE RELATED TAXABLE ORGANIZATIONS, RECEIVE NO PRIVATE INUREMENT / PRIVATE BENEFIT FROM THE TRANSACTIONS WITH THE RELATED TAXABLE ORGANIZATIONS AND THE VOTING MEMBERS OF THE GOVERNING BODY ABSTAIN FROM VOTING AND ARE ABSENT FROM BOARD DELIBERATIONS AND DECISIONS ON MATTERS IF A CONFLICT EXISTS REFER TO THE RESPONSE FOR FORM 990, PART VI, SECTION B, QUESTION 12A, 12B, AND 12C REGARDING THE GEISINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY, DISCLOSURE, AND ENFORCEMENT FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? WILLIAM H ALEXANDER, DORRANCE R BELIN, ESQUIRE, ALBERT BOTHE, JR , M D , DUANE E DAVIS, M D , E ALLEN DEAVER, DAVID J FELICIO, ESQUIRE, SUSAN FETTERMAN, THOMAS GRAF, M D , RICHARD GRAFMYRE, KAREN DAVIS, PH D , WILLIAM R GRUVER, FRANK M HENRY, KENNETH HOLDREN, THOMAS H LEE, JR , M D , ROBERT E POOLE, DON A ROSINI, GLENN D STEELE JR , M D , PH D , ROBERT L TAMBUR, FRANK J TREMBULAK AND EDWARD J ZYCH, ESQUIRE ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER CLINIC ALL OF THE AFFILIATES ARE PART OF THE GEISINGER HEALTH SYSTEM</p>

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

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AFFILIATE 474,704 ENTITY TRANSFER -28,200,000 TOTAL OTHER CHANGES IN NET ASSETS - 27,725,296

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 GEISINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133 FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

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

(a) Name, address, and EIN (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	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 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	GC	RELATED	1,423,302	793,426		No		Yes		50 000 %
(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.

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

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

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

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

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

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

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

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r		No
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 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 CLINIC IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES AND FACILITIES, AND TRANSFERS OF ASSETS THESE INTER ORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES THESE TYPES OF INTER ORGANIZATION TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF GHS PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHRO	PA	501C3	7	NA	Yes	
(1) GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	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) Disproportionate 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	GC	RELATED	1,423,302	793,426		No		Yes		50 000 %
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
COLUMBIA-MONTOUR HOME HLTH SERVICES	L	18,679	GAAP
COLUMBIA-MONTOUR HOME HLTH SERVICES	M	6,368	GAAP
COMMUNITY MEDICAL CARE INC	M	478,461	GAAP
COMMUNITY MEDICAL CENTER	M	1,778,901	GAAP
COMMUNITY MEDICAL CENTER	K	475,540	FMV
COMMUNITY MEDICAL CENTER	L	5,422,930	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	L	1,612,382	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	9,888,808	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	641,916	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	41,596	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	934,166	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	A	2,926	FMV
GEISINGER HEALTH PLAN	L	4,007,205	GAAP
GEISINGER HEALTH PLAN	L	173,750,940	GAAP
GEISINGER HEALTH PLAN	M	930,763	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	324,704	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	2,972,784	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	L	2,756,846	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	B	28,200,000	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	324,704	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	10,880,953	GAAP
GEISINGER INDEMNITY INSURANCE COMP	M	920,614	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	671,950	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	5,709,915	GAAP
GEISINGER MEDICAL CENTER	M	1,317,004	GAAP

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER MEDICAL CENTER	L	70,591,466	GAAP
GEISINGER MEDICAL CENTER	C	9,662,257	GAAP
GEISINGER MEDICAL CENTER	M	7,761,606	GAAP
GEISINGER MEDICAL CENTER	Q	79,582,620	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	568,733	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	755,988	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	116,001	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	16,028	FMV
GEISINGER MEDICAL MANAGEMENT CORP	M	2,709,883	GAAP
GEISINGER QUALITY OPTIONS INC	L	24,691,651	GAAP
GEISINGER SYSTEM SERVICES	M	97,204,037	GAAP
GEISINGER SYSTEM SERVICES	P	12,378,780	GAAP
GEISINGER SYSTEM SERVICES	L	2,972,176	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	729,231	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	139,139	FMV
GEISINGER WYOMING VALLEY MED CTR	L	27,696,613	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	3,992,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	962,858	FMV
GEISINGER WYOMING VALLEY MED CTR	M	3,816,899	GAAP
GEISINGER WYOMING VALLEY MED CTR	Q	4,417,380	GAAP
GEISINGER-BLOOMSBURG HEALTHCARE CTR	L	20,000	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	2,132,338	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	774,525	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	591,960	FMV
GEISINGER-LEWISTOWN HOSPITAL	L	785,884	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-LEWISTOWN HOSPITAL	M	3,204	GAAP
HEALTH ENTERPRISES INCORPORATED	M	449	GAAP
HEALTHSOUTH GHS LLC	L	178,447	GAAP
HEALTHSOUTH GHS LLC	A	676,730	FMV
LEWISTOWN AMBULATORY CARE CORP	K	214,700	FMV
MARWORTH	L	1,077,660	GAAP
MARWORTH	C	115,000	GAAP
MARWORTH	C	150,000	GAAP
MOUNTAIN VIEW NURSING HOME INC	L	685	GAAP

TY 2013 GeneralDependencySmall**Name:** GEISINGER CLINIC**EIN:** 23-6291113**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction****Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK**Attachment Information:** YEAR ENDING: JUNE 30, 2014 23-6291113 GEISINGER CLINIC 100
NORTH ACADEMY AVENUE, MC 49-70 DANVILLE, PA 17822 NOL
CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE
TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK
PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET
OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.