



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GEISINGER CLINIC		D Employer identification number 23-6291113
	Doing business as		E Telephone number (570) 271-6624
	Number and street (or P O box if mail is not delivered to street address) 100 N ACADEMY AVE MC 49-70	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code DANVILLE, PA 178229800		G Gross receipts \$ 991,297,998
F Name and address of principal officer DAVID T FEINBERG MD MBA 100 N ACADEMY AVE MC 22-01 DANVILLE, PA 178229800		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

Activities & Governance	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	11	
	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 2014 (Part V, line 2a)	5	4,034	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,449,374	
b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		23,981,645	26,545,837
	9 Program service revenue (Part VIII, line 2g)		820,410,851	960,489,677
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,641,194	3,754,815
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		437,802	357,080
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		849,471,492	991,147,409
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		596,363,792	629,302,495
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		256,470,681	374,649,361
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		852,834,473	1,003,951,856
19 Revenue less expenses Subtract line 18 from line 12		-3,362,981	-12,804,447	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		261,919,733	335,664,137
	21 Total liabilities (Part X, line 26)		229,411,154	268,559,729
	22 Net assets or fund balances Subtract line 21 from line 20		32,508,579	67,104,408

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer DAVID J FELICIO ESQUIRE SECRETARY		Date 2016-05-06		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	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

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

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 \$ 902,185,144 including grants of \$) (Revenue \$) PHYSICIAN SERVICES - SEE SCHEDULE O I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 1046 PHYSICIANS PRACTICING AT 115 SITES IN 58 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 MIFFLINTOWN BELLEFONTE MILLVILLE BENTON MILTON BERWICK MONTAURSVILLE BLOOMSBURG MOOSIC BURNHAM MOUNTAINTOP CARBONDALE MOUNT CARMEL CATAWISSA MOUNT POCONO CLARKS SUMMIT NANTICOKE COAL TOWNSHIP NICHOLSON DALLAS NORTHLUMBERLAND DANVILLE OLYPHANT DICKSON CITY ORWIGSBURG DUNMORE PECKVILLE EAST STROUDSBURG PHILIPSBURG ELYSBURG PITTSBURGH FORTY FORT PLAINS FRACKVILLE PORT MATILDA HAZELTON POTTSVILLE HONESDALE SCRANTON HUNTINGDON SELINGSGROVE JESSUP SHAMOKIN DAM KINGSTON STATE COLLEGE KULPMONT SUNBURY LEWISBURG TANNERSVILLE LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANAY CITY WILLIAMSPORT MIFFLIN 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, 2015, THE COST OF CHARITY CARE WAS 10,448,260 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, 2015, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 121,955,962 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, 2015, WAS 4,831,839 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 2015 WAS 4,849,141 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 368,415 IN FISCAL YEAR ENDED JUNE 30, 2015 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS CANCER CARDIAC/HEART STROKE MENTAL HEALTH B HEALTH EDUCATION PRENATAL/CHILDBIRTH CARE CLASSES CHILDREN'S SAFETY EVENTS MENTAL HEALTH/DEPRESSION EDUCATION MEDIA ARTICLES AND INTERVIEWS BREAST CANCER PREVENTION MS EDUCATIONAL SERIES WEIGHT MANAGEMENT EDUCATION ALZHEIMER'S AND MEMORY LOSS STROKE MANAGEMENT TEEN PREGNANCY PREVENTION C OTHER SERVICES AND PROGRAMS HEALTH FAIRS HEALTH SCREENINGS SCHOOL VISION SCREENINGS SCHOOL SPORTS PHYSICALS CAMP ENERGY/CAMP VICTORY FREE CLINICS RACE FOR THE CURE AND RELAY FOR LIFE SENIOR HEALTH EXPO MARCH OF DIMES MARCH FOR BABIES CHILDREN MIRACLE NETWORK EMS PROGRAMS SUPPORT & TRAINING COMMUNITY COALITIONS PATIENT SUPPORT & EDUCATION PROGRAMS RONALD MCDONALD HOUSE HEALTH PROMOTION SPEAKING ENGAGEMENTS V COMMUNITY SERVICE SUMMARY CHARITY CARE 10,448,260 MEDICARE/MEDICAID 121,955,962 OTHER UNCOMPENSATED PATIENT SERVICES 4,831,839 RESEARCH 4,849,121 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 368,415 TOTAL 142,453,597 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,297,969 SERVICE DAYS (CLINIC-WIDE) 533,007 GEISINGER CLINIC PHYSICIANS ADMIT TO THE SIX GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, GEISINGER LEWISTOWN HOSPITAL, AND HOLY SPIRIT, A GEISINGER AFFILIATE, AS WELL AS TEN NON- GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

4b (Code) (Expenses \$ 46,345,990 including grants of \$) (Revenue \$) RESEARCH - SEE SCHEDULE O

4c (Code) (Expenses \$ 24,704,472 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 973,235,606

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</i> (see instructions)		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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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 number, question text, and Yes/No/Amount columns. Includes sections for backup withholding, employee reporting, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 <input checked="" type="checkbox"/> PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records KATHLEEN CHAPMAN CFO VP FINANCE 100 NORTH ACADEMY AVENUE MC 01-51 DANVILLE, PA 17822 (570) 214-3058

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	16,354,726	9,124,536	3,024,461

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,554**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPHEALTH INC PO BOX 972651 DALLAS, TX 753972651	PHYSICIAN SERV	4,350,151
TRISTAN ASSOCIATES 4520 UNION DEPOSIT ROAD HARRISBURG, PA 17111	PHYSICIAN SERV	1,708,005
LINDE HEALTHCARE PO BOX 915241 DALLAS, TX 753915241	PHYSICIAN SERV	969,655
JACKSON & COKER LOCUM TENENS PO BOX 277638 ATLANTA, GA 30384	PHYSICIAN SVCS	862,068
LOCUMTENENS COM PO BOX 405547 ATLANTA, GA 303845547	PHYS SERVICE	731,956

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **37**

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	11,463,682				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	15,082,155				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	26,545,837				
Program Service Revenue	2a	HEALTHCARE	621110	835,868,904	835,868,904		
	b	PHARMACY	446110	93,642,807	93,642,807		
	c	RESEARCH	541700	15,557,616	15,557,616		
	d	PHARMACY - UBIT	446110	11,936,445		11,936,445	
	e	RENTAL	531120	1,972,695		1,972,695	
	f	All other program service revenue		1,511,210	998,169	513,041	
	g	Total. Add lines 2a-2f		960,489,677			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,236,591		1,236,591
4		Income from investment of tax-exempt bond proceeds		642		642	
5		Royalties		11,662		11,662	
6a		Gross rents	(i) Real	1,777			
			(ii) Personal				
			b Less rental expenses	1,972			
			c Rental income or (loss)	-195			
d		Net rental income or (loss)		-195		-112	-83
7a		Gross amount from sales of assets other than inventory	(i) Securities	2,666,199			
			(ii) Other				
			b Less cost or other basis and sales expenses	148,617			
			c Gain or (loss)	2,517,582			
d		Net gain or (loss)		2,517,582	2,517,582		
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	198,353	198,353			
b	CREDENTIALING	900099	116,415	116,415			
c	VENDING & COMMISSION	541700	16,845		16,845		
d	All other revenue		14,000	14,000			
e	Total. Add lines 11a-11d		345,613				
12	Total revenue. See Instructions		991,147,409	948,913,846	12,449,374	3,238,352	

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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,454,268	6,893,680	560,588	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,706,208	4,365,428	340,780	
7	Other salaries and wages	520,960,573	505,012,774	15,947,799	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,959,759	25,139,307	820,452	
9	Other employee benefits	44,969,331	43,548,086	1,421,245	
10	Payroll taxes	25,252,356	24,535,927	716,429	
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,014		14,014	
c	Accounting	161,345	40,854	120,491	
d	Lobbying	37,507		37,507	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,266,610	768,202	498,408	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,194,093	41,571,215	622,878	
12	Advertising and promotion	3,554,409	3,554,409		
13	Office expenses	9,010,506	7,853,450	1,157,056	
14	Information technology	573,241	571,476	1,765	
15	Royalties				
16	Occupancy	12,929,325	12,595,149	334,176	
17	Travel	2,722,068	2,642,279	79,789	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,902,184	3,902,184		
20	Interest	3,415,320	3,327,046	88,274	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,719,009	14,339,310	379,699	
23	Insurance	11,653,106	11,653,106		
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	MEDICAL SUPPLIES	132,514,192	132,455,135	59,057	
b	INTER-ENTITY EXPENSE	119,200,925	111,896,289	7,304,636	
c	UNCOLLECTIBLE EXPENSE	15,755,363	15,755,363		
d	BOOKS, LICENSES, FEES	758,722	758,722		
e	All other expenses	267,422	56,215	211,207	
25	Total functional expenses. Add lines 1 through 24e	1,003,951,856	973,235,606	30,716,250	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	8,396,999	1	17,900,990
	2 Savings and temporary cash investments	5,519,939	2	5,487,236
	3 Pledges and grants receivable, net	3,152,132	3	3,169,629
	4 Accounts receivable, net	36,298,728	4	42,649,791
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	26,048	5	32,280
	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	7,979,642	7	7,055,932
	8 Inventories for sale or use	2,123,685	8	3,124,358
	9 Prepaid expenses and deferred charges	9,471,840	9	3,023,228
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 260,627,660		
	b Less accumulated depreciation	10b 102,351,141	136,696,845	10c 158,276,519
	11 Investments—publicly traded securities	10,022,661	11	6,005,053
	12 Investments—other securities See Part IV, line 11	40,259,347	12	38,853,085
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,000,498	14	45,262,712
	15 Other assets See Part IV, line 11	971,369	15	4,823,324
16 Total assets. Add lines 1 through 15 (must equal line 34)	261,919,733	16	335,664,137	
Liabilities	17 Accounts payable and accrued expenses	69,799,474	17	75,044,666
	18 Grants payable		18	
	19 Deferred revenue	6,612,611	19	5,006,705
	20 Tax-exempt bond liabilities	111,775,816	20	115,190,904
	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	459,219
	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	41,223,253	25	72,858,235
	26 Total liabilities. Add lines 17 through 25	229,411,154	26	268,559,729
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	32,508,579	27	67,104,408
	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	32,508,579	33	67,104,408	
34 Total liabilities and net assets/fund balances	261,919,733	34	335,664,137	

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	991,147,409
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,003,951,856
3	Revenue less expenses Subtract line 2 from line 1	3	-12,804,447
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,508,579
5	Net unrealized gains (losses) on investments	5	-4,803,829
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	52,204,105
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,104,408

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			
(1) DAVID T FEINBERG MD MBA PRES, CHAIR,	40 00	X		X				0	0	0
(1) DON A ROSINI DIRECTOR	0 25 5 25	X						0	0	0
(2) E ALLEN DEEVER DIRECTOR	0 25 4 25	X						0	0	0
(3) FRANK M HENRY DIRECTOR	0 25 4 25	X						0	0	0
(4) GLENN D STEELE JR MD PHD PRES, CHAIR,	40 00	X		X				0	4,288,180	472,126
(5) RICHARD A GRAFMYRE DIRECTOR	0 25 5 25	X						0	0	0
(6) ROBERT J DIETZ DIRECTOR	0 25 5 00	X						0	0	0
(7) ROBERT E POOLE DIRECTOR	0 25 4 75	X						0	0	0
(8) ROBERT L TAMBUR DIRECTOR, VI	0 25 4 50	X						0	0	0
(9) THOMAS H LEE JR MD DIRECTOR	0 25 5 00	X						0	0	0
(10) WILLIAM R GRUVER DIRECTOR	0 25 4 50	X						0	0	0
(11) WILLIAM H ALEXANDER DIRECTOR	0 25 5 50	X						0	0	0
(12) DAVID J FELICIO ESQUIRE CLO, SECRETA	40 00			X				0	662,625	101,181
(13) EDWARD J ZYCH ESQUIRE ACLO, ASST S	40 00			X				0	390,565	42,470
(14) FRANK J TREMBULAK SR VP, TREAS	40 00			X				0	1,192,394	219,582
(15) KEVIN F BRENNAN CPA FHFMA EVP, FINANCE	40 00			X				0	1,028,344	201,791
(16) ALBERT BOTHE JR MD EVP, CMO	40 00				X			1,008,208	0	182,440
(17) BRUCE H HAMORY MD EVP, MGR PRT	40 00				X			560,904	0	129,682
(18) DAVID P FRANKLIN MD FACS CHAIRMAN OF	40 00				X			993,662	0	42,545
(19) DENNIS TORRETTI MD FACP ASSOCIATE CM	40 00				X			428,464	0	34,224
(20) JAMES E HARTLE MD ACMO	40 00				X			253,439	0	35,738
(21) KENNETH A HOLDREN CAO, GC	40 00				X			571,923	0	85,614
(22) LEE M MYERS VP, CPSL	40 00				X			374,728	0	39,274
(23) MARIA S KOBYLINSKI MD CHAIR, CPSL	40 00				X			413,012	0	28,704
(24) RUTH A ZYRY RN VP, OPERATIO	40 00				X			298,194	0	38,643

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			
(26) STEPHEN MASSINI CAO	40 00				X			226,525	172,274	40,809
(1) STEVEN R YOUSO EVP, CEO, IN	40 00				X			43,350	183,386	35,819
(2) THOMAS R GRAF MD ACMO POP HLT	40 00				X			482,540	0	73,618
(3) THOMAS B WEIR VP SURGERY	40 00				X			337,041	0	33,104
(4) SUSAN B FETTERMAN MSN RN MBA FAC VP OPS, MEDI	40 00				X			333,883	0	38,626
(5) DUANE E DAVIS MD FACP FACR EVP, INS OPS	40 00				X			1,188,254	54,144	34,357
(6) TRACEY W WOLFE MHA VP, OPERATIO	40 00				X			186,590	0	27,216
(7) G DEAN HARTER MD PHYSICIAN	40 00					X		1,035,885	0	48,372
(8) JOHN F CARDELLA MD FACR PHYSICIAN	40 00					X		1,180,442	0	39,012
(9) JOHN M PARENTI MD FAAOS PHYSICIAN	40 00					X		1,031,272	0	43,061
(10) ROBERT J WEIL MD FAANS FACS ASSOC CH SCI	40 00					X		1,089,287	0	128,299
(11) STEVEN A TOMS MD MPH FACS DIRECTOR, NE	40 00					X		1,081,432	0	43,482
(12) ALFRED S CASALE MD FACC FACS FORMER KEY E	40 00						X	1,014,444	0	113,317
(13) DAVID H LEDBETTER PHD FACMG FORMER KEY E	40 00						X	0	1,017,517	208,911
(14) JOEL J BERBERICH MD PHD FORMER KEY E	40 00						X	259,097	0	35,970
(15) KENNETH E WOOD DO FORMER KEY E	40 00						X	639,569	0	101,331
(16) STEVEN B PIERDON MD FORMER OFFIC	40 00						X	716,783	135,107	279,385
(17) WILLIAM E STRODEL III MD FACS FORMER KEY E	40 00						X	605,798	0	45,758

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) 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 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations **1 5**
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 15					0	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 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 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI 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—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Yes	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1	Yes	
2	Yes	

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART I, LINE 11H	GEISINGER WYOMING VALLEY MEDICAL CTR 23-1996150 3 0 0 COMMUNITY MEDICAL CENTER 24-0862246 3 0 0 GEISINGER-BLOOMSBURG HOSPITAL 23-2193572 3 0 0 GEISINGER-LEWISTOWN HOSPITAL 23-1352187 3 0 0 HOLY SPIRIT HOSPITAL 23-1512747 3 0 0 SPIRIT PHYSICIAN SERVICES, INC 25-1766971 9 0 0 GEISINGER-BLOOMSBURG HEALTH CARE CENTER 23-2242854 9 0 0 SUN HOME HEALTH SERVICES, INC 23-1736912 9 0 0 MARWORTH 23-2171417 3 0 0 GEISINGER-BLOOMSBURG HEALTH CARE CENTER 23-2242854 9 0 0
PART IV, LINE 1	GEISINGER CLINIC'S (GC) SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND PURPOSE PER ARTICLE 3 OF GC'S ARTICLES OF INCORPORATION, THE CORPORATION IS INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "INTERNAL REVENUE CODE"), INCLUDING A ENGAGING IN EDUCATION, STUDY, RESEARCH AND SCIENTIFIC DEVELOPMENT IN ALL FIELDS OF MEDICINE, SURGERY, MEDICAL ARTS AND SCIENCES, AND THE PHYSICAL AND LIFE SCIENCES GENERALLY, B STUDYING AND INVESTIGATING THE NATURE, ETIOLOGY, DIAGNOSIS AND THERAPY OF DISEASES, C ESTABLISHING, CONDUCTING, MAINTAINING, MANAGING AND OPERATING EDUCATIONAL PROGRAMS, COURSES AND STUDIES, INCLUDING, WITHOUT LIMITATION, FELLOWSHIPS AND GRADUATE EDUCATION, IN ALL OF THE FOREGOING FIELDS, D CONSTRUCTING, OPERATING AND MAINTAINING LABORATORIES, DISPENSARIES, BUILDINGS AND FACILITIES RELATING TO THESE PURPOSES, E PUBLISHING BOOKS AND WRITING AND DISSEMINATING ARTICLES OR REPORTS RELATING TO THESE PURPOSES, F PROVIDING 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, G MAKING DONATIONS AND OTHER TRANSFERS TO THE GEISINGER FOUNDATION, NOW GEISINGER HEALTH SYSTEM FOUNDATION, HEREINAFTER REFERRED TO AS "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 H ENGAGING IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE REQUESTING OFFUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED
PART IV, LINE 5A	ORGANIZATION REMOVED (I) BLOOMSBURG PHYSICIAN SERVICES (BPS), EIN 23-2979856, A 501(C)(3) AFFILIATE OF GEISINGER CLINIC WAS REMOVED (II) BPS WAS REMOVED BECAUSE IT WAS DISSOLVED EFFECTIVE JULY 8, 2014 (III) NO AUTHORITY WAS REQUIRED TO REMOVE THE ORGANIZATION WHICH CEASED EXISTENCE (IV) NO ACTION WAS REQUIRED BY GEISINGER CLINIC TO REMOVE BPS AS A SUPPORTED ORGANIZATION BPS FILED ARTICLES OF DSSOLUTION WITH THE STATE OF PENNSYLVANIA AND FILED IT'S FINAL FORM 990 FOR BPS FOR THE FISCAL YEAR ENDED JUNE 30, 2014 ORGANIZATIONS ADDED (I) SUN HOME HEALTH SERVICES, INC (SUN), EIN 23-1736912, HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY (HSH), EIN 23-1512747, AND SPIRIT PHYSICIAN SERVICES, INC (SPSI), EIN 25-1766971 WERE ADDED AS SUPPORTING ORGANIZATIONS DURING THE FISCAL YEAR (II) DURING THE FISCAL YEAR, SUN WAS ACQUIRED BY GEISINGER COMMUNITY HEALTH SERVICES, EIN 23-2967235, AN AFFILIATE OF THE GEISINGER HEALTH SYSTEM HSH AND SPSI WERE ACQUIRED BY GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911, PARENT ORGANIZATION OF THE GEISINGER HEALTH SYSTEM (IV) NO ACTION WAS REQUIRED BY GEISINGER CLINIC TO ADD THE SUPPORTED ORGANIZATIONS PER GEISINGER CLINIC'S ARTICLES OF INCORPORATION, GEISINGER CLINIC IS ORGANIZED TO SUPPORT THE GEISINGER HEALTH SYSTEM FOUNDATION AND TO PROVIDE 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
PART IV, LINE 5B	GEISINGER CLINIC IS A TYPE I SUPPORTING ORGANIZATION ALL SUPPORTED ORGANIZATIONS ADDED DURING THE FISCAL YEAR WERE 501(C)(3) ORGANIZATIONS AND MEMBERS OF THE GEISINGER HEALTH SYSTEM AND ARE THEREFORE INCLUDED IN THE CLASS DESIGNATED AS SUPPORTED ORGANIZATIONS IN GEISINGER CLINIC'S ARTICLES OF INCORPORATION REFER TO THE RESPONSE TO SCHEDULE A, PART IV, SECTION A, QUESTION 1
PART IV, SECTION B, LINE 2	GEISINGER HEALTH SYSTEM IS A PHYSICIAN-LED, INTEGRATED HEALTH SERVICES ORGANIZATION THAT HAS AS ITS MAIN COMPONENTS 1 AN ARRAY OF HEALTH SERVICES PROVIDERS, INCLUDING FIVE ACUTE CARE HOSPITALS AND A DRUG AND ALCOHOL TREATMENT FACILITY, 2 A MULTISPECIALTY PHYSICIAN GROUP PRACTICE OF 1,136 PHYSICIANS PRACTICING AT 91 PRIMARY AND SPECIALTY CLINICS, AND 3 ONE OF THE NATION'S LARGEST RURAL HEALTH INSURANCE ORGANIZATIONS WITH 478,501 MEMBERS GEISINGER HEALTH SYSTEM FOUNDATION, PARENT ORGANIZATION OF THE GEISINGER HEALTH SYSTEM AND THE ORGANIZATION WHICH HAS THE POWER TO REGULARLY APPOINT AT LEAST A MAJORITY OF GEISINGER CLINIC'S DIRECTORS, IS INCORPORATED FOR THE CHARITABLE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "INTERNAL REVENUE CODE"), INCLUDING, DIRECTLY OR INDIRECTLY, SUPPORTING THE PUPOSES OF, GEISINGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH THE CORPORATION WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GEISINGER HEALTH SYSTEM FOUNDATION ENGAGES IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE SOLICITATION OF FUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED GEISINGER CLINIC'S SUPPORT OF OTHER 501(C)(3) ORGANIZATIONS WITHIN THE GEISINGER HEALTH SYSTEM AND AFFILIATED WITH GEISINGER MEDICAL CENTER AND GEISINGER HEALTH SYSTEM FOUNDATION THEREFORE SERVES TO SUPPORT THE CHARITABLE PURPOSES OF GEISINGER HEALTH SYSTEM FOUNDATION
SUPPLEMENTAL INFORMATION	IN ADDITION TO THE ORGANIZATIONS LISTED IN PART I, LINE 11, GEISINGER CLINIC (GC) ALSO SUPPORTS THE FOLLOWING GEISINGER HEALTH SYSTEM AFFILIATED 501(C)(3), 509 (A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSES INCLUDE SUPPORTING OTHER MEMBERS WITHIN THE GEISINGER HEALTH SYSTEM AS DESCRIBED IN THEIR RESPECTIVE ARTICLES OF INCORPORATION NAME OF SUPPORTING ORGANIZATION EIN FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL 25-1651582 KEYSTONE HEALTH INFORMATION EXCHANGE, INC 46-4359893 BY SUPPORTING THESE ORGANIZATION, GC IS FULFILLING ITS MISSION TO SUPPORT THE GEISINGER HEALTH SYSTEM FOUNDATION IN ITS CHARITABLE MISSION OF DIRECTLY OR INDIRECTLY SUPPORTING THE PURPOSES OF GEISINGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH GEISINGER HEALTH SYSTEM FOUNDATION WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE 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 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) GEISINGER COMMUNITY HEALTH SERVICES	232967235			No	0	0
(A) COMMUNITY MEDICAL CARE INC	232429776			No	0	0
(B) MOUNTAIN VIEW NURSING HOME INC	232568288			No	0	0
(C) GEISINGER HEALTH SYSTEM FOUNDATION	231995911		Yes		0	0
(D) GEISINGER MEDICAL CENTER	240795959			No	0	0
(E) GEISINGER WYOMING VALLEY MEDICAL CTR	231996150			No	0	0
(F) COMMUNITY MEDICAL CENTER	240862246			No	0	0
(G) GEISINGER-BLOOMSBURG HOSPITAL	232193572			No	0	0
(H) GEISINGER-LEWISTOWN HOSPITAL	231352187			No	0	0
(I) HOLY SPIRIT HOSPITAL	231512747			No	0	0
(J) SPIRIT PHYSICIAN SERVICES INC	251766971			No	0	0
(K) GEISINGER-BLOOMSBURG HEALTH CARE CENTER	232242854			No	0	0
(L) SUN HOME HEALTH SERVICES INC	231736912			No	0	0
(M) MARWORTH	232171417			No	0	0
(N) GEISINGER-BLOOMSBURG HEALTH CARE CENTER	232242854			No	0	0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.
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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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)	37,507	672,443												
c Total lobbying expenditures (add lines 1a and 1b)	37,507	672,443												
d Other exempt purpose expenditures	1,003,914,349	3,815,669,318												
e Total exempt purpose expenditures (add lines 1c and 1d)	1,003,951,856	3,816,341,761												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	640,652	650,175	710,974	672,443	2,674,244
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 1j 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, lines 1 and 2 (see instructions), 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

2014

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.

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year. Rows: 2a Total acreage restricted by conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g 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 24.000%
b Permanent endowment 65.000%
c Temporarily restricted endowment 11.000%
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 with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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 (losses) 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 4, PART XIII	PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED BY GEISINGER HEALTH SYSTEM TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION AND CAPITAL AND PROGRAM EXPENSES PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION 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 OFF 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 THE END OF THE FISCAL YEAR OR ANY PREVIOUS YEAR SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE FISCAL YEAR END 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

2014

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.

▶ 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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), 501(c)(4), and 501(c)(29) organizations 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	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
5a		No
5b		No
6a		No
6b		No
7	Yes	
8	Yes	
9	Yes	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) 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 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - FROM TIME TO TIME, THE GHS BOARD OF DIRECTORS OR GHS SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FURTHER GHS BUSINESS, FOR TAX OBLIGATIONS
SCHEDULE J, PAGE 1, PART I, LINE 4	GLENN D STEELE JR , MD PHD 0 1,908,021 0 DAVID J FELICIO, ESQUIRE 0 61,110 0 EDWARD J ZYCH, ESQUIRE 0 30,485 0 FRANK J TREMBULAK 0 209,318 0 KEVIN F BRENNAN, CPA, FHFMA 0 185,023 0 ALBERT BOTHE, JR , MD 0 185,129 0 BRUCE H HAMORY, MD 0 352,685 0 KENNETH A HOLDREN 209,240 47,771 0 THOMAS R GRAF, MD 0 36,784 0 JOHN M PARENTI, MD, FAAOS 0 144,445 0 ALFRED S CASALE, MD, FACC, FACS 0 68,977 0 DAVID H LEDBETTER, PHD, FACMG 0 128,033 0 KENNETH E WOOD, DO 0 64,633 0 STEVEN B PIERDON, MD 0 165,546 57,990
SCHEDULE J, PAGE 1, PART I, LINE 7	BECAUSE THE PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL SYSTEM OBJECTIVES, INCLUDING CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT, AND FINANCIAL STEWARDSHIP
SCHEDULE J, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS
SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE PAYMENT UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GEISINGER HEALTH SYSTEM SERVICE AND POSITION 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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GLENN D STEELE JR MD PHD, PRES, CHAIR,DIRECTOR	(i) (ii) 1,091,895	 1,131,217	 2,065,068	 440,136	 31,990	 4,760,306	 1,191,920
DAVID J FELICIO ESQUIRE, CLO, SECRETARY	(i) (ii) 390,448	 164,846	 107,331	 76,118	 25,063	 763,806	 61,110
EDWARD J ZYCH ESQUIRE, ACLO, ASST SECTY	(i) (ii) 262,471	 80,515	 47,579	 18,720	 23,750	 433,035	 30,485
FRANK J TREMBULAK, SR VP, TREASURER	(i) (ii) 628,294	 313,196	 250,904	 208,746	 10,836	 1,411,976	 209,318
KEVIN F BRENNAN CPA FHFMA, EVP, FINANCE, CFO	(i) (ii) 531,656	 273,329	 223,359	 176,933	 24,858	 1,230,135	 185,023
ALBERT BOTHE JR MD, EVP, CMO	(i) (ii) 557,191	 203,742	 247,275	 169,843	 12,597	 1,190,648	 185,129
BRUCE H HAMORY MD, EVP, MGR PRTNR	(i) (ii) 164,715	 	 396,189	 119,889	 9,793	 690,586	 352,685
DAVID P FRANKLIN MD FACS, CHAIRMAN OF SURGERY	(i) (ii) 725,418	 214,580	 53,664	 18,720	 23,825	 1,036,207	
DENNIS TORRETTI MD FACP, ASSOCIATE CMO	(i) (ii) 256,370	 101,163	 70,931	 18,720	 15,504	 462,688	
JAMES E HARTLE MD, ACMO	(i) (ii) 194,957	 43,975	 14,507	 16,931	 18,807	 289,177	
KENNETH A HOLDREN, CAO, GC	(i) (ii) 223,903	 	 348,020	 61,048	 24,566	 657,537	 47,771
LEE M MYERS, VP, CPSL	(i) (ii) 265,576	 84,087	 25,065	 18,720	 20,554	 414,002	
MARIA S KOBYLINSKI MD, CHAIR, CPSL	(i) (ii) 278,276	 108,043	 26,693	 18,720	 9,984	 441,716	
RUTH A ZYRY RN, VP, OPERATIONS	(i) (ii) 227,838	 67,033	 3,323	 18,720	 19,923	 336,837	
STEPHEN MASSINI, CAO	(i) (ii) 139,479 162,180	 77,763	 9,283 10,094	 8,555 10,165	 9,256 12,833	 244,336 195,272	
STEVEN R YOUSO, EVP, CEO, INS OPS	(i) (ii) 40,720 153,885	 	 2,630 29,501	 2,044 12,405	 1,299 20,071	 46,693 215,862	
THOMAS R GRAF MD, ACMO POP HLTH	(i) (ii) 327,293	 87,029	 68,218	 53,258	 20,360	 556,158	 36,784
THOMAS B WEIR, VP SURGERY	(i) (ii) 237,172	 72,309	 27,560	 18,720	 14,384	 370,145	
SUSAN B FETTERMAN MSN RN MBA FAC, VP OPS, MEDICINE	(i) (ii) 251,044	 77,376	 5,463	 18,720	 19,906	 372,509	
DUANE E DAVIS MD FACP FACR, EVP, INS OPS	(i) (ii) 548,885 52,778	 380,492	 258,877 1,366	 18,720 460	 15,177	 1,222,151 54,604	

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

(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 in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
TRACEY W WOLFE MHA, VP, OPERATIONS	(i) (ii)	153,524	28,127	4,939	11,870	15,346	213,806	
G DEAN HARTER MD, PHYSICIAN	(i) (ii)	727,418	191,436	117,031	18,720	29,652	1,084,257	
JOHN F CARDELLA MD FACR, PHYSICIAN	(i) (ii)	866,245	278,217	35,980	18,720	20,292	1,219,454	
JOHN M PARENTI MD FAAOS, PHYSICIAN	(i) (ii)	584,448	153,342	293,482	18,720	24,341	1,074,333	29,672
ROBERT J WEIL MD FAANS FACS, ASSOC CH SCI OFFICER	(i) (ii)	846,046	212,503	30,738	103,721	24,578	1,217,586	
STEVEN A TOMS MD MPH FACS, DIRECTOR, NEUROSURG	(i) (ii)	922,784	150,391	8,257	18,720	24,762	1,124,914	
ALFRED S CASALE MD FACC FACS, FORMER KEY EMPLOYEE	(i) (ii)	702,010	201,837	110,597	91,040	22,277	1,127,761	68,977
DAVID H LEDBETTER PHD FACMG, FORMER KEY EMPLOYEE	(i) (ii)	544,014	249,891	223,612	178,849	30,062	1,226,428	128,033
JOEL J BERBERICH MD PHD, FORMER KEY EMPLOYEE	(i) (ii)	190,895	51,806	16,396	17,790	18,180	295,067	
KENNETH E WOOD DO, FORMER KEY EMPLOYEE	(i) (ii)	426,525	100,143	112,901	74,350	26,981	740,900	64,633
STEVEN B PIERDON MD, FORMER OFFICER	(i) (ii)	331,370 76,375	169,650	215,763 58,732	259,466 373	15,851 3,695	992,100 139,175	165,546
WILLIAM E STRODEL III MD FACS, FORMER KEY EMPLOYEE	(i) (ii)	486,230	73,284	46,284	18,720	27,038	651,556	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

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.

Information about Schedule L (Form 990 or 990-EZ) 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

Table with 4 columns: (a) Name of disqualified person, (b) 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 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)

Total \$ 32,280

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 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
(1) GREEN TECH DRIVE ASSOCIATES LP	BUSINESS	195,439	LEASE/RE TAX PYMTS		No
(2) ELAINE K BERBERICH	FAMILY	34,672	EMPLOYEE COMP		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	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

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 990-EZ 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.

2014

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number

23-6291113

Return Reference

Explanation

FORM 990 - ORGANIZATIONS 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	<p>FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GHSF IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 1,230,762,550, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2015 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GHSF SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER, EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER, EIN 23-1996150 GEISINGER CLINIC, EIN 23-6291113 MARWORTH, EIN 23-2171417 GEISINGER SYSTEM SERVICES, EIN 23-2164794 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 HOLY SPIRIT HOSPITAL, EIN 23-1512747 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH SYSTEM FOUNDATION, EIN 23-1995911</p>

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 1046 PHYSICIANS PRACTICING AT 115 SITES IN 58 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 MIFFLINTOWN BELLEFONTE MILLVILLE BENTON MILTON BERWICK MONTOURSVILLE BLOOMSBURG MOOSIC BURNHAM MOUNTAINTOP CARBONDALE MOUNT CARMEL CATAWISSA MOUNT POCONO CLARKS SUMMIT NANTICOKE COAL TOWNSHIP NICHOLSON DALLAS NORTHUMBERLAND DANVILLE OLYPHANT DICKSON CITY ORWIGSBURG DUNMORE PECKVILLE EAST STROUDSBURG PHILIPSBURG ELYSBURG PITTSBURGH FORTY FORT PLAINS FRACKVILLE PORT MATILDA HAZELTON POTTSVILLE HONESDALE SCRANTON HUNTINGDON SELINGSGROVE JESSUP SHAMOKIN DAM KINGSTON STATE COLLEGE KULPMONT SUNBURY LEWISBURG TANNERSVILLE LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOY CITY 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, 2015, THE COST OF CHARITY CARE WAS 10,448,260 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, 2015, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 121,955,962 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, 2015, WAS 4,831,839 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 2015 WAS 4,849,141 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 SE</p>

Return Reference	Explanation	
FORM 990, PAGE 2, PART III, LINE 4A		<p>RIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 368,415 IN FISCAL YEAR ENDED JUNE 30, 2015 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS CANCER CARDIAC/HEART STROKE MENTAL HEALTH B HEALTH EDUCATION PRENATAL/CHILDBIRTH CARE CLASSES CHILDREN'S SAFETY EVENTS MENTAL HEALTH/DEPRESSION EDUCATION MEDIA ARTICLES AND INTERVIEWS BREAST CANCER PREVENTION MS EDUCATIONAL SERIES WEIGHT MANAGEMENT EDUCATION ALZHEIMER'S AND MEMORY LOSS STROKE MANAGEMENT TEEN PREGNANCY PREVENTION C OTHER SERVICES AND PROGRAMS HEALTH FAIRS HEALTH SCREENINGS SCHOOL VISION SCREENINGS SCHOOL SPORTS PHYSICALS CAMP ENERGY/CAMP VICTORY FREE CLINICS RACE FOR THE CURE AND RELAY FOR LIFE SENIOR HEALTH EXPO MARCH OF DIMES MARCH FOR BABIES CHILDREN MIRACLE NETWORK EMS PROGRAMS SUPPORT & TRAINING COMMUNITY COALITIONS PATIENT SUPPORT & EDUCATION PROGRAMS RONALD MCDONALD HOUSE HEALTH PROMOTION SPEAKING ENGAGEMENTS V COMMUNITY SERVICE SUMMARY CHARITY CARE 10,448,260 MEDICARE/MEDICAID 121,955,962 OTHER UNCOMPENSATED PATIENT SERVICES 4,831,839 RESEARCH 4,849,121 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 368,415 TO TAL 142,453,597 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,297,969 SERVICE DAYS (CLINIC-WIDE) 533,007 GEISINGER CLINIC PHYSICIANS ADMIT TO THE SIX GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, GEISINGER LEWISTOWN HOSPITAL, AND HOLY SPIRIT, A GEISINGER AFFILIATE, 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 2014 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,582 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 FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? WILLIAM H ALEXANDER, ALBERT BOTHE, JR, M D, DUANE E DAVIS, M D, E ALLEN DEAVER, ROBERT J DIETZ, DAVID T FEINBERG, M D, MBA, DAVID J FELICIO, ESQUIRE, SUSAN FETTERMAN, THOMAS GRAF, M D, RICHARD GRAFMYRE, WILLIAM R GRUVER, FRANK M HENRY, KENNETH HOLDREN, THOMAS H LEE, JR, M D, STEPHEN M MASSINI, ROBERT E POOLE, DON A ROSINI, GLENN D STEELE JR, M D, PH D, ROBERT L TAMBUR, DENNIS TORRETTI, M D, FRANK J TREMBULAK, THOMAS WEIR, TRACEY WOLFE, STEVEN R YOUSO 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, 2015.</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 2F THE IC SHARED SERVICE REVENUE 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 GEISINGER HEALTH SYSTEM FOUNDATION -85,553 TRANSFER TO GEISINGER HEALTH SYSTEM FOUNDATION 52,289,658 TOTAL OTHER CHANGES IN NET ASSETS 52,204,105

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

2014

**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.**
- ▶ **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	
See Additional Data Table												

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	
(7) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	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	Yes	
1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN THE RESPONSE TO FORM 990, SCHEDULE R, GEISINGER 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) MOUNTAIN VIEW NURSING HOME INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	9	GHSF	Yes	
(11) COMMUNITY MEDICAL CTR HEALTHCARE SY 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2279376	SUPPORT SV	PA	501C3	11A	GHSF	Yes	
(12) GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GHSF	Yes	
(13) GEISINGER-BLOOMSBURG HEALTHCARE CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	9	GHSF	Yes	
(14) LEWISTOWN HEALTHCARE FOUNDATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344363	PHILANTHRO	PA	501C3	11A	GHSF	Yes	
(15) GEISINGER-LEWISTOWN HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GHSF	Yes	
(16) LEWISTOWN AMBULATORY CARE CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	RE HOLDIN	PA	501C3	11A	GHSF	Yes	
(17) FAM HEALTH ASSOC OF GEISINGER-LEWIS 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	11A	GHSF	Yes	
(18) KEYSTONE HEALTH INFO EXCHANGE INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	11A	GHSF	Yes	
(19) 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 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) SUN HOME HEALTH SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1736912	HEALTHCARE	PA	501C3	9	GCHS	Yes	
(1) HOLY SPIRIT HEALTH SYSTEM 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	11A	GHSF	Yes	
(2) HOLY SPIRIT HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	
(3) HOLY SPIRIT CORPORATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	REALESTATE	PA	501C2		HSHS	Yes	
(4) SPIRIT PHYSICIAN SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501C3	9	HSHS	Yes	
(5) WEST SHORE ADVANCED LIFE SUPPORT 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	7	HSHS	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 Schedule 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	87,846	632,321		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	
CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
HS ORTHOPEDIC MANAGEMENT CO LLC 503 NORTH 21ST STREET CANP HILL, PA 17011 46-0887384	MANAGEMENT	PA	N/A					No			No	
CAELIAN MEDICAL LLC 880 CENTURY DRIVE MECHANICSBURG, PA 17055 20-8018724	HEALTHCARE	PA	N/A					No			No	
GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
LACKAWANNA PHYS AMB SURG CTRLCC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes
HEALTH ENTERPRISES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2353212	PHARMACY	PA	N/A					Yes
XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes
GEISINGER 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
HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COMMUNITY MEDICAL CENTER	M	13,052,234	GAAP
COMMUNITY MEDICAL CENTER	A	63,336	FMV
COMMUNITY MEDICAL CENTER	L	11,745,459	GAAP
COMMUNITY MEDICAL CARE INC	S	1,771,275	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	M	186,677	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	K	1,803	FMV
FAM HEALTH ASSOC OF GEISINGER-LEWIS	L	6,158,660	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	10,592,994	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	153,862	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	61,113	FMV
GEISINGER COMMUNITY HEALTH SERVICES	L	1,098,884	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	C	10,698	GAAP
GEISINGER HEALTH PLAN	L	222,908,703	GAAP
GEISINGER HEALTH PLAN	M	2,027,244	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	C	50,766,295	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	M	3,394,956	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	L	304,831	GAAP
GEISINGER HEALTH SYSTEM FOUNDATION	S	2,012,389	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	8,380,844	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	6,293,549	GAAP
GEISINGER MEDICAL CENTER	M	3,380,553	GAAP
GEISINGER MEDICAL CENTER	L	76,600,978	GAAP
GEISINGER MEDICAL CENTER	C	9,049,000	GAAP
GEISINGER MEDICAL CENTER	B	656,502	GAAP
GEISINGER MEDICAL CENTER	R	6,177,606	GAAP

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER MEDICAL CENTER	Q	80,700,000	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	M	3,451,688	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	L	330,662	GAAP
GEISINGER MEDICAL MANAGEMENT CORP	A	1,777	FMV
GEISINGER QUALITY OPTIONS INC	L	18,169,401	GAAP
GEISINGER SYSTEM SERVICES	M	105,114,372	GAAP
GEISINGER SYSTEM SERVICES	B	7,100	GAAP
GEISINGER SYSTEM SERVICES	L	2,010,773	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	919,145	GAAP
GEISINGER WYOMING VALLEY MED CTR	K	174,186	FMV
GEISINGER WYOMING VALLEY MED CTR	L	30,268,424	GAAP
GEISINGER WYOMING VALLEY MED CTR	B	188,246	GAAP
GEISINGER WYOMING VALLEY MED CTR	C	4,052,000	GAAP
GEISINGER WYOMING VALLEY MED CTR	A	853,762	FMV
GEISINGER WYOMING VALLEY MED CTR	R	3,816,899	GAAP
GEISINGER WYOMING VALLEY MED CTR	S	950,004	GAAP
GEISINGER-BLOOMSBURG HEALTHCARE CTR	L	35,510	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	2,224,775	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	4,459	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	K	630,817	FMV
GEISINGER-BLOOMSBURG HOSPITAL	B	22,393	GAAP
GEISINGER-LEWISTOWN HOSPITAL	L	1,521,172	GAAP
GEISINGER-LEWISTOWN HOSPITAL	M	52,322	GAAP
GEISINGER-LEWISTOWN HOSPITAL	K	2,025	GAAP
HEALTH ENTERPRISES INCORPORATED	M	420	GAAP

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH ENTERPRISES INCORPORATED	C	1,889,664	GAAP
HEALTHSOUTH GHS LLC	L	179,505	GAAP
HEALTHSOUTH GHS LLC	A	683,774	FMV
LEWISTOWN AMBULATORY CARE CORP	K	346,081	FMV
MARWORTH	L	1,066,600	GAAP
MARWORTH	C	520,000	GAAP
MOUNTAIN VIEW NURSING HOME INC	L	35,779	GAAP
GEISINGER-SCA HOLDINGS LLC	L	18,755	GAAP
SUN HOME HEALTH SERVICES INC	L	150	GAAP
SPIRIT PHYSICIANS SERVICES INC	K	17,604	FMV
SPIRIT PHYSICIANS SERVICES INC	L	30,096	GAAP