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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GEISINGER HEALTH		D Employer identification number 23-1995911
	Doing business as GEISINGER HEALTH FOUNDATION		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 17822		G Gross receipts \$ 712,111,936
	F Name and address of principal officer DAVID T FEINBERG MD MBA 100 N ACADEMY AVE MC 22-01 DANVILLE, PA 178229800		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW GEISINGER ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		H(c) Group exemption number ▶	
		L Year of formation 1975	M State of legal domicile PA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE GEISINGER HEALTH SYSTEM AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, RESEARCH AND CAPITAL PRIORITIES		
	2 Check this box ☐ 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 34		7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	94,194,751	577,656,675
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,201,601	10,220,147
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,979,703	123,804,167
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-130,101	51,680
		217,245,954	711,732,669
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	7,365,182	8,862,005
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,944,194	4,924,059
	16a Professional fundraising fees (Part IX, column (A), line 11e)	126,609	463,864
	b Total fundraising expenses (Part IX, column (D), line 25) <u>928,975</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,563,756	8,396,905
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,999,741	22,646,833
	19 Revenue less expenses Subtract line 18 from line 12	196,246,213	689,085,836
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		2,165,991,757	1,946,573,038
21 Total liabilities (Part X, line 26)		18,554,136	17,138,206
22 Net assets or fund balances Subtract line 21 from line 20		2,147,437,621	1,929,434,832

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			2017-05-08	
	DAVID J FELICIO ESQUIRE SECRETARY, EVP, CLO Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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	Yes	
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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	26	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	62
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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	1a 18		
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►KENNETH BARTLETT AVP FINANCE 100 NORTH ACADEMY AVENUE MC 49-52 DANVILLE, PA 17822 (570) 271-5555

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

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,634,479	15,884,875	2,390,247

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

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.

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 ► 5	
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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	6,507	577,656,675		
	b	Membership dues	1b				
	c	Fundraising events	1c	633,538			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	577,016,630			
	g	Noncash contributions included in lines 1a-1f \$		595,060			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	INTERCOMPANY REVENUE	Business Code	541900	10,220,147	10,220,147	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			10,220,147		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,789,414		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		(i) Real		(ii) Personal			
		Gross rents					
		Less rental expenses					
		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities		(ii) Other	90,014,753		
		Gross amount from sales of assets other than inventory		90,014,753			
		Less cost or other basis and sales expenses					
		Gain or (loss)		90,014,753			
d		Net gain or (loss)		90,014,753			90,014,753
8a		Gross income from fundraising events (not including \$ 633,538 of contributions reported on line 1c) See Part IV, line 18			-61,694		-61,694
a		317,573					
b		Less direct expenses		379,267			
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19			112,327		112,327
a		112,327					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code				
11a	PHEAA WORK STUDY		900099	1,047			1,047
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,047			
12	Total revenue. See Instructions			711,732,669	10,220,147		123,855,847

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	8,862,005	8,862,005		
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	1,009,612	970,177	18,796	20,639
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,075,727	2,955,590	57,262	62,875
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,517	141,755	2,746	3,016
9	Other employee benefits	439,445	422,281	8,181	8,983
10	Payroll taxes	251,758	241,924	4,687	5,147
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	587		587	
d	Lobbying	7,923		7,923	
e	Professional fundraising services. See Part IV, line 17	463,864			463,864
f	Investment management fees	2,030,061	2,030,061		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,126,065	1,075,499	38,507	12,059
12	Advertising and promotion	40,493	6,177	14,775	19,541
13	Office expenses	430,689	244,062	36,424	150,203
14	Information technology	3,147	1,515	910	722
15	Royalties				
16	Occupancy	45,123	43,360	840	923
17	Travel	275,467	203,149	23,362	48,956
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,040	16,549	1,592	3,899
20	Interest	688,697	688,697		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,637	1,573	30	34
23	Insurance	137,150		137,150	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INTERCOMPANY EXPENSES	3,490,779	3,332,542	34,326	123,911
b	BOOKS,LICENSES,FEES,DUES	97,047	80,900	11,944	4,203
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,646,833	21,317,816	400,042	928,975
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,658,220	1	2,586,397	
	2	Savings and temporary cash investments		196,053,791	2	101,808,228	
	3	Pledges and grants receivable, net		7,204,501	3	5,215,265	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		2,031	7		
	8	Inventories for sale or use		374,213	8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	68,194			
	b	Less: accumulated depreciation	10b	62,577	7,254	10c	5,617
	11	Investments—publicly traded securities		231,554,355	11	216,646,086	
	12	Investments—other securities. See Part IV, line 11		1,727,137,392	12	1,620,311,445	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,165,991,757	16	1,946,573,038		
Liabilities	17	Accounts payable and accrued expenses		599,643	17	448,817	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		14,229,042	23	13,221,972	
	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		3,725,451	25	3,467,417	
	26	Total liabilities. Add lines 17 through 25		18,554,136	26	17,138,206	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,034,161,122	27	1,817,434,810	
	28	Temporarily restricted net assets		42,406,972	28	40,506,172	
	29	Permanently restricted net assets		70,869,527	29	71,493,850	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		2,147,437,621	33	1,929,434,832	
34	Total liabilities and net assets/fund balances		2,165,991,757	34	1,946,573,038		

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	711,732,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,646,833
3	Revenue less expenses Subtract line 2 from line 1	3	689,085,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,147,437,621
5	Net unrealized gains (losses) on investments	5	-165,151,625
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	-741,937,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,929,434,832

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:

EIN: 23-1995911

Name: GEISINGER HEALTH

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			
CHRISTOPHER B SULLIVAN DIRECTOR	0 50 3 00	X						0	0	0
DAVID T FEINBERG MD MBA PRES, CEO,DI	 40 00	X		X				0	1,365,498	408,955
DON A ROSINI DIRECTOR	0 50 3 75	X						0	0	0
E ALLEN DEAVER DIRECTOR	0 50 3 50	X						0	0	0
EUGENE ARNONE DIRECTOR	0 50 3 50	X						0	0	0
FRANK M HENRY DIRECTOR	0 50 3 50	X						0	0	0
GAIL R WILENSKY PHD DIRECTOR	0 50 3 50	X						0	0	0
HEATHER M ACKER DIRECTOR	0 50 3 75	X						0	0	0
JEFF JACOBSON DIRECTOR	0 50 3 50	X						0	0	0
JOHN C BRAVMAN PHD DIRECTOR	0 50 3 50	X						0	0	0

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			
KAREN DAVIS PHD DIRECTOR	0 50 3 75	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	0 50 3 75	X						0	0	0
ROBERT E POOLE DIRECTOR	0 50 3 50	X						0	0	0
ROBERT J DIETZ DIRECTOR	0 50 4 00	X						0	0	0
ROBERT L TAMBUR DIRECTOR, VI	0 50 3 25	X						0	0	0
THOMAS H LEE JR MD MSC DIRECTOR	0 50 3 75	X						0	0	0
VIRGINIA MCGREGOR DIRECTOR	0 50 3 50	X						0	0	0
WILLIAM H ALEXANDER BOARD CHAIR,	0 50 3 75	X		X				0	0	0
WILLIAM E SORDONI DIRECTOR	0 50 3 50	X						0	0	0
WILLIAM R GRUVER DIRECTOR	0 50 3 50	X						0	0	0

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			
RICHARD A ROSE JR DIRECTOR	0 50 3 50	X						0	0	0
ALBERT BOTHE JR MD EVP, CHIEF Q	 40 00			X				0	1,042,907	189,804
DANIEL E LOHR ESQUIRE ACLO, ASST S	 40 00			X				0	329,289	40,678
DAVID H LEDBETTER PHD FACMG EVP,CH SCI	 40 00			X				0	1,117,875	214,145
DAVID J FELICIO ESQUIRE SECRETARY, E	 40 00			X				0	766,266	102,890
EARL P STEINBERG MD MPP EVP, INNOVAT	 40 00			X				0	572,673	4,642
EDELYN L MILLER EVP, CLINICA	 40 00			X				0	1,167,862	195,520
FRANK J TREMBULAK EVP, COO	 40 00			X				0	1,603,656	223,928
JOANNE E WADE EVP STRAT P	 40 00			X				0	1,061,964	213,934
KEVIN F BRENNAN CPA FHFMA EVP, FIN , T	 40 00			X				0	1,083,348	211,615

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			
STEVEN R YOUSO EVP, INS OPS	 40 00			X				0	790,121	136,923
AMY BRAYFORD EVP, CHIEF O	 40 00			X				0	574,501	86,039
SUSAN M ROBEL MHA BSN RN NEA-BC EVP, CNO	 40 00			X				0	666,620	131,731
JAMES H BRUCKER PHD VP, CHIEF CE	40 00				X			384,277	0	41,745
NANCY G LAWTON-KLUCK AVP, RESOURC	40 00				X			207,059	0	38,464
LYN BOOCOCK-TAYLOR VP, CHIEF AD	40 00				X			467,636	0	28,162
CHERYL A CONNOLLY SR REGIONAL	40 00					X		117,753	0	22,225
SUSAN MATHIAS AVP, GIFT PL	40 00					X		119,533	0	13,990
CRYSTAL QUINTIN SR DIR COMP	40 00					X		109,650	0	10,899
WENDY S SASSAMAN SR DIRECTOR	40 00					X		118,077	0	6,739

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			
ALEXANDRA C YANTORN MAJOR GIFTS	40 00					X		110,494	0	12,162
DUANE E DAVIS MD FACP FACR FORMER OFFIC	 40 00						X	0	323,882	4,942
EDWARD J ZYCH ESQUIRE FORMER OFFIC	 40 00						X	0	326,218	16,680
GLENN D STEELE JR MD PHD FORMER OFFIC	 40 00						X	0	3,092,195	33,435

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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 (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		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	16,387,728	20,529,661	24,435,775	94,194,751	577,656,675	733,204,590
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	16,387,728	20,529,661	24,435,775	94,194,751	577,656,675	733,204,590
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						733,204,590

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	16,387,728	20,529,661	24,435,775	94,194,751	577,656,675	733,204,590
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,721,675	25,619,825	36,961,394	33,645,026	33,789,414	151,737,334
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)	526,164	558,272	631,326	542,537	430,947	2,689,246
11 Total support. Add lines 7 through 10						887,631,170
12 Gross receipts from related activities, etc. (see instructions)					12	10,220,147
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					☐	

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	82.600 %
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	55.290 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					☒	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					☐	
17a 10%-facts-and-circumstances test—2015.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					☐	
b 10%-facts-and-circumstances test—2014.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					☐	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in Part VI .	6	
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? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in Part VI .	9a	
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? If "Yes," provide detail in Part VI .	9b	
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? If "Yes," provide detail in Part VI .	9c	
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)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 II, LINE 10	FUNDRAISING 2,203,992 GAMING 481,924 ESCHEAT RECOVERY 918 PHEAA WORK STUDY 2,412

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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2015
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If the organization answered "Yes" on 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" on 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" on 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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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)														
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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		No
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?		No
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	749
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?	Yes	7,923
j Total Add lines 1c through 1i		8,672
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
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 C, PART II-B, LINE 1	LINE 1G AMOUNT REPORTED ON LINE 1G REPRESENTS THE WAGES AND BENEFITS OF EMPLOYEES WHO ASSIST THE GOVERNMENT RELATIONS DEPARTMENT OF THE ORGANIZATION'S AFFILIATE, GEISINGER SYSTEM SERVICES THE PRIMARY PURPOSE OF THE GOVERNMENT RELATIONS DEPARTMENT IS TO MAINTAIN CONTACT WITH FEDERAL, STATE, AND LOCAL GOVERNMENT OFFICIALS THE DEPARTMENT PROMOTES LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND ITS AFFILIATES LINE 1I OTHER LOBBYING ACTIVITIES REPORTED ON LINE 1I REPRESENTS THE PORTION OF MEMBERSHIP DUES, PAID BY THE ORGANIZATION TO TRADE OR PROFESSIONAL ASSOCIATIONS, ATTRIBUTABLE TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GEISINGER HEALTH

Employer identification number
23-1995911

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

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	106,772,000	106,445,000	94,662,000	80,086,000	77,598,000
b Contributions	3,027,000	5,503,000	1,425,000	8,933,000	5,172,000
c Net investment earnings, gains, and losses	-2,009,000	-1,560,000	13,880,000	9,257,000	-9,000
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,474,000	-3,616,000	-3,522,000	-3,614,000	-2,675,000
f Administrative expenses					
g End of year balance	104,316,000	106,772,000	106,445,000	94,662,000	80,086,000

2

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

a

Board designated or quasi-endowment

23 000 %

b

Permanent endowment

69 000 %

c

Temporarily restricted endowment

8 000 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

4

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

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		68,194	62,577	5,617
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,617

Schedule D (Form 990) 2015

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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 III

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER HEALTH

Employer identification number

23-1995911

Part I General Information on Activities Outside the United States.

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		227,139,311
(2)					
(3)					
(4)					
(5)					
3a Sub-total					227,139,311
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					227,139,311

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes

☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 227,139,311

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER HEALTH

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
23-1995911

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRAYHARE LLC 16 DEVON RD NEWTOWN, PA 18940	CONSULTING		No		319,663	-319,663
2 GORDONSQUARED INC 109 STONE BRIDGE WILLIAMSBURG, VA 23188	CONSULTING		No		55,000	-55,000
3 RUFFALO NOEL LEVITZ PO BOX 718 DES MOINES, IA 503030718	CONSULTING		No		31,763	-31,763
4 INNOVATIVE FUNDING PARTNERS LLC 6729 ARTILLERY RD PORT REPUBLIC, VA 24471	CONSULTING		No		25,400	-25,400
5 GRIMES GROUP 493 HARDSCRABBLE LANE LEWISBURG, PA 17837	CONSULTING		No		20,298	-20,298
6 JONATHAN G TIDD 9 BEAVERBROOK RD WEST SIMSBURY, CT 06092	CONSULTING		No		7,400	-7,400
7						
8						
9						
10						
Total ▶					459,524	-459,524

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

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

Part II Fundraising Events.

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

Revenue		(a)Event #1 <u>GWV AUXILIARY G</u> (event type)	(b)Event #2 <u>PRO AM GOLF TOU</u> (event type)	(c)Other events <u>20</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	237,816	60,493	629,621	927,930
	2	Less Contributions	179,729	49,693	400,412	629,834
	3	Gross income (line 1 minus line 2)	58,087	10,800	229,209	298,096
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	22,695		4,910	27,605
	6	Rent/facility costs	11,240	406		11,646
	7	Food and beverages	27,790			27,790
	8	Entertainment	3,200	11,638		14,838
	9	Other direct expenses	13,080	18,780	244,600	276,460
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				358,339
	11	Net income summary Subtract line 10 from line 3, column (d) ►				-60,243

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			112,327	112,327
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					112,327

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes

☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☒ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

MARK KAIN

Address ▶

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

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☒ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

NANCY LAWTON-KLUCK

Gaming manager compensation ▶ \$

Description of services provided ▶

CHIEF PHILANTHROPY OFFICER

☐ Director/officer

☒ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☒ No

b

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

Part IV

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

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

Schedule G (Form 990 or 990-EZ) 2015

2015

23-1995911

Schedule I (Form 990) 2015

Part III

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

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

Part IV

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

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER WYOMING VALLEY MED CTR 1000 EAST MOUNTAIN DRIVE WILKES BARRE, PA 187110027	23-1996150	3	1,053,220				CAPITAL/PROG SERVICE
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	24-0795959	3	2,869,911				CAPITAL/PROG SERVICE
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-6291113	3	3,436,836				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-2164794	3	133,329				CAPITAL/PROG SERVICE
DANVILLE AREA UNITED WAY 116 MILL ST DANVILLE, PA 17821	24-6023856	3	10,000				CONTRIBUTION SUPPORT
MARWORTH PO BOX 36 WAVERLY, PA 184717736	23-2171417	3	227,840				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP VICTORY PO BOX 810 MILLVILLE, PA 17846	23-2979076	3	14,045				CONTRIBUTION SUPPORT
THE UNIVERSITY OF SCRANTON EDWARD R LEAHY JR CENTER UNINSURE 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	3	10,000				CONTRIBUTION SUPPORT
GEISINGER MEDICAL MANAGEMENT CORP 109 WOODBINE LANE DANVILLE, PA 178219118	23-2077663		34,586				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE PO BOX 300 DANVILLE, PA 17821	23-2155803	3	13,113				CONTRIBUTION SUPPORT
GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2193572	3	204,506				CAPITAL/PROG SERVICE
COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2279376	3	234,982				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2967235	3	116,619				CAPITAL/PROG SERVICE
GEISINGER LEWISTOWN HOSPITAL 400 HIGHLAND AVENUE LEWISTOWN, PA 17044	23-1352187	3	37,678				CAPTIAL PROG/SERVICE
CAMP SPIFIDA 196 ROSE LANE PORT TREVERTON, PA 17864	23-2807759	3	8,113				CONTRIBUTION/SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2311553	4	58,040				CAPITAL PROG/SERVICE
MOUNTAIN VIEW NURSING HOME 2309 STAFFORD AVE SCRANTON, PA 18505	23-2568288	3	6,874				CAPITAL/PROG SERVICE
SUN HOME HEALTH SERVICES 100 NORTH ACADEMY AVE DANVILLE, PA 17822	23-1736912	3	168,785				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CRANIUM 41 BROADWAY MILTON, PA 17847	26-1138723	3	10,000				CONTRIBUTION SUPPORT
GREATER SCRANTON CHAMBER COMMERCE 222 MULBERRY ST SCRANTON, PA 18501	24-0716460	3	10,000				CONTRIBUTION SUPPORT
HEALTH CARE IMPROVEMENT TEN PENN CENTER 1801 MARKET ST STE 710 PHILADELPHIA, PA 19103	23-2152039	3	30,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF DANVILLE 239 MILL ST DANVILLE, PA 17821	24-6000579	3	5,894				CONTRIBUTION SUPPORT
COMMONWEALTH MEDICAL COLLEGE 525 PINE ST SCRANTON, PA 18509	26-0812968	3	35,000				CONTRIBUTION SUPPORT
DANVILLE CHILD DEVELOPMENT CENTER 398 WALL ST DANVILLE, PA 17821	23-1915333	3	34,334				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWISBURG DOWNTOWN PARTNERSHIP PO BOX 298 LEWISBURG, PA 17837	23-3053027	3	6,000				CONTRIBUTION SUPPORT
ALL OTHER ASSISTANCE COMBINED EACH INDIVIDUALLY 5000 OR LESS DANVILLE, PA 17822		3	92,300				CONTRIBUTION/SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GEISINGER HEALTH

Employer identification number
23-1995911

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
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.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on 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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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	Yes	
8 Were any amounts reported on 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	ALBERT BOTHE, JR, MD 0 196,169 0 DAVID H LEDBETTER, PHD, FACMG 0 195,836 0 DAVID J FELICIO, ESQUIRE 0 152,495 0 EARL P STEINBERG, MD, MPP 0 86,004 0 EDELYN L MILLER 0 184,105 0 FRANK J TREMBULAK 0 593,308 0 JOANNE E WADE 0 215,940 0 KEVIN F BRENNAN, CPA, FHFMA 0 202,451 0 AMY BRAYFORD 0 51,887 0 SUSAN M ROBEL, MHA, BSN, RN, NEA-BC 0 127,371 0 DUANE E DAVIS, MD, FACP, FACR 0 61,546 0 EDWARD J ZYCH, ESQUIRE 0 32,454 0
SCHEDULE J, PAGE 1, PART I, LINE 7	BECAUSE THE PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS. PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL GEISINGER OBJECTIVES, INCLUDING CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT, AND FINANCIAL STEWARDSHIP.
SCHEDULE J, PART III	PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F)NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY. FOOTNOTE: THROUGHOUT FORM 990, THE TERMS "GEISINGER- AND "SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

Additional Data

Software ID:

Software Version:

EIN: 23-1995911

Name: GEISINGER HEALTH

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID T FEINBERG MD MBA PRES, CEO,DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,324,163	-----	41,335	379,110	29,845-	1,774,453-	-----
1ALBERT BOTHE JR MD EVP, CHIEF QUALITY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	563,047	220,732	259,128	177,191	12,613-	1,232,711-	196,169
2DANIEL E LOHR ESQUIRE ACLO, ASST SECTY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	231,485	76,502	21,302	19,110	21,568-	369,967-	-----
3DAVID H LEDBETTER PHD FACMG EVP,CH SCI OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	555,076	314,180	248,619	184,962	29,183-	1,332,020-	195,836
4DAVID J FELICIO ESQUIRE SECRETARY, EVP, CLO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	402,686	156,692	206,888	77,507	25,383-	869,156-	152,495
5EARL P STEINBERG MD MPP EVP, INNOVATION	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	432,923	16,130	123,620	2,534	2,108-	577,315-	86,004
6EDELYN L MILLER EVP, CLINICAL OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	637,270	303,969	226,623	179,209	16,311-	1,363,382-	184,105
7FRANK J TREMBULAK EVP, COO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	639,252	330,221	634,183	213,451	10,477-	1,827,584-	593,308
8JOANNE E WADE EVP STRAT PRGM DEV	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	417,776	331,087	313,101	202,095	11,839-	1,275,898-	215,940
9KEVIN F BRENNAN CPA FHFMA EVP, FIN , TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	541,622	299,769	241,957	185,717	25,898-	1,294,963-	202,451
10STEVEN R YOUSO EVP, INS OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	499,523	243,772	46,826	122,112	14,811-	927,044-	-----
11AMY BRAYFORD EVP, CHIEF OF STAFF	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	335,911	117,627	120,963	64,044	21,995-	660,540-	51,887
12SUSAN M ROBEL MHA BSN RN NEA-BC EVP, CNO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	330,286	171,991	164,343	110,453	21,278-	798,351-	127,371
13JAMES H BRUCKER PHD VP, CHIEF CENT CMPGN	(i)	246,881	92,557	44,839	19,110	22,635	426,022	-----
	(ii)	-----	-----	-----	-----	-	-	-----
14NANCY G LAWTON-KLUCK AVP, RESOURCE DEV	(i)	162,106	37,126	7,827	13,828	24,636	245,523	-----
	(ii)	-----	-----	-----	-----	-	-	-----
15LYN BOOCOCK-TAYLOR VP, CHIEF ADV OFF	(i)	310,349	120,003	37,284	19,110	9,052	495,798	-----
	(ii)	-----	-----	-----	-----	-	-	-----
16DUANE E DAVIS MD FACP FACR FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	178,600	4,494	140,788	4,942	-	328,824-	61,546
17EDWARD J ZYCH ESQUIRE FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	108,861	-----	217,357	5,645	11,035-	342,898-	32,454
18GLENN D STEELE JR MD PHD FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	556,575	1,500,000	1,035,620	19,110	14,325-	3,125,630-	-----

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As Filed Data -

DLN: 93493131034667

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

GEISINGER HEALTH

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

23-1995911

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A GEISINGER AUTHORITY SERIES 2005ABC	23-2471439	368497FA6	07-07-2005	190,000,000	LOANED TO 501(C)(3) S,REFUND 09/06/2000 BONDS		X		X	X	
B GEISINGER AUTHORITY SERIES 2007	23-2471439	368497FC2	05-10-2007	120,000,000	LOANED TO 501(C)(3)S TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C MIFFLIN COUNTY HOSPITAL AUTHORITY	23-1352187	598520CE2	06-13-2007	21,430,000	ADVANCE REFUNDING		X		X		X
D GEISINGER AUTHORITY SERIES 2009A	23-2471439	368497FR9	06-04-2009	155,702,940	LOANED TO 501(C)(3) S,REFUND 5/10/2007 BONDS		X		X	X	

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired			121,049,953					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	192,059,295				21,723,377		155,703,266	
4 Gross proceeds in reserve funds					1,722,381			
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	126,061,434						40,832,273	
7 Issuance costs from proceeds	953,305				434,468			
8 Credit enhancement from proceeds	8,000							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	62,976,868		120,000,000		23,006,701		103,265,496	
11 Other spent proceeds	2,059,688		1,049,953		4,589		11,605,497	
12 Other unspent proceeds								
13 Year of substantial completion	2006		2008		2007		2009	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X		X		X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	JP MORGAN		JPMORGANCITIBK					
c	Term of hedge	2670 0000000000 %		3000 0000000000 %					
d	Was the hedge superintegrated?	X		X					
e	Was the hedge terminated?		X		X				

Part IV **Arbitrage** *(Continued)*

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	GEISINGER AUTHORITY SERIES 2009A PART II, COLUMN D, LINE 11 INCLUDES 11,604,000 TO TERMINATE INTEREST RATE SWAP ON REFUNDED BONDS WEST SHORE AREA AUTHORITY SER 2011B PART I BOND ISSUES, COLUMN (F) DESCRIPTION OF PURPOSE REFINANCE 2001 BOND, CAPITAL PROJECTS AND ISSUANCE COSTS WEST SHORE AREA AUTHORITY SER 2011A PART I BOND ISSUES, COLUMN (F) DESCRIPTION OF PURPOSE REFINANCE 1997 & 2001 BONDS, CAPITAL PROJECTS AND ISSUANCE COSTS SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE TOTAL PROCEEDS REPORTED ON LINE 3 ARE GREATER THAN ISSUE PRICE LISTED IN PART I DUE TO INVESTMENT EARNINGS

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization GEISINGER HEALTH	Employer identification number 23-1995911
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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	17	12,314	SELLING PRICE OF PROPERTY
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,858	SELLING PRICE OF PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	98,274	PROCEEDS FROM SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	20	38,723	SELLING PRICE OF PROPERTY
19 Food inventory				
20 Drugs and medical supplies	X	3	399,300	SELLING PRICE OF PROPERTY
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD)	X	9	1,519	SELLING PRICE
26 Other ▶ (MISCELLANEOUS)	X	106	35,306	VARIOUS
27 Other ▶ (GIFT CERT)	X	28	1,041	FACE VALUE
28 Other ▶ (FURNITURE)	X	2	725	SELLING PRICE

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

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

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
GEISINGER HEALTH

Employer identification number

23-1995911

**Return
Reference****Explanation**

FORM 990	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH (GH) IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 1,447,263,694, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2016 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GH 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 ATLANTICARE REGIONAL MEDICAL CENTER, EIN 21-0634549 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 FILING OF GEISINGER HEALTH, EIN 23-1995911
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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	I MISSION, VISION, VALUES AS THE PARENT ORGANIZATION OF GEISINGER, GEISINGER HEALTH (D/B/A GEISINGER HEALTH FOUNDATION) IS COMMITTED TO THE HEALTH SYSTEM'S MISSION, VISION, AND VALUES MISSION TO PROVIDE GEISINGER AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, RESEARCH, AND CAPITAL PRIORITIES VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION OUR PHYSICIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE - INDIVIDUAL DIGNITY WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL -TEAMWORK WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AND VALUE OF TEAMWORK -PHYSICIAN LEADERSHIP WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY DIVERSITY AMONG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT -EDUCATION WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS - RESEARCH WE BELIEVE THAT BASIC SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEALTH AND WELL BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY II GENERAL INFORMATION GEISNER HEALTH (GH), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF THE THIRTY-TWO GEISINGER AFFILIATED ENTITIES (TWENTY-SIX NOT-FOR-PROFIT ENTITIES, FIVE FOR PROFIT ENTITIES AND ONE FOREIGN CORPORATION) AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GH IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL THE GEISINGER HEALTH SYSTEM NOT- FOR-PROFIT ENTITIES THE AFFILIATED ENTITIES OF GH ARE - GEISINGER MEDICAL CENTER (GMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A REGIONAL REFERRAL TERTIARY CARE MEDICAL CENTER IN DANVILLE, PENNSYLVANIA, A SEPARATE OUTPATIENT AMBULATORY CAMPUS ON WOODBINE LANE, DANVILLE, PENNSYLVANIA, AND GEISINGER SHAMOKIN AREA COMMUNITY HOSPITAL (GSACH) WHICH IS A CAMPUS OF GESINGER MEDICAL CENTER IN SHAMOKIN, PENNSYLVANIA - COMMUNITY MEDICAL CENTER, DBA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE HOSPITAL IN SCRANTON, PENNSYLVANIA - GEISINGER-BLOOMSBURG HOSPITAL (GBH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR- PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED HOSPITAL IN BLOOMSBURG, PENNSYLVANIA - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE, OPEN-STAFF COMMUNITY HOSPITAL IN WILKES-BARRE, PENNSYLVANIA, AND GEISINGER SOUTH WILKES-BARRE CAMPUS(GSWB) WHICH IS AN AMBULATORY CAMPUS LOCATED IN SOUTH WILKES-BARRE, PENNSYLVANIA - GEISINGER-LEWISTOWN HOSPITAL (G-LH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR- PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED HOSPITAL IN LEWISTOWN, PENNSYLVANIA - HOLY SPIRIT HOSPITAL OF THE SISTER OF CHRISTIAN CHARITY IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT COMMUNITY CATHOLIC HOSPITAL PROVIDING HIGH QUALITY, COST-EFFECTIVE HEALTH SERVICES TO PATIENTS IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA - GESINGER CLINIC IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP MEDICAL PRACTICE GEISINGER CLINIC PROVIDES PHYSICIAN STAFF FOR PATIENT CARE, EDUCATION AND CLINICAL RESEARCH AND OPERATES CARESITE PHARMACIES - FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI- SPECIALTY GROUP PRACTICE IN LEWISTOWN, PENNSYLVANIA - SPIRIT PHYSICIANS SERVICES, INC , (DOING BUSINESS AS HOLY SPIRIT MEDICAL GROUP) IS A PENNSYLVANIA 501(C)(3) AND 509 (A)(2) CORPORATION WHICH PROVIDES CONVENIENT HEALTH CARE TO THE COMMUNITY THROUGH ITS SIX FAMILY HEALTH CENTERS, AN INTERNAL MEDICINE PRACTICE, TWO WOMENS HEALTH CENTERS, A GENERAL SURGERY PRACTICE, A PEDIATRICS PRACTICE, A CARDIOTHORACIC SURGERY PRACTICE, GENERAL INTERNAL MEDICINE HOSPITALIST SERVICES AND NEUROLOGICAL HOSPITALIST SERVICES - MARWORTH IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT RESIDENTIAL ALCOHOL AND CHEMICAL DEPENDENCY DETOXIFICATION AND REHABILITATION FACILITY IN WAVERLY, PENNSYLVANIA, WITH AN INPATIENT CENTER AND OUTPATIENT AND FAMILY ADDICTION TREATMENT PROGRAMS - GEISINGER COMMUNITY HEALTH SERVICES (GCHS) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION DESIGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATION ACTIVITIES FOR THE CITIZENS OF THE COMMUNITIES SERVED BY GEISINGER INCLUDING THE OPERATION OF A MEDICARE-CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN A PATIENT'S HOME OR PLACE OF RESIDENCE - GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), IS A PENNSYLVANIA 501(C) (3) NOT-FOR-PROFIT ENTITY OPERATING A LONG-TERM CARE NURSING HOME LOCATED IN BLOOMSBURG, PENNSYLVANIA - MOUNTAIN VIEW NURSING HOME, INC , (DOING BUSINESS AS MOUNTAIN VIEW CARE CENTER) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ENTITY OPERATING A LONG-TERM CARE, SKILLED NURSING AND REHABILITATION FACILITY PROVIDING SKILLED NURSING CARE IN SCRANTON, PENNSYLVANIA - SUN HOME HEALTH SERVICES, INC (A VISITING NURSE ASSOCIATION AND RELATED ENTERPRISES) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION DESIGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES FOR THE CITIZENS OF THE COMMUNITIES SERVED BY THE GEISINGER HEALTH SYSTEM INCLUDING THE OPERATION OF A MEDICARE-CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN PATIENTS' HOMES - WEST SHORE ADVANCED LIFE SUPPORT SERVICES, INC , IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH PROVIDES AMBULANCE AND MEDICAL TRANSPORT SERVICES ACROSS CENTRAL PENNSYLVANIA - GEISINGER HEALTH PLAN (GHP) IS A PENNSYLVANIA 501(C)(4) NOT-FOR-PROFIT HEALTH MAINTENANCE CORPORATION OPERATING HEALTH INSURANCE PRODUCT LINES - GEISINGER SYSTEM SERVICES IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, AND FACILITIES SERVICES TO GEISINGER AFFILIATES - KEYSTONE HEALTH INFORMATION EXCHANGE, INCORPORATED (KEYHIE), IS A PENNSYLVANIA 501(C)(3) AND 509(A)(1) NOT-FOR-PROFIT CORPORATION WHICH COLLABORATES WITH OTHER HEALTH CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH INFORMATION TECHNOLOGY FOR ALL PROVIDERS IN GEISINGER'S SERVICE AREA AND TO IMPROVE THE EXCHANGE OF HEALTH CARE INFORMATION WHEN PATIENTS TRANSITION FROM ONE HEALTH CARE SETTING TO ANOTHER - GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP - IS A NON-PROFIT CORPORATION DOMICILED IN THE STATE OF VERMONT AND REGISTERED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, TO PROVIDE PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL SYSTEM ENTITIES INCLUDING GEISINGER MEDICAL CENTER, GEISINGER CLINIC, GEISINGER WYOMING VALLEY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, MOUNTAIN VIEW CARE CENTER AND GEISINGER BLOOMSBURG HEALTH CARE CENTER - COMMUNITY MEDICAL CENTER HEALTHCARE SYSTEM, LOCATED IN SCRANTON, PENNSYLVANIA, IS A TAX-EXEMPT ENTITY THAT PREVIOUSLY SERVED AS THE CORPORATE PARENT OF CMC AND AFFILIATED ENTITIES - LEWISTOWN HEALTH CARE FOUNDATION, A TAX-EXEMPT ENTITY THAT WAS THE FORMER PARENT ENTITY FOR ALL LEWISTOWN CORPORATE AFFILIATES - HOLY SPIRIT HEALTH SYSTEM IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE CORPORATE PARENT FOR HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INCORPORATED, HOLY SPIRIT VENTURES, INCORPORATED, AND HOLY SPIRIT CORPORATION - HOLY SPIRIT CORPORATION IS A PENNSYLVANIA 501(C)(2) NOT-FOR-PROFIT REAL ESTATE HOLDING CORPORATION WITH PROPERTIES IN CAMP HILL, DILLSBURG AND MECHANICSBURG, INCLUDING THE MEDICAL ARTS BUILDING, AMERICAN OFFICE CENTER AND KINDER CARE CENTER - LEWISTOWN AMBULATORY CARE CORPORATION IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PROFIT CORPORATION OPERATING A REAL ESTATE HOLDING COMPANY THAT OWNS AND/OR MANAGES THE LEWISTOWN NON-HOSPITAL REAL ESTATE ASSETS - GEISINGER

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 GEISINGER ORGANIZATIONS 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 2015 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,728 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATION'S EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF

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

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART 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 FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? EARL P STEINBERG, MD, MPP, DANIEL E LOHR, ESQUIRE, ROBERT E POOLE, WILLIAM R GRUVER, WILLIAM E SORDONI, VIRGINIA MCGREGOR, ROBERT L TAMBUR, ROBERT J DIETZ, RICHARD A ROSE, JR, JOHN C BRAVMAN, PHD, JEFF JACOBSON, GAIL R WILENSKY , PHD, FRANK M HENRY , EUGENE ARNONE, E ALLEN DEAVER, STEVEN R YOUSO, WILLIAM H ALEXANDER, THOMAS H LEE, JR, MD, MSC, RICHARD A GRAFMYRE, KAREN DAVIS, PHD, HEATHER M ACKER, DON A ROSINI, CHRISTOPHER B SULLIVAN, KEVIN F BRENNAN, CPA, FHFMA, DAVID J FELICIO, ESQUIRE, DAVID T FEINBERG, MD, MBA, FRANK J TREMBULAK, ALBERT BOTHE, JR, MD, AND EDELYN L MILLER ALL HAVE A BUSINESS RELATIONSHIP WITH ONE OR MORE OF THE OFFICERS, DIRECTORS OR KEY EMPLOYEES LISTED ABOVE BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER HEALTH

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS. AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN IS PROVIDED TO ASSIST IN THE REVIEW. IN ACCORDANCE WITH THE GEISINGER HEALTH BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, GEISINGER ORGANIZATIONS' FORM 990 FILINGS ARE REVIEWED ANNUALLY. THE FORM 990 IS PREPARED BY GEISINGER TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN GEISINGER. THE CHIEF FINANCIAL OFFICER (CFO) OF GEISINGER 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 GEISINGER REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY. FOR PURPOSES OF THEIR ANNUAL AUDIT OF GEISINGER CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY GEISINGER 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 REPORTING PERIOD.

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GEISINGER 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 GEISINGER. THE CONSULTANT'S REPORT IS PRESENTED TO THE GEISINGER FAMILY COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT. THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE GEISINGER FAMILY COMMITTEE TO ENSURE THAT THE PROGRAM IS RESPONSIBLE TO THE GEISINGER CHARITABLE MISSION, REFLECTS REASONABLE COMPENSATION WITHIN THE NONPROFIT MARKET AND IS COMPLIANT WITH THE IRS'S INTERMEDIATE SANCTION REQUIREMENTS. THE SURVEY DATA IN THE COMPARATIVE ANALYSIS IS CAPTURED FOR FUNCTIONALLY COMPARABLE POSITIONS IN MULTIPLE SIMILAR NONPROFIT ORGANIZATIONS AND REFLECTS TOTAL REMUNERATION PROVIDED IN THE MARKET. ALL SURVEYS ARE CONDUCTED BY THIRD PARTY ORGANIZATIONS AND NOT CONDUCTED AT THE SPECIFIC DIRECTION OF GEISINGER. ANY COMPENSATION ADJUSTMENTS ARE APPROVED BY THE GEISINGER FAMILY COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT. THE GEISINGER FAMILY COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION.

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE GO TO WWW.GEISINGER.ORG/PAGES/ABOUT-GEISINGER AND SELECT ANNUAL REPORTS FINANCIAL STATEMENTS, FORM 990, FORM 990-T, THE CONFLICTS OF INTEREST POLICY, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS TO AFFILIATES -168,900,000 TRANSFERS FROM AFFILIATES 20,073 CONTRIBUTION FROM ACQUISITION-UNRESTRICTED -554,744,570 CHANGE IN SUBSIDIARY EQUITY -4,966,951 CONTRIBUTION FROM ACQUISITION-RESTRICTED -13,345,552 TOTAL -741,937,000

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER HEALTH

► 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.

Employer identification number
23-1995911

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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
See Additional Data Table									

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

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			

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-1995911

Name: GEISINGER HEALTH

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
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH	Yes	
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSICIAN	PA	501C3	11A	GH	Yes	
GEISINGER WYOMING VALLEY MED CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH	Yes	
MARWORTH 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH	Yes	
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HEALTH INS	PA	501C4		GH	Yes	
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	11A	GH	Yes	
GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	9	GSS	Yes	
GEISINGER INSURANCE CORPORATIONRRG 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	11A	GH	Yes	
COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH	Yes	
MOUNTAIN VIEW NURSING HOME INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	9	GH	Yes	
COMMUNITY MEDICAL CENTER HEALTHCARE 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2279376	SUPPORT SV	PA	501C3	11A	GH	Yes	
GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH	Yes	
GEISINGER-BLOOMSBURG HEALTHCARE CTR 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	9	GH	Yes	
LEWISTOWN HEALTH CARE FOUNDATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344363	PHILANTHRO	PA	501C3	11A	GH	Yes	
GEISINGER-LEWISTOWN HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH	Yes	
LEWISTOWN AMBULATORY CARE CORP 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	11A	GH	Yes	
FAMILY HEALTH ASSOCIATES OF GLH 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	11A	GH	Yes	
KEYSTONE HEALTH INFORMATION EXCH 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	11A	GH	Yes	
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	
SUN HOME HEALTH SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1736912	HEALTHCARE	PA	501C3	9	GCHS	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
HOLY SPIRIT HEALTH SYSTEM 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	11A	GH	Yes	
HOLY SPIRIT HOSPITAL 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	
HOLY SPIRIT CORPORATION 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS	Yes	
SPIRIT PHYSICIAN SERVICES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501C3	9	HSHS	Yes	
WEST SHORE ADVANCED LIFE SUPP SVCS 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	7	HSHS	Yes	
ATLANTICARE BEHAVORIAL HEALTH INC 2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS	Yes	
ATLANTICARE FOUNDATION 6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM	Yes	
ATLANTICARE HEALTH ENGAGEMENT INC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	11A	AH SYSTEM	Yes	
ATLANTICARE HEALTH SERVICES INC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	9	ARHS	Yes	
ATLANTICARE HEALTH SYSTEM INC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	11A	GH	Yes	
ATLANTICARE REGIONAL MEDICAL CENTER 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	Yes	
ATLANTICARE PHYSICIAN GROUP PA 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	9	AH SYSTEM	Yes	
INFOSHARE INC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3337816	INFO SERVI	NJ	501C3	11A	AH SYSTEM	Yes	
ATLANTICARE REGIONAL HEALTH SERVICE 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	11A	AH SYSTEM	Yes	
ABIGAIL A GEISINGER TRUST PNC BANK NA 620 LIBERTY AVENUE 10 PITTSBURGH, PA 152222705 24-6021891	TRUST	PA	4947A1	11	N/A		No

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) Disproporionate 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	N/A					No			No	
LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HEALTHCARE	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	HEALTHCARE	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 CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	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 (1) CORP 100 NORTH ACADEMY AVENUE MC 49- 70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49- 70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49- 70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49- 70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
(4) 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	
(5) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49- 70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes	
(6) ATLANTICARE HEALTH PLANS INC 1001 SOUTH GRAND ST PO BOX 941 HAMMONTON, NJ 08037 22-3265212	INACTIVE	NJ	N/A					Yes	
(7) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	INSURANCE	BD	N/A					Yes	
(8) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A					Yes	
(9) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	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
(1)	COMMUNITY MEDICAL CENTER	B	45,000,000	GAAP
(1)	COMMUNITY MEDICAL CENTER	B	189,933	GAAP
(2)	COMMUNITY MEDICAL CENTER	M	5,558	GAAP
(3)	COMMUNITY MEDICAL CENTER	L	5,000	GAAP
(4)	COMMUNITY MEDICAL CENTER	R	110,215	GAAP
(5)	FAM HEALTH ASSOC OF GEISINGER-LEWIS	B	4,000,000	GAAP
(6)	GEISINGER - LEWISTOWN HOSPITAL	M	14,182	GAAP
(7)	GEISINGER - LEWISTOWN HOSPITAL	B	7,110	GAAP
(8)	GEISINGER - LEWISTOWN HOSPITAL	R	35,477	GAAP
(9)	GEISINGER CLINIC	B	92,000,000	GAAP
(10)	GEISINGER CLINIC	L	3,561,692	GAAP
(11)	GEISINGER CLINIC	M	275,492	GAAP
(12)	GEISINGER CLINIC	B	1,075,961	GAAP
(13)	GEISINGER CLINIC	R	2,160,839	GAAP
(14)	GEISINGER COMMUNITY HEALTH SERVICES	M	2,550	GAAP
(15)	GEISINGER COMMUNITY HEALTH SERVICES	R	114,069	GAAP
(16)	GEISINGER HEALTH PLAN	B	20,800,000	GAAP
(17)	GEISINGER HEALTH PLAN	R	58,040	GAAP
(18)	GEISINGER INDEMNITY INSURANCE COMP	C	13,800,000	GAAP
(19)	GEISINGER QUALITY OPTIONS INC	C	7,000,000	GAAP
(20)	GEISINGER MEDICAL CENTER	B	1,377,173	GAAP
(21)	GEISINGER MEDICAL CENTER	L	4,575,636	GAAP
(22)	GEISINGER MEDICAL CENTER	M	151,243	GAAP
(23)	GEISINGER MEDICAL CENTER	R	1,438,964	GAAP
(24)	GEISINGER MEDICAL MANAGEMENT CORP	R	36,123	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
(26)	GEISINGER MEDICAL MANAGEMENT CORP	M	5,375	GAAP
(1)	GEISINGER SYSTEM SERVICES	M	3,524,648	GAAP
(2)	GEISINGER SYSTEM SERVICES	R	130,872	GAAP
(3)	GEISINGER SYSTEM SERVICES	L	91,189	GAAP
(4)	GEISINGER WYOMING VALLEY MEDICAL CT	R	252,775	GAAP
(5)	GEISINGER WYOMING VALLEY MEDICAL CT	B	851,565	GAAP
(6)	GEISINGER WYOMING VALLEY MEDICAL CT	L	1,928,202	GAAP
(7)	GEISINGER WYOMING VALLEY MEDICAL CT	M	38,943	GAAP
(8)	GEISINGER-BLOOMSBURG HEALTH CARE CT	B	1,000,000	GAAP
(9)	GEISINGER-BLOOMSBURG HEALTH CARE CT	M	300	GAAP
(10)	GEISINGER-BLOOMSBURG HOSPITAL	B	5,000,000	GAAP
(11)	GEISINGER-BLOOMSBURG HOSPITAL	R	122,209	GAAP
(12)	GEISINGER-BLOOMSBURG HOSPITAL	B	112,857	GAAP
(13)	MARWORTH	M	227,340	GAAP
(14)	MARWORTH	L	58,428	GAAP
(15)	MARWORTH	R	500	GAAP
(16)	MOUNTAIN VIEW NURSING HOME INC	B	600,000	GAAP
(17)	MOUNTAIN VIEW NURSING HOME INC	R	6,874	GAAP
(18)	SUN HOME HEALTH SERVICES INC	M	68,832	GAAP
(19)	SUN HOME HEATLH SERVICES INC	R	104,367	GAAP
(20)	XG HEALTH SOLUTIONS INC	B	5,000,000	GAAP
(21)	KEYSTONE HEALTH INFORMATION EXCHANG	B	500,000	GAAP
(22)	ATLANTICARE HEALTH SYSTEM INC	B	568,090,122	GAAP