

No statute issue 0436814420FEB08'22

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

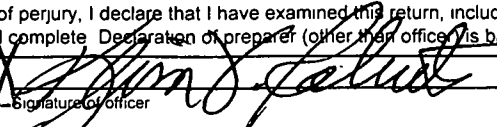
A For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GEISINGER CLINIC Doing business as Number and street (or P O box if mail is not delivered to street address) 100 N ACADEMY AVE, MC 49-70 City or town, state or province, country, and ZIP or foreign postal code DANVILLE PA 17822-9800	D Employer identification number 23-6291113
	Room/suite	E Telephone number 570-271-6624
		G Gross receipts \$ 1046056066
F Name and address of principal officer DAVID T. FEINBERG, MD, MBA 100 N ACADEMY AVE, MC 22-01 DANVILLE PA 17822-9800		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number N/A	
J Website WWW.GEISINGER.ORG	L Year of formation 1962	M State of legal domicile PA
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH SERVICES DELIVERED BY PHYSICIANS AND ADVANCED PRACTITIONERS THROUGH AN INTEGRATED SERVICE... SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b) See Schedule O	4	16
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4304
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,528,163
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	26,545,837	30,342,299
	9 Program service revenue (Part VIII, line 2g)	960,489,677	1009406507
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,754,815	5,793,226
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	357,080	284,310
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	991,147,409	1045826342
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	629,302,495	687,343,881
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	374,649,361	430,891,012
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1003951856	1118234893
19 Revenue less expenses Subtract line 18 from line 12	-12,804,447	-72,408,551	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	335,664,137	316,514,991
	21 Total liabilities (Part X, line 26)	268,559,729	236,417,071
	22 Net assets or fund balances Subtract line 21 from line 20	67,104,408	80,097,920

Part II Signature Block

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

Sign Here	 Signature of officer	Date 12/6/2015
	KEVIN V. ROBERTS, MBA, CPA Type or print name and title	EVP, CFO, TREASURER
Paid Preparer Use Only	Print/Type preparer's name THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.	Preparer's signature Date Check <input type="checkbox"/> if PTIN self-employed
	Firm's name NON-PAID PREPARER.	Firm's EIN Phone no

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ **1002642223** including grants of \$) (Revenue \$)
PHYSICIAN SERVICES - SEE SCHEDULE O

4b (Code) (Expenses \$ **49,224,458** including grants of \$) (Revenue \$)
RESEARCH - SEE SCHEDULE O

4c (Code) (Expenses \$ **27,466,226** including grants of \$) (Revenue \$)
EDUCATION - SEE SCHEDULE O

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

4e Total program service expenses **1079332907**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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	X	
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
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	X	
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X

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. See Schedule O	1a	9	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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	4304	
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	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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		X
b	If "Yes," enter the name of the foreign country ▶ 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	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?	N/A	8	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A	
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	N/A	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	N/A	
c	Enter the amount of reserves on hand	13c	N/A	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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. See Schedule O.		
	1b 16		
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? See Schedule O.	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? See Schedule O.	X	
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? See Schedule O.	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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?		X
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? N/A		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. See Schedule O.	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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.	X	
b	Other officers or key employees of the organization. See Schedule O. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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?		X
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? N/A		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed. PA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records. KATHLEEN CHAPMAN, CFO, VP FINANCE 100 NORTH ACADEMY AVENUE M.C. 01-51 DANVILLE PA 17822 570-214-3058		

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER B. SULLIVAN DIRECTOR	0.25 3.25	X						0	0	0
(2) EUGENE ARNONE DIRECTOR	0.25 3.75	X						0	0	0
(3) GAIL R. WILENSKY, PHD DIRECTOR	0.25 3.75	X						0	0	0
(4) HEATHER M. ACKER DIRECTOR	0.25 4.00	X						0	0	0
(5) JEFF JACOBSON DIRECTOR	0.25 3.75	X						0	0	0
(6) JOHN C. BRAVMAN, PHD DIRECTOR	0.25 3.75	X						0	0	0
(7) KAREN DAVIS, PHD DIRECTOR	0.25 4.00	X						0	0	0
(8) THOMAS H. LEE, JR, MD, MSC DIRECTOR	0.25 4.00	X						0	0	0
(9) VIRGINIA MCGREGOR DIRECTOR	0.25 3.75	X						0	0	0
(10) WILLIAM E. SORDONI DIRECTOR	0.25 3.75	X						0	0	0
(11) WILLIAM H. ALEXANDER DIRECTOR	0.25 4.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) E. ALLEN DEAVER	0.25									
DIRECTOR	3.75	X						0	0	
(13) ROBERT J. DIETZ	0.25									
DIRECTOR	4.25	X						0	0	
(14) RICHARD A. GRAFYRE	0.25									
DIRECTOR	4.00	X						0	4,642	
(15) WILLIAM R. GRUVER	0.25									
DIRECTOR	3.75	X						0	0	
(16) FRANK M. HENRY	0.25									
DIRECTOR	3.75	X						0	0	
(17) RICHARD A. ROSE, JR	0.25									
DIRECTOR	3.75	X						0	0	
(18) DAVID T. FEINBERG, MD, MBA	0.00									
PRES, CHAIR, DIRECTOR	40.00	X	X					0	1,365,498	
(19) ROBERT E. POOLE	0.25									
DIRECTOR	3.75	X						0	0	
1b Sub-total									1,370,140	
c Total from continuation sheets to Part VII, Section A								13,262,213	10,005,919	
d Total (add lines 1b and 1c)								13,262,213	11,376,059	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1622**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIMEMED PC SCRANTON PA 18508	5 MORGAN HIGHWAY PHYS SERV.	19,195,963
COMPHEALTH, INC. DALLAS TX 75397-2651	P.O. BOX 972651 PHYSICIAN SERV.	4,370,432
TRISTAN ASSOCIATES HARRISBURG PA 17111	4520 UNION DEPOSIT ROAD PHYSICIAN SERV.	3,470,029
LINDE HEALTHCARE DALLAS TX 75391-5241	P.O. BOX 915241 PHYSICIAN SERV.	3,139,394
BARTON ASSOC. INC. PEABODY MA 01960	300 JUBILEE DRIVE RECRUITMENT	1,668,147

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) DON A. ROSINI DIRECTOR	0.25 4.00	X						0	0	0
(21) ROBERT L. TAMBUR DIRECTOR, VICE CHAIR	0.25 3.50	X						0	0	0
(22) DANIEL E. LOHR, ESQUIRE ACLO, ASST SECTY	0.00 40.00			X				0	329,289	40,678
(23) DAVID J. FELICIO, ESQUIRE SECRETARY, CLO	0.00 40.00			X				0	766,266	102,890
(24) KEVIN F. BRENNAN, CPA, FHFMA EVP, FINANCE, CFO	0.00 40.00			X				0	1,083,348	211,615
(25) FRANK J. TREMBULAK SR VP, TREASURER	0.00 40.00			X				0	1,603,656	223,928
(26) ALBERT BOTHE, JR, MD EVP, CH QUALITY OFF	40.00 0.00				X			1,042,907	0	189,804
(27) DAVID P. FRANKLIN, MD, FACS CHAIRMAN OF SURGERY	40.00 0.00				X			1,081,276	0	43,059
1b Sub-total								2,124,183	3,782,559	811,974
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) DENNIS TORRETTI, MD ASSOCIATE CMO	40.00 0.00			FACP						
(29) JAMES E. HARTLE, MD ACMO	40.00 0.00					X				
(30) LEE M. MYERS VP, CPSL	40.00 0.00					X				
(31) MARIA S. KOBYLINSKI, MD CHAIR, CPSL	40.00 0.00					X				
(32) THOMAS B. WEIR VP SURGERY	40.00 0.00					X				
(33) SUSAN B. FETTERMAN MSN, RN, MBA, FAC VP OPS, MEDICINE	40.00 0.00					X				
(34) ROBERT J. WEIL, MD, FAANS, FACS ASSOC CH SCI OFFICER	40.00 0.00					X				
(35) THOMAS R. GRAF, MD ACMO, POP HLTH	40.00 0.00					X				
1b Sub-total								3,799,913		465,007
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) TRACEY W. WOLFE, MHA VP, OPERATIONS	40.00 0.00				X			249,414	0	33,432
(37) MAUREEN FITZSIMMONS, RN, NEA-BC ASSOCIATE CAO	40.00 0.00				X			47,526	358,630	65,211
(38) ALFRED S. CASALE, MD DIRECTOR CARDIOLOGY	40.00 0.00						X	1,087,658	0	114,616
(39) JOHN F. CARDELLA, MD PHYSICIAN	40.00 0.00						X	1,154,847	0	36,494
(40) WILLIAM KRYWICKI, MD PHYSICIAN	40.00 0.00						X	988,459	0	43,520
(41) STEVEN A. TOMS, MD, MPH DIRECTOR, NEUROSURG.	40.00 0.00						X	1,188,344	0	42,302
(42) MICHEL LACROIX, MD PHYSICIAN	40.00 0.00						X	1,003,196	0	41,632
(43) DAVID H. LEDBETTER, PHD FORMER KEY EMPLOYEE	0.00 40.00						X	0	1,117,875	214,145
1b Sub-total								5,719,444	1,476,505	591,352
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(44) EDWARD J. ZYCH, ESQUIRE	0.00								
FORMER OFFICER	40.00					X	0	326,218	16,680
(45) GLENN D. STEELE, JR, MD, PHD	0.00								
FORMER OFFICER	40.00					X	0	3,092,195	33,435
(46) KENNETH E. WOOD, DO	40.00								
FORMER KEY EMPLOYEE	0.00					X	649,882	0	95,114
(47) RUTH A. ZYRY, RN	40.00								
FORMER KEY EMPLOYEE	0.00					X	145,036	0	18,683
(48) STEPHEN MASSINI	40.00								
FORMER KEY EMPLOYEE	0.00					X	124,455	0	50,779
(49) STEVEN R. YOUSO	0.00								
FORMER KEY EMPLOYEE	40.00					X	0	790,121	136,923
(50) STEVEN B. PIERDON, MD	40.00								
FORMER OFFICER	0.00					X	174,587	347,633	30,104
(51) DUANE E. DAVIS, MD, FACP, FACR	40.00								
FORMER KEY EMPLOYEE	0.00					X	133,194	190,688	4,942
1b Sub-total							1,227,154	4,746,855	386,660
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(52) KENNETH A. HOLDREN FORMER KEY EMPLOYEE	40.00 0.00						X	391,519	0	16,578
1b Sub-total								391,519		16,578
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	12,727,165				
	1f All other contributions, gifts, grants, and similar amounts not included above	17,615,134				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		30,342,299			
Program Service Revenue		Busn Code				
	2a HEALTHCARE	621110	850,153,415	850,153,415		
	b PHARMACY	446110	125,818,634	125,818,634		
	c RESEARCH	541700	15,182,634	15,182,634		
	d PHARMACY - UBIT	446110	14,419,773		14,419,773	
	e RENTAL	531120	2,208,730		2,208,730	
	f All other program service revenue		1,623,321	1,514,931	108,390	
g Total. Add lines 2a-2f		1009406507				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,002,774		1,002,774	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		4,616		4,616	
	6a Gross rents	(i) Real	102,664			
		(ii) Personal				
		b Less rental exps	201,494			
	c Rental inc or (loss)	-98,830				
	d Net rental income or (loss)		-98,830		-98,830	
	7a Gross amount from sales of assets other than inventory	(i) Securities	4,818,682			
		(ii) Other				
		b Less cost or other basis & sales exps		28,230		
	c Gain or (loss)	4,818,682	-28,230			
	d Net gain or (loss)		4,790,452		4,790,452	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn Code				
11a PURCHASE DISCOUNTS	900099	247,602	247,602			
b CREDENTIALING	900099	110,235	110,235			
c VENDING & COMMISSION	541700	20,687		20,687		
d All other revenue						
e Total. Add lines 11a-11d		378,524				
12 Total revenue. See instructions		1045826342	993,027,451	14,528,163	7,928,429	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,420,890	6,127,319	293,571	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,710,888	2,657,005	53,883	
7 Other salaries and wages	574,974,433	555,893,744	19,080,689	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,853,186	27,893,491	959,695	
9 Other employee benefits	46,774,966	45,219,169	1,555,797	
10 Payroll taxes	27,609,518	26,750,513	859,005	
11 Fees for services (non-employees)				
a Management				
b Legal	17,000	17,000		
c Accounting	139,619	27,708	111,911	
d Lobbying	216,830		216,830	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,245,951	704,779	541,172	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,358,694	62,821,054	2,537,640	
12 Advertising and promotion	6,227,449	6,225,897	1,552	
13 Office expenses	10,019,881	8,610,119	1,409,762	
14 Information technology	626,136	623,020	3,116	
15 Royalties				
16 Occupancy	13,065,803	12,613,305	452,498	
17 Travel	3,193,421	3,118,905	74,516	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,761,530	3,761,530		
20 Interest	3,632,408	3,506,609	125,799	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,438,063	14,903,408	534,655	
23 Insurance	20,184,784	19,102,200	1,082,584	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	164,650,139	164,540,667	109,472	
b INTER-ENTITY EXPENSE	121,895,311	113,172,138	8,723,173	
c BOOKS, LICENSES, FEES	913,828	788,923	124,905	
d DISCONTINUED OPERATIONS	207,917	163,245	44,672	
e All other expenses	96,248	91,159	5,089	
25 Total functional expenses. Add lines 1 through 24e	1118234893	1079332907	38,901,986	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	17,900,990	1	19,953,434
	2	Savings and temporary cash investments	5,487,236	2	4,276,333
	3	Pledges and grants receivable, net	3,169,629	3	3,213,573
	4	Accounts receivable, net	42,649,791	4	39,275,120
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	32,280	5	28,671
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	7,055,932	7	8,148,259
	8	Inventories for sale or use	3,124,358	8	2,977,501
	9	Prepaid expenses and deferred charges	3,023,228	9	10,855,387
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 265,960,460		
	b	Less accumulated depreciation	10b 112,085,391		
			158,276,519	10c	153,875,069
	11	Investments—publicly traded securities	6,005,053	11	9,433,451
	12	Investments—other securities See Part IV, line 11	38,853,085	12	61,171,359
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	45,262,712	14	776,046
15	Other assets See Part IV, line 11	4,823,324	15	2,530,788	
16	Total assets. Add lines 1 through 15 (must equal line 34)	335,664,137	16	316,514,991	
Liabilities	17	Accounts payable and accrued expenses	75,044,666	17	56,285,359
	18	Grants payable		18	
	19	Deferred revenue	5,006,705	19	8,918,165
	20	Tax-exempt bond liabilities	115,190,904	20	114,346,242
	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	459,219	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	72,858,235	25	56,867,305
	26	Total liabilities. Add lines 17 through 25	268,559,729	26	236,417,071
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	67,104,408	27	80,097,920
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	67,104,408	33	80,097,920
34	Total liabilities and net assets/fund balances	335,664,137	34	316,514,991	

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	1045826342
2	Total expenses (must equal Part IX, column (A), line 25)	2	1118234893
3	Revenue less expenses Subtract line 2 from line 1	3	-72,408,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,104,408
5	Net unrealized gains (losses) on investments	5	-8,369,213
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) See Schedule O	9	93,771,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,097,920

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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? See Schedule O	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

GEISINGER CLINIC

Employer identification number

23-6291113

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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 13
 - 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		
(A) GEISINGER COMMUNITY HEALTH SERVICES	23-2967235	9		X		0
(B) MOUNTAIN VIEW NURSING HOME, INC.	23-2568288	9		X		0
(C) GEISINGER HEALTH	23-1995911	7	X			0
(D) GEISINGER MEDICAL CENTER	24-0795959	3		X		0
(E) GEISINGER WYOMING VALLEY MEDICAL CTR.	23-1996150	3		X		0
Total					0	0

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

N/A

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 <input type="checkbox"/>						

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 in line 11 on 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.		X
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).	X	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
N/A	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.		
N/A	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.		
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.		X
N/A	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.		
N/A	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.		
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).	X	
N/A	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?	X	
N/A	c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
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 I of Schedule L (Form 990 or 990-EZ).		X
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.		X
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
9c	Did a disqualified person (as defined in line 9a) 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.		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
N/A	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.)		

Part IV Supporting Organizations (continued)

	Yes	No
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?		X
b A family member of a person described in (a) above?		X
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.		X

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? 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.	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	X	

Section C. Type II Supporting Organizations

	N/A	
	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)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	N/A	
	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 N/A

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)			
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 0.35	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

N/A

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	Excess from 2014			
e	Excess 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.)

PART I, LINE 11H - LIST OF SUPPORTED ORGANIZATIONS CONTINUED

NAME AND EIN	TYPE	IN GOV	DOC	AMOUNT	OTHER
COMMUNITY MEDICAL CENTER					
24-0862246	3			\$ 0	\$ 0
GEISINGER-BLOOMSBURG HOSPITAL					
23-2193572	3			\$ 0	\$ 0
GEISINGER-LEWISTOWN HOSPITAL					
23-1352187	3			\$ 0	\$ 0
HOLY SPIRIT HOSPITAL					
23-1512747	3			\$ 0	\$ 0
SPIRIT PHYSICIAN SERVICES, INC.					
25-1766971	9			\$ 0	\$ 0
GEISINGER-BLOOMSBURG HEALTH CARE CENTER					
23-2242854	9			\$ 0	\$ 0
SUN HOME HEALTH SERVICES, INC.					
23-1736912	9			\$ 0	\$ 0
MARWORTH					
23-2171417	3			\$ 0	\$ 0

PART IV, SECTION A, LINE 1 - SUPPORTED ORGANIZATIONS NOT LISTED BY NAME
GEISINGER CLINIC'S (GC) SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND PURPOSE. PER ARTICLE 3 OF GC'S ARTICLES OF INCORPORATION, THE CORPORATION IS INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "INTERNAL REVENUE CODE"), INCLUDING:

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)

- A. ENGAGING IN EDUCATION, STUDY, RESEARCH AND SCIENTIFIC DEVELOPMENT IN ALL FIELDS OF MEDICINE, SURGERY, MEDICAL ARTS AND SCIENCES, AND THE PHYSICAL AND LIFE SCIENCES GENERALLY;
- B. STUDYING AND INVESTIGATING THE NATURE, ETIOLOGY, DIAGNOSIS AND THERAPY OF DISEASES;
- C. ESTABLISHING, CONDUCTING, MAINTAINING, MANAGING AND OPERATING EDUCATIONAL PROGRAMS, COURSES AND STUDIES, INCLUDING, WITHOUT LIMITATION, FELLOWSHIPS AND GRADUATE EDUCATION, IN ALL OF THE FOREGOING FIELDS;
- D. CONSTRUCTING, OPERATING AND MAINTAINING LABORATORIES, DISPENSARIES, BUILDINGS AND FACILITIES RELATING TO THESE PURPOSES;
- E. PUBLISHING BOOKS AND WRITING AND DISSEMINATING ARTICLES OR REPORTS RELATING TO THESE PURPOSES;
- F. PROVIDING PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN CONNECTION WITH THE PROVISION OF HEALTH CARE SERVICES AT GEISINGER MEDICAL CENTER AND THROUGHOUT THE GEISINGER HEALTH SYSTEM AND OTHER HOSPITALS, CLINICS AND HEALTH CARE FACILITIES;
- G. MAKING DONATIONS AND OTHER TRANSFERS TO THE GEISINGER FOUNDATION, NOW GEISINGER HEALTH SYSTEM FOUNDATION, HEREINAFTER REFERRED TO AS "GEISINGER HEALTH SYSTEM FOUNDATION", AND TO ORGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES.
- H. ENGAGING IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE REQUESTING OF FUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED.

PART IV, SECTION A, LINE 2 - DETERMINE 509(A)(1) OR (2)

GEISINGER CLINIC ANNUALLY CALCULATES THE 509(A)(1) AND/OR 509(A)(2)

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)

**PUBLIC SUPPORT TEST TO ENSURE THAT THE THE 501(C)(3), 509(A)(3)
ORGANIZATIONS SATISFY THE PUBLIC SUPPORT TESTS.**

PART IV, SECTION A, LINE 5A - CHANGES TO SUPPORTED ORGANIZATIONS

ORGANIZATIONS REMOVED:

- (I) COMMUNITY MEDICAL CARE, INC. (CMCI), EIN 23-2429776, A 501(C)(3) AFFILIATE OF GEISINGER CLINIC WAS REMOVED.
- (II) CMCI WAS REMOVED BECAUSE IT MERGED INTO A 501(C)(3) AFFILIATE, GEISINGER CLINIC, EIN: 23-6291113, EFFECTIVE JULY 1, 2015.
- (III) THE GEISINGER HEALTH BOARD APPROVED THE MERGER OF COMMUNITY MEDICAL CARE, INC. INTO GEISINGER CLINIC. NO OTHER AUTHORITY WAS REQUIRED TO REMOVE THE ORGANIZATION WHICH CEASED EXISTENCE.
- (IV) NO ACTION WAS REQUIRED BY GEISINGER CLINIC TO REMOVE CMCI AS SUPPORTED ORGANIZATION. CMCI FILED ARTICLES OF MERGER WITH THE STATE OF PENNSYLVANIA AND FILED IT'S FINAL FORM 990 FOR THE FISCAL YEAR ENDED JUNE 30, 2015.

PART IV, SECTION B, LINE 2 - DETERMINE SECTION 509(A)(1) OR (2)

GEISINGER IS A PHYSICIAN-LED, INTEGRATED HEALTH SERVICES ORGANIZATION THAT HAS AS ITS MAIN COMPONENTS:

1. AN ARRAY OF HEALTH SERVICES PROVIDERS, INCLUDING FIVE ACUTE CARE HOSPITALS AND A DRUG AND ALCOHOL TREATMENT FACILITY;
2. A MULTISPECIALTY PHYSICIAN GROUP PRACTICE OF 1,571 PHYSICIANS PRACTICING AT 213 PRIMARY AND SPECIALTY CLINICS; AND
3. ONE OF THE NATION'S LARGEST RURAL HEALTH INSURANCE ORGANIZATIONS WITH 551,000 MEMBERS.

GEISINGER HEALTH, PARENT ORGANIZATION OF GEISINGER AND THE ORGANIZATION

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)

WHICH HAS THE POWER TO REGULARLY APPOINT AT LEAST A MAJORITY OF GEISINGER SYSTEM SERVICES'S DIRECTORS, IS INCORPORATED FOR THE CHARITABLE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "INTERNAL REVENUE CODE"), INCLUDING, DIRECTLY OR INDIRECTLY, SUPPORTING THE PURPOSES OF, GEISINGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH THE CORPORATION WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. GEISINGER HEALTH ENGAGES IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE SOLICITATION OF FUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED. THEREFORE, GEISINGER SYSTEM SERVICES'S SUPPORT OF OTHER 501(C)(3) ORGANIZATIONS WITHIN GEISINGER, AND AFFILIATED WITH GEISINGER MEDICAL CENTER AND GEISINGER HEALTH, SERVES TO SUPPORT THE CHARITABLE PURPOSES OF GEISINGER HEALTH.

SUPPLEMENTAL INFORMATION

IN ADDITION TO THE ORGANIZATIONS LISTED IN PART I, LINE 11, GEISINGER CLINIC (GC) ALSO SUPPORTS THE FOLLOWING GEISINGER HEALTH SYSTEM AFFILIATED 501(C)(3), 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSES INCLUDE SUPPORTING OTHER MEMBERS WITHIN THE GEISINGER HEALTH SYSTEM AS DESCRIBED IN THEIR RESPECTIVE ARTICLES OF INCORPORATION.

NAME OF SUPPORTING ORGANIZATION	EIN
FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL	25-1651582
KEYSTONE HEALTH INFORMATION EXCHANGE, INC.	46-4359893

BY SUPPORTING THESE ORGANIZATION, GC IS FULFILLING ITS MISSION TO SUPPORT

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)

THE GEISINGER HEALTH SYSTEM FOUNDATION IN ITS CHARITABLE MISSION OF DIRECTLY OR INDIRECTLY SUPPORTING THE PURPOSES OF GEISINGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH GEISINGER HEALTH SYSTEM FOUNDATION WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," 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 organization GEISINGER CLINIC	Employer identification number 23-6291113
---	---

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

- 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). N/A

- 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). N/A

- 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-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

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

- 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 border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		21,385
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		216,830
j Total Add lines 1c through 1i			238,215
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			N/A

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

	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." **N/A**

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

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,

Part IV Supplemental Information (continued)

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 CLINIC

Employer identification number

23-6291113

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

N/A

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 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.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

- 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. N/A

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 ▶ **23.00 %**
 - b Permanent endowment ▶ **69.00 %**
 - c Temporarily restricted endowment ▶ **8.00 %**
- 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
- | | Yes | No |
|---------------|-----|----|
| 3a(i) | | X |
| 3a(ii) | X | |
| 3b | X | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		17,996,883		17,996,883
b Buildings		118,436,082	44,678,861	73,757,221
c Leasehold improvements		6,809,765	4,460,584	2,349,181
d Equipment		114,305,352	59,096,962	55,208,390
e Other		8,412,378	3,848,984	4,563,394
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶				153,875,069

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	61,171,359	MARKET
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	61,171,359	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	23,940,363
(3) ALLOWANCE FOR MEDICAL CLAIMS	20,837,333
(4) ACCOUNTS RECEIVABLE CREDIT BALANCES	6,726,588
(5) FINANCIAL CONTRACT	4,738,908
(6) ALLOWANCE FOR 3RD PARTY PAYORS	624,113
(7) PREPAID RENT	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	56,867,305

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

N/A

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

N/A

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

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

PART X, LINE 2-LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):
EFFECTIVE JULY 1, 2007, GEISINGER(1) ADOPTED ACCOUNTING STANDARDS
CODIFICATION 740 (FIN 48), (FORMERLY KNOWN AS "STATEMENT 109: ACCOUNTING
FOR INCOME TAXES" OR "FAS 109"). FIN 48 CLARIFIES THE ACCOUNTING AND
REPORTING FOR INCOME TAXES WHERE INTERPRETATION OF THE TAX LAW MAY BE
UNCERTAIN. FIN 48 PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL
STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME
TAX UNCERTAINTIES WITH RESPECT TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN
IN INCOME TAX RETURNS. THE ADOPTION OF FIN 48 HAD NO IMPACT ON UNRESTRICTED
NET ASSETS AS OF THE END OF THE FISCAL YEAR OR ANY PREVIOUS YEARS SINCE
ADOPTION. ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE

Part XIII Supplemental Information (continued)

GEISINGER CONSOLIDATED FINANCIAL STATEMENTS.

(1) THROUGHOUT THIS DOCUMENT, THE TERMS "SYSTEM" OR "GEISINGER", SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRISING THE SYSTEM.

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 CLINIC

Employer identification number

23-6291113

Part I Questions Regarding Compensation

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

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

b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

Only section 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?
b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

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?
b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

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

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

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

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

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				
DAVID T. FEINBERG, MD, MBA	0	0	0	0	0	0	0
¹ PRES, CHAIR, DIRECTOR	1,324,163	0	41,335	379,110	29,845	1,774,453	0
DANIEL E. LOHR, ESQUIRE	0	0	0	0	0	0	0
² ACLO, ASST SECTY	231,485	76,502	21,302	19,110	21,568	369,967	0
DAVID J. FELICIO, ESQUIRE	0	0	0	0	0	0	0
³ SECRETARY, CLO	402,686	156,692	206,888	77,507	25,383	869,156	152,495
KEVIN F. BRENNAN, CPA, FHFMA	0	0	0	0	0	0	0
⁴ EVP, FINANCE, CFO	541,622	299,769	241,957	185,717	25,898	1,294,963	202,451
FRANK J. TREMBULAK	0	0	0	0	0	0	0
⁶ SR VP, TREASURER	639,252	330,221	634,183	213,451	10,477	1,827,584	593,308
ALBERT BOTHE, JR, MD	563,047	220,732	259,128	177,191	12,613	1,232,711	196,169
⁶ EVP, CH QUALITY OFF	0	0	0	0	0	0	0
DAVID P. FRANKLIN, MD, FACS	743,163	284,060	54,053	19,110	23,949	1,124,335	0
⁷ CHAIRMAN OF SURGERY	0	0	0	0	0	0	0
DENNIS TORRETTI, MD, FACP	206,153	61,094	57,443	19,110	16,450	360,250	0
⁸ ASSOCIATE CMO	0	0	0	0	0	0	0
JAMES E. HARTLE, MD	335,452	104,160	16,014	19,110	19,198	493,934	0
⁹ ACMO	0	0	0	0	0	0	0
LEE M. MYERS	267,741	83,276	33,375	19,110	20,294	423,796	0
¹⁰ VP, CPSL	0	0	0	0	0	0	0
MARIA S. KOBYLINSKI, MD	285,664	99,062	27,108	19,110	10,078	441,022	0
¹¹ CHAIR, CPSL	0	0	0	0	0	0	0
THOMAS B. WEIR	248,321	106,880	34,563	19,110	14,631	423,505	0
¹² VP SURGERY	0	0	0	0	0	0	0
SUSAN B. FETTERMAN MSN, RN, MBA, FAC	306,038	110,003	11,968	58,848	20,373	507,230	0
¹³ VP OPS, MEDICINE	0	0	0	0	0	0	0
ROBERT J. WEIL, MD, FAANS, FACS	861,184	307,359	29,689	126,637	22,830	1,347,699	0
¹⁴ ASSOC CH SCI OFFICER	0	0	0	0	0	0	0
THOMAS R. GRAF, MD	178,192	700	28,474	47,872	12,246	267,484	0
¹⁶ ACMO, POP HLTH	0	0	0	0	0	0	0
TRACEY W. WOLFE, MHA	182,945	60,850	5,619	17,456	15,976	282,846	0
¹⁶ VP, OPERATIONS	0	0	0	0	0	0	0

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				
1 MAUREEN FITZSIMMONS, RN, NEA-BC	(i) 44,336	0	3,190	0	1,435	48,961	0
(ii) ASSOCIATE CAO	218,627	103,478	36,525	56,582	7,194	422,406	0
2 ALFRED S. CASALE, MD, FACC, FACS	(i) 723,810	230,022	133,826	92,515	22,101	1,202,274	86,729
(ii) DIRECTOR CARDIOLOGY	0	0	0	0	0	0	0
3 JOHN F. CARDELLA, MD FACR	(i) 717,851	327,731	109,265	19,110	17,384	1,191,341	0
(ii) PHYSICIAN	0	0	0	0	0	0	0
4 WILLIAM KRYWICKI, MD, FAAOS	(i) 716,313	186,354	85,792	19,110	24,410	1,031,979	0
(ii) PHYSICIAN	0	0	0	0	0	0	0
5 STEVEN A. TOMS, MD, MPH, FACS	(i) 939,611	241,162	7,571	19,110	23,192	1,230,646	0
(ii) DIRECTOR, NEUROSURG.	0	0	0	0	0	0	0
6 MICHEL LACROIX, MD	(i) 762,810	203,373	37,013	19,110	22,522	1,044,828	0
(ii) PHYSICIAN	0	0	0	0	0	0	0
7 DAVID H. LEDBETTER, PHD, FACMG	(i) 555,076	314,180	248,619	184,962	29,183	1,332,020	195,836
(ii) FORMER KEY EMPLOYEE	0	0	0	0	0	0	0
8 EDWARD J. ZYCH, ESQUIRE	(i) 108,861	0	217,357	5,645	11,035	342,898	32,454
(ii) FORMER OFFICER	0	0	0	0	0	0	0
9 GLENN D. STEELE, JR, MD, PHD	(i) 556,575	1,500,000	1,035,620	19,110	14,325	3,125,630	0
(ii) FORMER OFFICER	318,438	153,607	177,837	75,037	20,077	744,996	74,612
10 KENNETH E. WOOD, DO	(i) 127,361	0	17,675	6,832	11,851	163,719	0
(ii) FORMER KEY EMPLOYEE	0	0	0	0	0	0	0
11 RUTH A. ZYRY, RN	(i) 75,984	0	48,471	45,147	5,632	175,234	0
(ii) FORMER KEY EMPLOYEE	0	0	0	0	0	0	0
12 STEPHEN MASSINI	(i) 499,523	243,772	46,826	122,112	14,811	927,044	0
(ii) FORMER KEY EMPLOYEE	0	0	174,587	0	0	174,587	174,587
13 STEVEN B. PIERDON, MD	(i) 344,069	0	3,564	8,750	21,354	377,737	0
(ii) FORMER OFFICER	0	0	133,194	0	0	133,194	61,546
14 DUANE E. DAVIS, MD, FACP, FACR	(i) 178,600	4,494	7,594	0	4,942	195,630	0
(ii) FORMER KEY EMPLOYEE	0	0	391,519	0	16,578	408,097	112,038
15 KENNETH A. HOLDREN	(i) 0	0	0	0	0	0	0
(ii) FORMER KEY EMPLOYEE	0	0	0	0	0	0	0

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

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

FIRST CLASS OR CHARTER TRAVEL - FIRST CLASS TRAVEL FOR THE A LIMITED NUMBER OF GEISINGER EXECUTIVE STAFF HAS BEEN APPROVED BY THE BOARD FOR TRAVEL RELATED TO GEISINGER BUSINESS. GEISINGER DOES NOT OWN OR CHARTER AN AIRPLANE, TRAIN OR BOAT FOR DIRECTOR, OFFICER, OR EMPLOYEE USE.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - FROM TIME TO TIME, THE GEISINGER BOARD OF DIRECTORS OR GEISINGER SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FURTHER GEISINGER BUSINESS, FOR TAX OBLIGATIONS.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED EQUITY-BASED
DAVID J. FELICIO, ESQUIRE	0	152,495
KEVIN F. BRENNAN, CPA, FHFMA	0	202,451
FRANK J. TREMBULAK	0	593,308
ALBERT BOTHE, JR, MD	0	196,169
ALFRED S. CASALE, MD, FACC, FACS	0	86,729

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

DAVID H. LEDBETTER, PHD, FACMG	0	195,836	0
EDWARD J. ZYCH, ESQUIRE	0	32,454	0
KENNETH E. WOOD, DO	0	74,612	0
STEVEN B. PIERDON, MD	0	174,587	0
DUANE E. DAVIS, MD, FACP, FACR	0	61,546	0
KENNETH A. HOLDREN	243,396	112,038	0

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

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.

PART I, LINE 8 - PURSUANT TO CONTRACT PER REGS. SECTION 53.4958-4(A)(3)
 THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE. FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF

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.

QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS. SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS.

PART III - OTHER ADDITIONAL INFORMATION**PART I, LINE 4A - SEVERANCE PAYMENT**

UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GEISINGER SERVICE AND POSITION.

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457 (F)
NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY.

FOOTNOTE: THROUGHOUT FORM 990, THE TERMS "GEISINGER" AND "SYSTEM" REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT

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

AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

GEISINGER CLINIC

Employer identification number

23-6291113

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

▶ \$ _____

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

▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)	STEVEN R. YOUSO, EXECUTIVE VICE-PRE RECRUITMENT	FORMER KEY EMPLOYEE			X	40,000	22,551		X	X		X	
(2)	WILLIAM J. KRYWICKI, MD, FAOS RETENTION	FIVE HIGHEST COMPED			X	30,000	6,120		X	X		X	
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$	28,671					

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) GREEN TECH DRIVE ASSOCIATES LP	BUSINESS	196,128	LEASE/RE TAX EXP.		X
(2) STACIE J. WEIL, MD	FAMILY	299,981	EMPLOYEE COMP./BEN		X
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CNT	60,000	SOFTWARE LEASE EXP.		X
(4) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CNT	43,956	RESEARCH EXPENSE		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

ROBERT E. POOLE IS A DIRECTOR OF GEISINGER CLINIC AND A PARTNER OF GREEN TECH DRIVE ASSOCIATES LP.

STACIE J. WEIL, MD IS A FAMILY MEMBER OF ROBERT J. WEIL, MD, FAANS, FACS, A KEY EMPLOYEE OF GEISINGER CLINIC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

GEISINGER CLINIC

Employer identification number

23-6291113

AMENDED RETURN EXPLANATION

FORM 990, PART VII, SECTION A, COLUMN E WAS AMENDED TO ADD THE VALUE OF A HEALTH INSURANCE BENEFIT PAID ON BEHALF OF A DIRECTOR.

FORM 990 - ORGANIZATION'S MISSION

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

FORM 990 - ADDITIONAL INFORMATION

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

Name of the organization

Employer identification number

GEISINGER CLINIC

23-6291113

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.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

I. GENERAL INFORMATION

GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 1046 PHYSICIANS PRACTICING AT 132 SITES IN 64 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA. GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM. THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH. SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE:

BELLEfonte

MIFFLINTOWN

BELLEVILLE

MILLVILLE

BENTON

MILTON

BERWICK

MONTOURSVILLE

BLOOMSBURG

MOOSIC

BRADFORD

MOUNT CARMEL

Name of the organization

Employer identification number

GEISINGER CLINIC

23-6291113

BURNHAM	MOUNT POCONO
CARBONDALE	MOUNTAINTOP
CATAWISSA	NANTICOKE
CLARION	NICHOLSON
CLARKS SUMMIT	NORTHUMBERLAND
COAL TOWNSHIP	OLYPHANT
DALLAS	ORWIGSBURG
DANVILLE	PECKVILLE
DUNMORE	PHILIPSBURG
EAST STROUDSBURG	PITTSTON
ELYSBURG	PLAINS
FORTY FORT	PORT MATILDA
HAZELTON	POTTSVILLE
HONESDALE	SCRANTON
HUNTINGDON	SELINGSGROVE
JESSUP	SHAMOKIN DAM
KINGSTON	STATE COLLEGE
KULPMONT	SUNBURY
LEWISBURG	TANNERSVILLE
LEWISTOWN	TUNKHANNOCK
LOCK HAVEN	WILKES-BARRE
MAHANOEY CITY	WILLIAMSPORT
MECHANICSBURG	WYOMING

II. UNCOMPENSATED CARE

GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND

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23-6291113

HEALTHCARE EDUCATION. GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND PROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES.

A. CHARITY CARE

THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY. THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2016, THE COST OF CHARITY CARE WAS \$15,573,413.

B. MEDICARE/MEDICAID

RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID). CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS. TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY. THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM. FOR FISCAL YEAR ENDED JUNE 30, 2016, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$182,481,205.

III. RESEARCH SUPPORT

GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER: THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD

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CENTER FOR HEALTH RESEARCH.

THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS. THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE. SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY.

THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS: THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS). GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS. THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE. ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH.

TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY. THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2016 WAS \$3,805,109.

IV. COMMUNITY HEALTH, EDUCATION AND OUTREACH

GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED. GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED.

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THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRAMS. THE COST OF THESE SERVICES TOTALED \$703,784 IN FISCAL YEAR ENDED JUNE 30, 2016. SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE:

A. SUPPORT GROUPS

GENETIC COUNSELING

CHRONIC CONDITION/DISEASE

B. HEALTH EDUCATION

BREASTFEEDING EDUCATION

CHILDREN AND TEEN OUTREACH

DIABETES EDUCATION

EDUCATION MATERIALS/PULICATIONS

FAMILY/PARENTING/SIBLING

FITNESS AND EXERCISE

MENTAL HEALTH/DEPRESSION

MULTIPLE SCLEROSIS

PRENATAL/FAMILY PLANNING

TEEN PREGNANCY

C. OTHER SERVICES AND PROGRAMS

CAMP ENERGY/CAMP VICTORY

CHILDRENS MIRALCE NETWORK

COMMUNITY COALITIONS

EMS PROGRAM SUPPORT AND TRAINING

FLU SHOTS - BLOOMSBURG FAIR

FREE CLINICS

HEALTH FAIRS

HEALTH SCREENINGS

RELAY FOR LIFE

RONALD MCDONALD HOUSE

SCHOOL VISION SCREENINGS

SCHOOL SPORT PHYSICALS

V. COMMUNITY SERVICE SUMMARY

CHARITY CARE	\$ 15,573,413
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MEDICARE/MEDICAID	182,481,205
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RESEARCH	3,805,109
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COMMUNITY HEALTH, EDUCATION, AND OUTREACH	703,784
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TOTAL	\$ 202,563,511
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VI. STATISTICS

Name of the organization

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GEISINGER CLINIC

23-6291113

TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,648,378

CLINI SERVICE DAYS 549,636

GEISINGER CLINIC PHYSICIANS ADMIT TO THE SIX GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, GEISINGER LEWISTOWN HOSPITAL, AND HOLY SPIRIT, A GEISINGER AFFILIATE, AS WELL AS TEN NON-GEISINGER OWNED FACILITIES. GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS.

FORM 990, PART V - ADDITIONAL INFORMATION

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 ORGANIZATIONS EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF.

FORM 990, PART VI - ADDITIONAL INFORMATION

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.

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BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION, AND ONE VOTING MEMBER IS NOT INDEPENDENT DUE TO A TRANSACTION REPORTED ON SCHEDULE L, PART IV.

FORM 990, PART VI, SECTION A, LINE 2:

DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE?

SUSAN B. FETTERMAN, MSN, RN, DANIEL E. LOHR, ESQUIRE, THOMAS GRAF, MD, FAAFP, MARIA S. KOBYLINKSI, MD, TRACEY W. WOLFE, MHA, DENNIS TORRETTI, MD, FACP, THOMAS B. WEIR, 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, 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, AND ALBERT BOTHE, JR, MD ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER CLINIC. ALL OF THE AFFILIATES ARE PART OF GEISINGER.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN

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THE OFFICE OF THE PRESIDENT OF THE CORPORATION; AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS. THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN THE PENNSYLVANIA NONPROFIT CORPORATION LAW.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
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

Name of the organization

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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.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization GEISINGER CLINIC	Employer identification number 23-6291113
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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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B, QUESTION 15A.

Name of the organization

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
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.

FORM 990, PART VIII - ADDITIONAL INFORMATION

FORM 990, PART VIII, LINE 2F:

IC SHARED SERVICE REVENUE OF \$242,370, REPRESENTS REVENUE FROM INTERCOMPANY
MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED
TAXABLE ORGANIZATIONS. THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS
ARE ALL CONTROLLED BY GEISINGER HEALTH. THE SERVICES, PROVIDED AT OR BELOW
COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT
OPERATION OF GEISINGER IN CARRYING OUT ITS CHARITABLE MISSION. THE SERVICES
ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC. UNDER
IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE
NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND ARE NOT TO
BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO
CONDITIONS: (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE,
AND (2) THERE MUST BE A PROFIT MOTIVE.

FORM 990, PART X - ADDITIONAL INFORMATION

FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E:

UNRELATED BUSINESS INCOME TAX EXPENSE \$ 19,926

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER TO GEISINGER HEALTH	\$ 93,771,276
TOTAL	\$ 93,771,276

FORM 990, PART XII - ADDITIONAL INFORMATION

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

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2015

**Open to Public
Inspection**

Name of the organization

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Employer identification number

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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
(1)						
(2)						
(3)						
(4)						
(5)						

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
(1)	GEISINGER HEALTH 100 NORTH ACADEMY AVENUE, MC 49-70 23-1995911 DANVILLE PA 17822	PHILANTHRO	PA	501C3	7	N/A		X
(2)	GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE, MC 49-70 24-0795959 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH		X
(3)	GEISINGER WYOMING VALLEY MED. CTR 100 NORTH ACADEMY AVENUE, MC 49-70 23-1996150 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH		X
(4)	MARWORTH 100 NORTH ACADEMY AVENUE, MC 49-70 23-2171417 DANVILLE PA 17822	D&A REHAB	PA	501C3	3	GH		X
(5)	GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE, MC 49-70 23-2311553 DANVILLE PA 17822	HEALTH INS	PA	501C4		GH		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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Name of the organization

GEISINGER CLINIC

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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
(1)						
(2)						
(3)						
(4)						
(5)						

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
(1)	GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE, MC 49-70 23-2164794 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	GH	X	
(2)	GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE, MC 49-70 23-2967235 DANVILLE PA 17822	HEALTHCARE	PA	501C3	9	GSS	X	
(3)	GEISINGER INSURANCE CORPORATION, RRG 100 NORTH ACADEMY AVENUE, MC 49-70 14-1909894 DANVILLE PA 17822	SELF INS	VT	501C3	11A	GH	X	
(4)	COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE, MC 49-70 24-0862246 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(5)	MOUNTAIN VIEW NURSING HOME, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 23-2568288 DANVILLE PA 17822	LONG TERM	PA	501C3	9	GH	X	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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**Open to Public
Inspection**

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Internal Revenue Service

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Name of the organization

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Employer identification number

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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
(1)						
(2)						
(3)						
(4)						
(5)						

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
(1)	COMMUNITY MEDICAL CENTER HEALTHCARE 100 NORTH ACADEMY AVENUE, MC 49-70 23-2279376 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	GH	X	
(2)	GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-2193572 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(3)	GEISINGER-BLOOMSBURG HEALTHCARE CTR 100 NORTH ACADEMY AVENUE, MC 49-70 23-2242854 DANVILLE PA 17822	SKILLED NU	PA	501C3	9	GH	X	
(4)	LEWISTOWN HEALTH CARE FOUNDATION 100 NORTH ACADEMY AVENUE, MC 49-70 23-2344363 DANVILLE PA 17822	PHILANTHRO	PA	501C3	11A	GH	X	
(5)	GEISINGER-LEWISTOWN HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-1352187 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	

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Schedule R (Form 990) 2015

DAA

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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2015

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Inspection**

Name of the organization

GEISINGER CLINIC

Employer identification number
23-6291113

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

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 517(b)(13) controlled entity?	
							Yes	No
(1)	LEWISTOWN AMBULATORY CARE CORP. 100 NORTH ACADEMY AVENUE, MC 49-70 23-2344362 DANVILLE PA 17822	HOLDING CO	PA	501C3	11A	GH		X
(2)	FAMILY HEALTH ASSOCIATES OF GLH 100 NORTH ACADEMY AVENUE, MC 49-70 25-1651582 DANVILLE PA 17822	PHYSICIAN	PA	501C3	11A	GH		X
(3)	KEYSTONE HEALTH INFORMATION EXCH. 100 NORTH ACADEMY AVENUE, MC 49-70 46-4359893 DANVILLE PA 17822	RHIO	PA	501C3	11A	GH		X
(4)	HEALTH CARE CORP OF NORTHEAST PA 100 NORTH ACADEMY AVENUE, MC 49-70 23-2337286 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	CMC		X
(5)	SUN HOME HEALTH SERVICES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 23-1736912 DANVILLE PA 17822	HEALTHCARE	PA	501C3	9	GCHS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

DAA

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GEISINGER CLINIC

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

Employer identification number
23 - 6291113

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HOLY SPIRIT HEALTH SYSTEM 100 NORTH ACADEMY AVENUE, MC 49-70 25-1865142 DANVILLE PA 17822	PHILANTHRO	PA	501C3	11A	GH		X
(2)	HOLY SPIRIT HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-1512747 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	HSHS		X
(3)	HOLY SPIRIT CORPORATION 100 NORTH ACADEMY AVENUE, MC 49-70 23-2214540 DANVILLE PA 17822	HOLDING CO	PA	501C2		HSHS		X
(4)	SPIRIT PHYSICIAN SERVICES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 25-1766971 DANVILLE PA 17822	PHYSICIAN	PA	501C3	9	HSHS		X
(5)	WEST SHORE ADVANCED LIFE SUPP. SVCS 100 NORTH ACADEMY AVENUE, MC 49-70 23-2463002 DANVILLE PA 17822	HEALTHCARE	PA	501C3	7	HSHS		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GEISINGER CLINIC

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
(1)					
(2)					
(3)					
(4)					
(5)					

Employer identification number
23-6291113

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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
(1) ATLANTICARE BEHAVIORIAL HEALTH, INC. 2511 FIRE ROAD EGG HARBOR TOWNSHIP NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS		X
(2) ATLANTICARE FOUNDATION 6725 DELILAH ROAD EGG HARBOR TOWNSHIP NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM		X
(3) ATLANTICARE HEALTH ENGAGEMENT, INC. 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	11A	AH SYSTEM		X
(4) ATLANTICARE HEALTH SERVICES, INC. 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	9	ARHS		X
(5) ATLANTICARE HEALTH SYSTEM, INC. 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	11A	GH		X

**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

▶ 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.

Name of the organization

GEISINGER CLINIC

Employer identification number
23-6291113

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ATLANTICARE REGIONAL MEDICAL CENTER 1925 PACIFIC AVENUE ATLANTIC CITY NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	X	
(2)	ATLANTICARE PHYSICIAN GROUP, PA 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	9	AH SYSTEM	X	
(3)	INFOSHARE, INC. 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 22-3337816	INFO SERVI	NJ	501C3	11A	AH SYSTEM	X	
(4)	ATLANTICARE REGIONAL HEALTH SERVICE 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 80-0834222	HOLDING CO	NJ	501C3	11A	AH SYSTEM	X	
(5)								

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 sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KEYSTONE ACCOUNTABLE CARE ORG, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 45-4475297	ACO	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(2) LIFESOURCE GEISINGER BLOOD CTR, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 36-4718005	BLOOD COLL	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(3) MERIDIAN GEISINGER HLTH NETWORK, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 45-5484165	ORG DEL SY	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(4) HEALTHSOUTH / GHS LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 72-1398803	PHY THERAP	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2077663	HOTEL/REST	PA	N/A	C	N/A	N/A	N/A		X
(2) GEISINGER INDEMNITY INSURANCE CO. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2815174	HLTH INSUR	PA	N/A	C	N/A	N/A	N/A		X
(3) GEISINGER QUALITY OPTIONS, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 20-4275139	HLTH INSUR	PA	N/A	C	N/A	N/A	N/A		X
(4) XG HEALTH SOLUTIONS, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-1657345	CONSULTING	DE	N/A	C	N/A	N/A	N/A		X

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 alloc?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EVANGELICAL-GEISINGER HEALTH, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-0567687	HEALTHCARE	PA	GC	RELATED	74,194	1,095,944		X	N/A		X	50.00
(2) LEMED II 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2391766	RENTAL	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(3) GEISINGER-SCA HOLDINGS, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-1615328	HEALTHCARE	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(4) CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 52-1597478	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GEISINGER ASSURANCE COMPANY, LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN CJ KY1-1102 98-1016737	INSURANCE	CJ	N/A	C	N/A	N/A	N/A		X
(2) HOLY SPIRIT VENTURES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2407709	MED. SERV.	PA	N/A	C	N/A	N/A	N/A		X
(3) ATLANTICARE HEALTH PLANS, INC. 1001 SOUTH GRAND ST. PO BOX 941 HAMMONTON NJ 08037 22-3265212	INACTIVE	NJ	N/A	C	N/A	N/A	N/A		X
(4) ENGLISH CREEK ASSURANCE, LTD 44 CHURCH STREET, HM12 HAMILTON BERMUDA BD 98-0656394	FINANCIAL	BD	N/A	C	N/A	N/A	N/A		X

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 alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(u) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HS ORTHOPEDIC MANAGEMENT CO., LLC 503 NORTH 21ST STREET CAMP HILL PA 17011 46-0887384	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(2) CAELIAN MEDICAL, LLC 880 CENTURY DRIVE MECHANICSBURG PA 17055 20-8018724	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(3) GRANDVIEW SURGERY CENTER, LTD. 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 52-1597483	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(4) LACKAWANNA PHYS. AMB. SURG. CTR, LLC 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 23-3024998	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ATLANTICARE HEALTH SOLUTIONS, INC. 2500 ENGLISH CREEK AVENUE, BLDG 500 EGG HARBOR TOWNSHIP NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A	C	N/A	N/A	N/A		X
(2) ATLANTICARE ASSURANCE ALLIANCE, INC 2500 ENGLISH CREEK AVENUE, BLDG 500 EGG HARBOR TOWNSHIP NJ 08234 46-3730123	HEALTHCARE	NJ	N/A	C	N/A	N/A	N/A		X
(3)									
(4)									

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 alloc?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 94-3463625	HEALTHCARE	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(2) ATLANTIC CARE SURGERY CENTER, LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 22-3491867	HEALTHCARE	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(3) COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY NJ 08401 22-3619231	PURCHASING	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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)

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 (e-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	COMMUNITY MEDICAL CENTER	M	8,312,523	GAAP	X	
(2)	COMMUNITY MEDICAL CENTER	A	136,008	FMV	X	
(3)	COMMUNITY MEDICAL CENTER	L	13,580,383	GAAP	X	
(4)	FAM HEALTH ASSOC OF GEISINGER-LEWIS	M	241,538	GAAP	X	
(5)	FAM HEALTH ASSOC OF GEISINGER-LEWIS	L	9,689,078	GAAP	X	
(6)	FAM HEALTH ASSOC OF GEISINGER-LEWIS	C	75	GAAP	X	

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)

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	Yes	No
(1)	GEISINGER BLOOMSBURG HOSPITAL	C	6,515	GAAP	X	
(2)	GEISINGER COMMUNITY HEALTH SERVICES	M	133,511	GAAP	X	
(3)	GEISINGER COMMUNITY HEALTH SERVICES	K	68,435	FMV	X	
(4)	GEISINGER COMMUNITY HEALTH SERVICES	L	1,137,246	GAAP	X	
(5)	GEISINGER COMMUNITY HEALTH SERVICES	C	6,523	GAAP	X	
(6)	GEISINGER HEALTH	C	93,075,960	GAAP	X	

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)

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	Yes	No
(1)	GEISINGER HEALTH	M	3,561,692	GAAP	X	
(2)	GEISINGER HEALTH	L	275,492	GAAP	X	
(3)	GEISINGER HEALTH	S	2,160,839	GAAP	X	
(4)	GEISINGER HEALTH PLAN	L	247,116,134	GAAP	X	
(5)	GEISINGER HEALTH PLAN	M	1,013,747	GAAP	X	
(6)	GEISINGER HEALTH PLAN	C	31,387	GAAP	X	

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)

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GEISINGER INDEMNITY INSURANCE COMP	L	4,851,529	GAAP
(2)	GEISINGER INSURANCE CORPORATION,RRG	P	7,334,392	GAAP
(3)	GEISINGER LEWISTOWN HOSPITAL	B	95	GAAP
(4)	GEISINGER LEWISTOWN HOSPITAL	C	8,195	GAAP
(5)	GEISINGER MEDICAL CENTER	M	4,024,434	GAAP
(6)	GEISINGER MEDICAL CENTER	L	71,524,473	GAAP

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)

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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)

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 (e-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	GEISINGER MEDICAL CENTER	C	9,352,256	GAAP	X	
(2)	GEISINGER MEDICAL CENTER	R	6,177,606	GAAP	X	
(3)	GEISINGER MEDICAL CENTER	Q	88,672,000	GAAP	X	
(4)	GEISINGER MEDICAL MANAGEMENT CORP.	M	2,695,359	GAAP	X	
(5)	GEISINGER MEDICAL MANAGEMENT CORP.	L	45,373	GAAP	X	
(6)	GEISINGER MEDICAL MANAGEMENT CORP.	K	8,892	FMV	X	

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)

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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)

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	Yes	No
(1)	GEISINGER MEDICAL MANAGEMENT CORP.	C	238,890	GAAP	X	
(2)	GEISINGER QUALITY OPTIONS, INC.	L	21,078,693	GAAP	X	
(3)	GEISINGER SCA HOLDINGS, LLC	L	18,755	GAAP	X	
(4)	GEISINGER SYSTEM SERVICES	M	110,628,315	GAAP	X	
(5)	GEISINGER SYSTEM SERVICES	L	1,443,409	GAAP	X	
(6)	GEISINGER SYSTEM SERVICES	C	48,735	GAAP	X	

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	X	
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l	X	
1m	X	
1n		X
1o		X
1p	X	
1q	X	
1r	X	
1s	X	

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
(1)	GEISINGER WYOMING VALLEY MED CTR	M	418,869	GAAP
(2)	GEISINGER WYOMING VALLEY MED CTR	K	215,636	FMV
(3)	GEISINGER WYOMING VALLEY MED CTR	L	26,594,455	GAAP
(4)	GEISINGER WYOMING VALLEY MED CTR	B	29,999	GAAP
(5)	GEISINGER WYOMING VALLEY MED CTR	C	3,768,000	GAAP
(6)	GEISINGER WYOMING VALLEY MED CTR	A	869,334	FMV

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

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

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	Yes	No
(1)	GEISINGER WYOMING VALLEY MED CTR	R	3,816,899	GAAP	X	
(2)	GEISINGER WYOMING VALLEY MED CTR	S	4,621,000	GAAP	X	
(3)	GEISINGER-BLOOMSBURG HEALTHCARE CTR	L	54,555	GAAP	X	
(4)	GEISINGER-BLOOMSBURG HOSPITAL	L	2,426,360	GAAP	X	
(5)	GEISINGER-BLOOMSBURG HOSPITAL	M	24,392	GAAP	X	
(6)	GEISINGER-BLOOMSBURG HOSPITAL	K	591,715	FMV	X	

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?

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e Loans or loan guarantees by related organization(s)

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s Other transfer of cash or property from related organization(s)

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	Yes	No
(1)	GEISINGER-LEWISTOWN HOSPITAL	L	4,740,910	GAAP	X	
(2)	GEISINGER-LEWISTOWN HOSPITAL	M	38,705	GAAP	X	
(3)	GEISINGER-LEWISTOWN HOSPITAL	K	2,250	GAAP	X	
(4)	GEISINGER-SCA HOLDINGS, LLC	L	18,755	GAAP	X	
(5)	HOLY SPIRIT HOSPITAL	L	416,484	GAAP	X	
(6)	HOLY SPIRIT HOSPITAL	C	245	GAAP	X	

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

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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)

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	Yes	No
(1)	LEWISTOWN AMBULATORY CARE CORP	K	432,942	FMV	X	
(2)	MARWORTH	L	1,104,256	GAAP	X	
(3)	MARWORTH	C	120,000	GAAP	X	
(4)	MOUNTAIN VIEW NURSING HOME, INC	L	35,004	GAAP	X	
(5)	MOUNTAIN VIEW NURSING HOME, INC	C	1,085	GAAP	X	
(6)	SPIRIT PHYSICIANS SERVICES, INC.	K	42,909	FMV	X	

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)

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	Yes	No
(1)	SPIRIT PHYSICIANS SERVICES, INC.	L	46,304	GAAP	X	
(2)	SUN HOME HEALTH SERVICES, INC.	L	267	GAAP	X	
(3)	SUN HOME HEALTH SERVICES, INC.	C	95	GAAP	X	
(4)	WEST SHORE ADVANCED LIFE SUPPORT	L	150	GAAP	X	
(5)						
(6)						

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII Supplemental Information

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

SCHEDULE R - ADDITIONAL INFORMATION**FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS:**

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