

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 20,494,797	including grants of \$ 11,137,090)	(Revenue \$ 9,985,049)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	20,494,797
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	21	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	61	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SCOTT GALLAGHER AVP FINANCE 100 NORTH ACADEMY AVENUE MC 49-52 DANVILLE, PA 17822 (570) 214-3612

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

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

Form **990** (2016)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,096,867	20,713,291	2,720,961

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 ▶ 11

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

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
GRAYHARE LLC, 16 DEVON RD NEWTOWN, PA 18940	CONSULTING	534,098
BROOK RECOGNITION, 1 WOODLANDS INDUSTRIAL PARK WOODLANDS, MANITOBA R0C 3H0 CA	DONOR WALL CONS	160,000
THE JDK GROUP, 1 BISHOP PLACE CAMP HILL, PA 17011	CATERING/TENT	130,955
CONSOLIDATED GRAPHIC COMMUNICATIONS, PO BOX A BRIDGEVILLE, PA 150170206	MAILINGS	123,731
WYOU TV22, 62 SOUTH FRANKLIN ST WILKESBARRE, PA 18701	TV PROMOTION	112,500

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	2,720			
	b Membership dues	1b				
	c Fundraising events	1c	678,189			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,400,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	68,381,040			
	g Noncash contributions included in lines 1a-1f \$		161,103			
	h Total. Add lines 1a-1f		71,461,949			
Program Service Revenue	2a INTERCOMPANY REVENUE	Business Code				
		541900	9,985,049	9,985,049		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		9,985,049				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		476,483		-43,049	519,532	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	21,172,406					
	c Gain or (loss)	-21,172,406					
	d Net gain or (loss)			-21,172,406		-21,172,406	
	8a Gross income from fundraising events (not including \$ 678,189 of contributions reported on line 1c)						
	See Part IV, line 18	a	348,050				
	b Less direct expenses	b	570,300				
	c Net income or (loss) from fundraising events			-222,250		-222,250	
	9a Gross income from gaming activities						
	See Part IV, line 19	a	78,033				
b Less direct expenses	b						
c Net income or (loss) from gaming activities			78,033		78,033		
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			60,606,858	9,985,049	-43,049	-20,797,091	

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.	11,137,090	11,137,090		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	318,374	288,164	7,720	22,490
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	409,621	370,753	9,932	28,936
7 Other salaries and wages.	2,935,580	2,657,032	71,179	207,369
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	136,698	123,727	3,315	9,656
9 Other employee benefits.	506,850	458,756	12,290	35,804
10 Payroll taxes.	270,070	244,444	6,548	19,078
11 Fees for services (non-employees):				
a Management.				
b Legal.	235,124		235,124	
c Accounting.	582		582	
d Lobbying.	10,696		10,696	
e Professional fundraising services. See Part IV, line 17.	608,634			608,634
f Investment management fees.	2,599,252	2,599,252		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,228,528	946,478	12,500	269,550
12 Advertising and promotion.	6,009			6,009
13 Office expenses.	493,747	32,869		460,878
14 Information technology.	3,864		1,030	2,834
15 Royalties.				
16 Occupancy.	44,305	40,101	1,074	3,130
17 Travel.	369,844	167,652		202,192
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	24,526	1,164		23,362
20 Interest.	637,847	637,847		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,637	1,482	40	115
23 Insurance.	136,649		136,649	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INTERCOMPANY EXPENSES	989,703	695,854	34,034	259,815
b BOOKS, LICENSES, FEES, DUES	102,789	92,132	1,738	8,919
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	23,208,019	20,494,797	544,451	2,168,771
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,586,397	1	4,298,385
	2	Savings and temporary cash investments		101,808,228	2	18,236,869
	3	Pledges and grants receivable, net		5,215,265	3	5,012,202
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	64,916
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 68,194			
	b	Less: accumulated depreciation	10b 64,215	5,617	10c	3,979
	11	Investments—publicly traded securities		216,646,086	11	341,768,120
	12	Investments—other securities. See Part IV, line 11		1,620,311,445	12	2,068,882,079
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	2,400,000
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,946,573,038	16	2,440,666,550	
Liabilities	17	Accounts payable and accrued expenses		448,817	17	231,664
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,221,972	23	12,164,101
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		3,467,417	25	3,548,141
	26	Total liabilities. Add lines 17 through 25		17,138,206	26	15,943,906
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,817,434,810	27	2,306,463,300
	28	Temporarily restricted net assets		40,506,172	28	44,965,048
	29	Permanently restricted net assets		71,493,850	29	73,294,296
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,929,434,832	33	2,424,722,644	
34	Total liabilities and net assets/fund balances		1,946,573,038	34	2,440,666,550	

Part XI Reconciliation of Net AssetsCheck 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	60,606,858
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,208,019
3	Revenue less expenses Subtract line 2 from line 1	3	37,398,839
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,929,434,832
5	Net unrealized gains (losses) on investments	5	234,048,906
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	223,840,067
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,424,722,644

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

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

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O I MISSION, VISION, VALUES AS THE PARENT ORGANIZATION OF GEISINGER, GEISINGER HEALTH (D/B/A GEISINGER HEALTH FOUNDATION) IS COMMITTED TO GEISINGER'S MISSION, VISION, AND VALUES MISSION TO PROVIDE GEISINGER AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, RESEARCH, AND CAPITAL PRIORITIES VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION OUR PHYSICIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE -INDIVIDUAL DIGNITY WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL -TEAMWORK WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AND VALUE OF TEAMWORK -PHYSICIAN LEADERSHIP WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY DIVERSITY AMONG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT -EDUCATION WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS -RESEARCH WE BELIEVE THAT BASIC SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCES THE OVERALL HEALTH AND WELL-BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY II GENERAL INFORMATION GEISINGER HEALTH (GH), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF GEISINGER AFFILIATED ENTITIES AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GH IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL GEISINGER NOT-FOR-PROFIT ENTITIES SOME OF THE AFFILIATED ENTITIES OF GH ARE - GEISINGER MEDICAL CENTER (GMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING A REGIONAL REFERRAL TERTIARY CARE MEDICAL CENTER IN DANVILLE, PENNSYLVANIA, A SEPARATE OUTPATIENT AMBULATORY CAMPUS ON WOODBINE LANE, DANVILLE, PENNSYLVANIA, AND GEISINGER SHAMOKIN AREA COMMUNITY HOSPITAL (GSACH) WHICH IS A CAMPUS OF GEISINGER MEDICAL CENTER IN SHAMOKIN, PENNSYLVANIA - COMMUNITY MEDICAL CENTER, DBA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE HOSPITAL IN SCRANTON, PENNSYLVANIA - GEISINGER-BLOOMSBURG HOSPITAL (GBH), IS A PENNSYLVANIA 501(C)(3) NOT-FOR- PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED HOSPITAL IN BLOOMSBURG, PENNSYLVANIA - GEISINGER WYOMING VALLEY MEDICAL CENTER (GWV) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE, OPEN-STAFF COMMUNITY HOSPITAL IN WILKES-BARRE, PENNSYLVANIA, AND GEISINGER SOUTH WILKES-BARRE CAMPUS(GSWB) WHICH IS AN AMBULATORY CAMPUS LOCATED IN SOUTH WILKES-BARRE, PENNSYLVANIA - GEISINGER-LEWISTOWN HOSPITAL (G-LH), IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED HOSPITAL IN LEWISTOWN, PENNSYLVANIA - HOLY SPIRIT HOSPITAL OF THE SISTER OF CHRISTIAN CHARITY IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT COMMUNITY CATHOLIC HOSPITAL PROVIDING HIGH QUALITY, COST-EFFECTIVE HEALTH SERVICES TO PATIENTS IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA - GEISINGER CLINIC IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP MEDICAL PRACTICE GEISINGER CLINIC PROVIDES PHYSICIAN STAFF FOR PATIENT CARE, EDUCATION AND CLINICAL RESEARCH AND OPERATES CARESITE PHARMACIES - FAMILY HEALTH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI- SPECIALTY GROUP PRACTICE IN LEWISTOWN, PENNSYLVANIA - SPIRIT PHYSICIANS SERVICES, INC , (DOING BUSINESS AS HOLY SPIRIT MEDICAL GROUP) IS A PENNSYLVANIA 501(C)(3) AND 509(A)(2) CORPORATION WHICH PROVIDES CONVENIENT HEALTH CARE TO THE COMMUNITY THROUGH ITS SIX FAMILY HEALTH CENTERS, AN INTERNAL MEDICINE PRACTICE, TWO WOMEN'S HEALTH CENTERS, A GENERAL SURGERY PRACTICE, A PEDIATRICS PRACTICE, A CARDIOTHORACIC SURGERY PRACTICE, GENERAL INTERNAL MEDICINE HOSPITALIST SERVICES AND NEUROLOGICAL HOSPITALIST SERVICES - MARWORTH IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT RESIDENTIAL ALCOHOL AND CHEMICAL DEPENDENCY DETOXIFICATION AND REHABILITATION FACILITY IN WAVERLY, PENNSYLVANIA, WITH AN INPATIENT CENTER AND OUTPATIENT AND FAMILY ADDICTION TREATMENT PROGRAMS - GEISINGER COMMUNITY HEALTH SERVICES (GCHS) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION DESIGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATION ACTIVITIES FOR THE CITIZENS OF THE COMMUNITIES SERVED BY GEISINGER INCLUDING THE OPERATION OF A MEDICARE-CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN A PATIENT'S HOME OR PLACE OF RESIDENCE - GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), IS A PENNSYLVANIA 501 (C)(3) NOT-FOR-PROFIT ENTITY OPERATING A LONG-TERM CARE NURSING HOME LOCATED IN BLOOMSBURG, PENNSYLVANIA - MOUNTAIN VIEW NURSING HOME, INC , (DOING BUSINESS AS MOUNTAIN VIEW CARE CENTER) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ENTITY OPERATING A LONG-TERM CARE, SKILLED NURSING AND REHABILITATION FACILITY PROVIDING SKILLED NURSING CARE IN SCRANTON, PENNSYLVANIA - SUN HOME HEALTH SERVICES, INC (A VISITING NURSE ASSOCIATION AND RELATED ENTERPRISES) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION DESIGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES FOR THE CITIZENS OF THE COMMUNITIES SERVED BY THE GEISINGER INCLUDING THE OPERATION OF A MEDICARE-CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN PATIENTS' HOMES SUN HOME HEALTH SERVICES MERGED INTO GEISINGER COMMUNITY HEALTH SERVICES EFFECTIVE 6/25/2017 - WEST SHORE ADVANCED LIFE SUPPORT SERVICES, INC , IS A PENNSYLVANIA 501 (C) (3) NOT-FOR-PROFIT CORPORATION WHICH PROVIDES AMBULANCE AND MEDICAL TRANSPORT SERVICES ACROSS CENTRAL PENNSYLVANIA - GEISINGER HEALTH PLAN (GHP) IS A PENNSYLVANIA 501(C)(4) NOT-FOR-PROFIT HEALTH MAINTENANCE CORPORATION OPERATING HEALTH INSURANCE PRODUCT LINES - GEISINGER SYSTEM SERVICES IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PROVIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SERVICES, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, AND FACILITIES SERVICES TO GEISINGER AFFILIATES - KEYSTONE HEALTH INFORMATION EXCHANGE, INCORPORATED (KEYHIE), IS A PENNSYLVANIA 501(C)(3) AND 509(A)(1) NOT-FOR-PROFIT CORPORATION WHICH COLLABORATES WITH OTHER HEALTH CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH INFORMATION TECHNOLOGY FOR ALL PROVIDERS IN GEISINGER'S SERVICE AREA AND TO IMPROVE THE EXCHANGE OF HEALTH CARE INFORMATION WHEN PATIENTS TRANSITION FROM ONE HEALTH CARE SETTING TO ANOTHER - GEISINGER INSURANCE CORPORATION, RISK RETENTION GROUP - IS A NON-PROFIT CORPORATION DOMICILED IN THE STATE OF VERMONT AND REGISTERED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, TO PROVIDE PRIMARY PROFESSIONAL LIABILITY COVERAGE FOR SEVERAL SYSTEM ENTITIES INCLUDING GEISINGER MEDICAL CENTER, GEISINGER CLINIC, GEISINGER WYOMING VALLEY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, GEISINGER - BLOOMSBURG HOSPITAL, MOUNTAIN VIEW CARE CENTER AND GEISINGER - BLOOMSBURG HEALTH CARE CENTER - HOLY SPIRIT HEALTH SYSTEM IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE CORPORATE PARENT FOR HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INC, HOLY SPIRIT VENTURES, INCORPORATED, AND HOLY SPIRIT CORPORATION - HOLY SPIRIT CORPORATION IS A PENNSYLVANIA 501(C)(2) NOT-FOR-PROFIT REAL ESTATE HOLDING CORPORATION WITH PROPERTIES IN CAMP HILL, DILLSBURG AND MECHANICSBURG, INCLUDING THE MEDICAL ARTS BUILDING, AMERICAN OFFICE CENTER AND KINDER CARE CENTER - LEWISTOWN AMBULATORY CARE CORPORATION IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PROFIT CORPORATION OPERATING A REAL ESTATE HOLDING COMPANY THAT OWNS AND/OR MANAGES THE LEWISTOWN NON-HOSPITAL REAL ESTATE ASSETS - GEISINGER ASSURANCE COMPANY, LTD (GAC) IS FOR-PROFIT COMPANY DOMICILED IN THE CAYMAN ISLANDS WHICH PROVIDES REINSURANCE AGAINST LIABILITY ARISING OUT OF SYSTEM ACTIVITIES, INCLUDING MEDICAL, LEGAL AND GENERAL LIABILITY - ATLANTICARE BEHAVIORIAL HEALTH, INC IS A NEW JERSEY 501(C)(3) NOT-FOR- PROFIT CORPORATION PROVIDING OUTPATIENT MENTAL HEALTH, SUBSTAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER B SULLIVAN DIRECTOR	0 50 3 25	X						0	0	0
E ALLEN DEAVER DIRECTOR	0 50 3 00	X						0	0	0
EUGENE ARNONE DIRECTOR	0 50 3 00	X						0	0	0
FRANK M HENRY DIRECTOR	0 50 3 00	X						0	0	0
GAIL R WILENSKY PHD DIRECTOR	0 50 3 00	X						0	0	0
HEATHER M ACKER DIRECTOR, VI	0 50 3 25	X						0	0	0
JEFF JACOBSON DIRECTOR	0 50 3 00	X						0	0	0
JOHN C BRAVMAN PHD DIRECTOR, CH	0 50 3 25	X		X				0	0	0
KAREN DAVIS PHD DIRECTOR	0 50 3 25	X						0	0	0
PAMELA D KEHALY DIRECTOR	0 50 0 25	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD A GRAFMYRE DIRECTOR	0 50 3 25	X						0	0	0
ROBERT J DIETZ DIRECTOR	0 50 3 75	X						0	0	0
ROBERT E POOLE DIRECTOR	0 50 3 00	X						0	0	0
THOMAS H LEE JR MD MSC DIRECTOR	0 50 3 25	X						0	0	0
VIRGINIA MCGREGOR DIRECTOR	0 50 3 00	X						0	0	0
WILLIAM H ALEXANDER CHAIR, DIREC	0 50 3 25	X		X				0	0	0
WILLIAM R GRUVER DIRECTOR	0 50 3 00	X						0	0	0
WILLIAM E SORDONI DIRECTOR	0 50 3 00	X						0	0	0
DAVID T FEINBERG MD MBA PRES, CEO,DI	 40 00	X		X				0	3,189,400	407,514
ALBERT BOTHE JR MD EVP, QUALITY	 40 00			X				0	1,075,791	195,096

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY B BRAYFORD EVP, CHIEF O	 40 00			X				0	797,753	162,892
DANIEL E LOHR ESQUIRE ACLO, ASST S	 40 00			X				0	364,409	42,078
DAVID P TILTON MBA FACHE EVP, INTEGRA	 40 00			X				0	4,027,864	48,662
DAVID J FELICIO ESQUIRE EVP, CLO, SE	 40 00			X				0	818,666	167,300
DAVID H LEDBETTER PHD FACMG EVP,CH SCI	 40 00			X				0	1,177,302	236,930
DOMINIC MOFFA MDA FACHE EVP, STRATEG	 40 00			X				0	1,604,746	206,938
EDELYN L MILLER EVP,CAO,CLIN	 40 00			X				0	1,229,749	238,259
FRANK J TREMBULAK EVP, COO	 40 00			X				0	1,585,085	224,154
JAEWON RYU MD JD EVP, CMO	 40 00			X				0	212,759	187,983
KEVIN F BRENNAN CPA FHFMA EVP, CFO, TR	 40 00			X				0	1,493,043	39,595

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(A) Name and Title	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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
STEVEN J SCHEINMAN MD EVP, CAO, DE	 40 00			X					0	0	0	
STEVEN R YOUSO EVP, INS OPS	 40 00			X					0	993,117	216,528	
SUSAN M ROBEL RNC BSN MHA EVP, CNO	 40 00			X					0	705,751	150,980	
NANCY G LAWTON-KLUCK CH PHILANTH	40 00				X				255,177	0	42,178	
CLAIR J BARBER AVP, GIFT PL	40 00					X			187,139	0	20,373	
KIMBERLY J ECK PHD AVP, RESEARC	40 00					X			59,071	112,650	31,086	
WENDY S SASSAMAN SR DIRECTOR	40 00					X			119,099	0	6,624	
SUSAN MATHIAS AVP, GIFT PL	40 00					X			119,868	0	14,764	
JAMES H BRUCKER PHD VICE PRESIDE	40 00					X			356,513	0	43,676	
DUANE E DAVIS MD FACP FACR FORMER OFFIC	 40 00						X		0	313,630	4,895	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EARL P STEINBERG MD MPP FORMER OFFIC	 40 00						X	0	412,247	13,708
EDWARD J ZYCH ESQUIRE FORMER OFFIC	 40 00						X	0	123,138	0
JOANNE E WADE FORMER OFFIC	 40 00						X	0	476,191	18,748

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER HEALTH

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
23-1995911

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	20,529,661	24,435,775	94,194,751	577,656,675	71,461,949	788,278,811
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	20,529,661	24,435,775	94,194,751	577,656,675	71,461,949	788,278,811
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						788,278,811

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	20,529,661	24,435,775	94,194,751	577,656,675	71,461,949	788,278,811
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,619,825	36,961,394	33,645,026	33,789,414	476,483	130,492,142
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.)	558,272	631,326	542,537	430,947	426,083	2,589,165
11	Total support. Add lines 7 through 10						921,360,118
12	Gross receipts from related activities, etc. (see instructions)					12	9,985,049
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 85.560 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 82.600 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☒	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐	
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐	
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .	6	
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).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 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 .	9c	
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 line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	FUNDRAISING 2,104,993 GAMING 481,760 ESCHEAT RECOVERY 0 PHEAA WORK STUDY 2,412

Schedule A Form 990 or 990-EZ 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,058
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,696
j	Total. Add lines 1c through 1i			11,754
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LINE 1G AMOUNT REPORTED ON LINE 1G REPRESENTS THE WAGES AND BENEFITS OF EMPLOYEES WHO ASSIST THE GOVERNMENT RELATIONS DEPARTMENT OF THE ORGANIZATION'S AFFILIATE, GEISINGER SYSTEM SERVICES. THE PRIMARY PURPOSE OF THE GOVERNMENT RELATIONS DEPARTMENT IS TO MAINTAIN CONTACT WITH FEDERAL, STATE, AND LOCAL GOVERNMENT OFFICIALS. THE DEPARTMENT PROMOTES LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND ITS AFFILIATES. LINE 1I OTHER LOBBYING ACTIVITIES REPORTED ON LINE 1I REPRESENTS THE PORTION OF MEMBERSHIP DUES, PAID BY THE ORGANIZATION TO TRADE OR PROFESSIONAL ASSOCIATIONS, ATTRIBUTABLE TO LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GEISINGER HEALTH

Employer identification number
23-1995911

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

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

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	104,316,000	106,772,000	106,445,000	94,662,000	80,086,000
b Contributions	253,720,000	3,027,000	5,503,000	1,425,000	8,933,000
c Net investment earnings, gains, and losses	10,396,000	-2,009,000	-1,560,000	13,880,000	9,257,000
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,820,000	-3,474,000	-3,616,000	-3,522,000	-3,614,000
f Administrative expenses					
g End of year balance	364,612,000	104,316,000	106,772,000	106,445,000	94,662,000

2

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

a

Board designated or quasi-endowment

76 000 %

b

Permanent endowment

21 000 %

c

Temporarily restricted endowment

3 000 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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				
b Buildings				
c Leasehold improvements				
d Equipment		68,194	64,215	3,979
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,979

Schedule D (Form 990) 2016

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	2,068,882,079	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 2,068,882,079	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES PAYABLE	2,418,602
AMOUNT DUE TO AFFILIATES	1,129,539
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 3,548,141

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

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

Complete if the organization answered 'Yes' 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.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	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 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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
GEISINGER HEALTH

Employer identification number

23-1995911

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		54,326,760
3a Sub-total					54,326,760
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					54,326,760

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 54,326,760

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131014408	
SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service				Name of the organization GEISINGER HEALTH	
				Employer identification number 23-1995911	

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRAYHARE LLC 16 DEVON RD NEWTOWN, PA 18940	CONSULTING		No		520,956	-520,956
GORDONSQUARED INC 202 WHISTLER ROAD HIGHLAND PARK, IL 60035	CONSULTING		No		55,000	-55,000
RUFFALO NOEL LEVITZ PO BOX 718 DES MOINES, IA 503030718	CONSULTING		No		32,678	-32,678
Total ▶					608,634	-608,634

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

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

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

Revenue		(a) Event #1 <u>AUXILIARY GALA</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other events <u>20</u> (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	211,262	83,229	695,890	990,381
2	Less Contributions	141,452	67,700	455,228	664,380
3	Gross income (line 1 minus line 2)	69,810	15,529	240,662	326,001
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,249		9,742	19,991
	6 Rent/facility costs	75,705	9,664		85,369
	7 Food and beverages	29,549	18,384		47,933
	8 Entertainment	5,800			5,800
	9 Other direct expenses	7,431	25,425	191,583	224,439
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				383,532
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-57,531

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue			78,033	78,033
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				78,033

- 9** Enter the state(s) in which the organization conducts gaming activities PA
- a** Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No
- b** If "No," explain _____
- _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No
- b** If "Yes," explain _____
- _____
- _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|----------|
| a The organization's facility | 13a | 80.000 % |
| b An outside facility | 13b | 20.000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MARK KAINAddress ▶ 100 NORTH ACADEMY AVENUE MC 24-20
DANVILLE, PA 17822

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager informationName ▶ NANCY LAWTON-KLUCK

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ CHIEF PHILANTHROPY OFFICER
☐ Director/officer

 ☒ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131014408

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
GEISINGER HEALTH

Employer identification number
23-1995911

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23

3 Enter total number of other organizations listed in the line 1 table 6

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER WYOMING VALLEY MED CTR 1000 EAST MOUNTAIN DRIVE WILKES BARRE, PA 187110027	23-1996150	3	648,134				CAPITAL/PROG SERVICE
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	24-0795959	3	4,718,409				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-6291113	3	2,763,785				CAPITAL/PROG SERVICE
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 178229800	23-2164794	3	161,742				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARWORTH PO BOX 36 WAVERLY, PA 184717736	23-2171417	3	14,887				CAPITAL/PROG SERVICE
THE UNIVERSITY OF SCRANTON EDWARD R LEAHY JR CENTER UNINSURE 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	3	25,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2077663		15,383				CAPITAL/PROG SERVICE
RONALD MCDONALD HOUSE PO BOX 300 DANVILLE, PA 17821	23-2155803	3	8,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2193572	3	707,049				CAPITAL/PROG SERVICE
COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2279376	3	334,977				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2967235	3	341,290				CAPITAL/PROG SERVICE
GEISINGER LEWISTOWN HOSPITAL 400 HIGHLAND AVENUE LEWISTOWN, PA 17044	23-1352187	3	193,822				CAPTIAL PROG/SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SPIFIDA 196 ROSE LANE PORT TREVERTON, PA 17864	23-2807759	3	8,000				CONTRIBUTION/SUPPORT
HOLY SPIRIT HEALTH SYSTEM 503 N 21ST ST CAMP HILL, PA 17011	25-1865142	3	184,536				CAPITAL PROG/SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER HEALTH PLAN 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-2311553	4	52,011				CAPITAL PROG/SERVICE
SUN HOME HEALTH SERVICES 100 NORTH ACADEMY AVE DANVILLE, PA 17822	23-1736912	3	235,583				CAPITAL/PROG SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SCRANTON CHAMBER COMMERCE 222 MULBERRY ST SCRANTON, PA 18501	24-0716460	6	37,000				CONTRIBUTION SUPPORT
HEALTH CARE IMPROVEMENT TEN PENN CENTER 1801 MARKET ST STE 710 PHILADELPHIA, PA 19103	23-2152039	3	25,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIPARTISAN POLICY CENTER 1275 EYE ST NW STE 1000 WASHINGTON, DC 20005	73-1628382	3	100,000				CONTRIBUTION SUPPORT
COAL TOWNSHIP 805 W LYNN ST COAL TOWNSHIP, PA 17866	24-6001389		25,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTRYSIDE CONSERVANCY PO BOX 55 LA PLUME, PA 184400055	23-2787790	3	10,000				CONTRIBUTION SUPPORT
DANVILLE AREA COMMUNITY CENTER PO BOX 125 DANVILLE, PA 178210125	24-0860310	3	20,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM FOUNDATION (DALMATION DREAMS) 1528 CHAPALA ST STE 304 SANTA BARBARA, CA 93101	77-0405779	3	25,000				CONTRIBUTION SUPPORT
GREATER WILKES BARRE GROWTH PARTNER 2 PUBLIC SQUARE WILKESBARRE, PA 187011906	26-3345028	3	30,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTOUR COUNTY TREASURER MONTOUR COUNTY COURTHOUSE 253 MILL ST DANVILLE, PA 17821	24-6000740		35,000				CONTRIBUTION SUPPORT
PENNSYLVANIA PINK ZONE 1423 N ATHERTON ST STATE COLLEGE, PA 168033040	45-3362597	3	35,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLER CENTER FOR RECREATION AND WE 1000 BUFFALO RD LEWISBURG, PA 178379702	47-3104877	3	200,000				CONTRIBUTION SUPPORT
THE RAND CORP OFFICE OF DEVELOPMENT 1776 MAIN ST PO BOX 2138 SANTA MONICA, CA 904072138	95-1958142	3	60,000				CONTRIBUTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE ACO 100 NORTH ACADEMY AVENUE DANVILLE, PA 178223055	45-4475297		11,520				CONTRIBUTION SUPPORT
ALL OTHER ASSISTANCE COMBINED EACH INDIVIDUALLY 5000 OR LESS DANVILLE, PA 17822		3	110,962				CONTRIBUTION/SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	ALBERT BOTHE, JR , MD 0 182,525 0 AMY B BRAYFORD 0 45,322 0 DAVID P TILTON, MBA, FACHE 392,293 728,642 0 DAVID J FELICIO, ESQUIRE 0 68,090 0 DAVID H LEDBETTER, PHD, FACMG 0 177,364 0 DOMINIC MOFFA, MDA, FACHE 0 629,042 0 EDELYN L MILLER 0 180,093 0 FRANK J TREMBULAK 0 815,306 0 KEVIN F BRENNAN, CPA, FHFMA 0 358,535 0 SUSAN M ROBEL, RNC, BSN, MHA 0 114,339 0 DUANE E DAVIS, MD, FACP, FACR 0 132,163 0 EDWARD J ZYCH, ESQUIRE 123,125 0 0 JOANNE E WADE 0 196,082 0
SCHEDULE J, PAGE 1, PART I, LINE 7	BECAUSE THE PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS. PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL GEISINGER OBJECTIVES, INCLUDING CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT, AND FINANCIAL STEWARDSHIP.
SCHEDULE J, PART III	PART I, LINE 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" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

Additional Data

Software ID:

Software Version:

EIN: 23-1995911

Name: GEISINGER HEALTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID T FEINBERG MD MBA PRES, CEO,DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,787,047	1,300,100	102,253	379,121	- 28,393	- 3,596,914	-
1ALBERT BOTHE JR MD EVP, QUALITY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	561,688	241,266	272,837	180,589	- 14,507	- 1,270,887	- 182,525
2AMY B BRAYFORD EVP, CHIEF OF STAFF	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	465,066	240,820	91,867	139,010	- 23,882	- 960,645	- 45,322
3DANIEL E LOHR ESQUIRE ACLO, ASST SECTY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	267,976	74,625	21,808	19,110	- 22,968	- 406,487	-
4DAVID P TILTON MBA FACHE EVP, INTEGRATION	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	984,528	1,232,360	1,810,976	35,386	- 13,276	- 4,076,526	- 703,851
5DAVID J FELICIO ESQUIRE EVP, CLO, SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	461,905	233,068	123,693	141,074	- 26,226	- 985,966	- 68,090
6DAVID H LEDBETTER PHD FACMG EVP,CH SCI OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	622,361	324,627	230,314	201,297	- 35,633	- 1,414,232	- 177,364
7DOMINIC MOFFA MDA FACHE EVP, STRATEGY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	461,087	276,701	866,958	168,328	- 38,610	- 1,811,684	- 321,223
8EDELYN L MILLER EVP,CAO,CLINICAL OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	698,147	303,706	227,896	220,308	- 17,951	- 1,468,008	- 180,093
9FRANK J TREMBULAK EVP, COO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	427,338	306,302	851,445	216,368	- 7,786	- 1,809,239	- 167,387
10JAEWON RYU MD JD EVP, CMO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	198,136	-----	14,623	173,260	- 14,723	- 400,742	-
11KEVIN F BRENNAN CPA FHFMA EVP, CFO, TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	714,647	375,847	402,549	19,110	- 20,485	- 1,532,638	- 273,313
12STEVEN R YOUSO EVP, INS OPS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	608,861	337,264	46,992	200,377	- 16,151	- 1,209,645	-
13SUSAN M ROBEL RNC BSN MHA EVP, CNO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	374,922	179,502	151,327	125,310	- 25,670	- 856,731	- 114,339
14NANCY G LAWTON-KLUCK CH PHILANTHROPY OFF	(i)	198,853	27,473	28,851	17,842	24,336	297,355	-----
	(ii)	-----	-----	-----	-----	-	-	-----
15CLAIR J BARBER AVP, GIFT PLANNING	(i)	159,563	25,802	1,774	12,091	8,282	207,512	-----
	(ii)	-----	-----	-----	-----	-	-	-----
16KIMBERLY J ECK PHD AVP, RESEARCH OPPOR	(i)	57,048	-----	2,023	2,917	9,979	71,967	-----
	(ii)	94,760	15,313	2,577	7,539	- 10,651	- 130,840	-
17JAMES H BRUCKER PHD VICE PRESIDENT	(i)	246,457	72,363	37,693	19,110	24,566	400,189	-----
	(ii)	-----	-----	-----	-----	-	-	-----
18DUANE E DAVIS MD FACP FACR FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	155,990	18,199	139,441	4,895	-	- 318,525	-
19EARL P STEINBERG MD MPP FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	400,955	-----	11,292	10,600	- 3,108	- 425,955	-

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21EDWARD J ZYCH ESQUIRE FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)			123,138		-	- 123,138	
1JOANNE E WADE FORMER OFFICER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	209,144		267,047	7,117	- 11,631	- 494,939	196,082

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
GEISINGER HEALTH

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
23-1995911

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A GEISINGER AUTHORITY SERIES 2005ABC	23-2471439	368497FA6	07-07-2005	190,000,000	LOANED TO 501(C)(3)S,REFUND 09/06/2000 BONDS		X		X	X	
B GEISINGER AUTHORITY SERIES 2007	23-2471439	368497FC2	05-10-2007	120,000,000	LOANED TO 501(C)(3)S TO FUND HOSPITAL IMPROVEMENTS		X		X	X	
C GEISINGER AUTHORITY SERIES 2011A	23-2471439	368497GN7	06-09-2011	140,181,194	LOANED TO 501(C)(3)S,REFUND 8/11/98 BONDS		X		X	X	
D GEISINGER AUTHORITY SERIES 2011 BC	23-2471439	368497GY3	06-09-2011	100,000,000	LOANED TO 501(C)(3)S TO FUND HOSPITAL IMPROVEMENTS		X		X	X	

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			51,150,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	192,059,295		121,049,953		140,181,194		100,007,088	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	126,061,434				38,315,000			
7	Issuance costs from proceeds	953,305							
8	Credit enhancement from proceeds	8,000							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	62,976,868		120,000,000		101,854,051		100,000,000	
11	Other spent proceeds	2,059,688		1,049,953		12,143		7,088	
12	Other unspent proceeds								
13	Year of substantial completion	2006		2008		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131014408

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
GEISINGER HEALTH

Employer identification number
23-1995911

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art—Works of art	X	14	9,744	SELLING PRICE OF PROPERTY
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		12,737	SELLING PRICE OF PROPERTY
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	91,986	PROCEEDS FROM SALE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	16	12,470	SELLING PRICE OF PROPERTY
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (FOOD)	X	13	3,630	SELLING PRICE
26	Other ► (GIFT CERT)	X	6	865	FACE VALUE
27	Other ► (MISCELLANEOUS)	X	98	17,671	VARIOUS
28	Other ► (EQUIPMENT)	X	1	12,000	SELLING PRICE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29	1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				30a	No
b If "Yes," describe the arrangement in Part II					
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a	No
b If "Yes," describe in Part II					
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II					

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
GEISINGER HEALTH

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

2016

Open to Public Inspection

Employer identification number

23-1995911

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	FORM 990, PART IV, LINE 24A DID THE ORGANIZATION HAVE A TAX-EXEMPT BOND ISSUE WITH AN OUTSTANDING PRINCIPAL AMOUNT OF MORE THAN 100,000 AS OF THE LAST DAY OF THE YEAR, THAT WAS ISSUED AFTER DECEMBER 31, 2002? GEISINGER HEALTH (GH) IS CURRENTLY THE SOLE OBLIGOR UNDER A SERIES OF BOND ISSUES WITH A TOTAL OUTSTANDING BALANCE OF 1,766,170,995, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2017 BECAUSE THE BOND PROCEEDS ARE DISBURSED TO GH SUBSIDIARIES, THE BOND LIABILITIES ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS GEISINGER MEDICAL CENTER EIN 24-0795959 GEISINGER WYOMING VALLEY MEDICAL CENTER EIN 23-1996150 GEISINGER CLINIC EIN 23-6291113 MARWORTH EIN 23-2171417 GEISINGER SYSTEM SERVICES EIN 23-2164794 COMMUNITY MEDICAL CENTER EIN 24-0862246 MOUNTAIN VIEW NURSING HOME, INC EIN 23-2568288 GEISINGER-BLOOMSBURG HOSPITAL EIN 23-2193572 GEISINGER-BLOOMSBURG HEALTH CARE CENTER EIN 23-2242854 GEISINGER-LEWISTOWN HOSPITAL EIN 23-1352187 HOLY SPIRIT HOSPITAL EIN 23-1512747 GEISINGER COMMONWEALTH SCHOOL OF MEDICINE EIN 26-0812968 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	I MISSION, VISION, VALUES AS THE PARENT ORGANIZATION OF GEISINGER, GEISINGER HEALTH (D/B/ A GEISINGER HEALTH FOUNDATION) IS COMMITTED TO GEISINGER'S MISSION, VISION, AND VALUES MISSION TO PROVIDE GEISINGER AND ITS ENTITIES WITH SIGNIFICANT PHILANTHROPIC SUPPORT TO ASSIST IN MEETING CLINICAL, EDUCATIONAL, RESEARCH, AND CAPITAL PRIORITIES VISION TO BE THE HEALTH SYSTEM OF CHOICE, ADVANCING CARE THROUGH EDUCATION AND RESEARCH VALUES -EXCELLENCE WE STRIVE FOR THE BEST, CONTINUOUSLY IMPROVING QUALITY IN ALL OUR ACTIVITIES -SERVICE ORGANIZATION OUR PHYSICIANS AND STAFF USE THEIR SKILLS, CREATIVITY, ENERGY AND LOYALTY AS RESOURCES FOR EFFECTIVE AND QUALITY SERVICES IN EVERY COMMUNITY AND EACH SETTING WE SERVE -INDIVIDUAL DIGNITY WE PROVIDE HUMANE, COMPASSIONATE AND EXPERT CARE, ALWAYS EMPHASIZING THE DIGNITY OF THE INDIVIDUAL -TEAMWORK WE TAKE PRIDE IN RECOGNIZING AND EMPOWERING GOOD PEOPLE WHO DEMONSTRATE THE IMPORTANCE AND VALUE OF TEAMWORK -PHYSICIAN LEADERSHIP WE ARE PHYSICIAN LED ACROSS OUR ENTIRE ORGANIZATION AND THE MANY COMMUNITIES WE SERVE -DIVERSITY DIVERSITY AMONG PHYSICIANS, STAFF, STUDENTS AND VOLUNTEERS PROMOTES AN ENVIRONMENT OF MUTUAL SUPPORT AND RESPECT -EDUCATION WE BELIEVE IN THE INTELLECTUAL AND PROFESSIONAL PURSUIT OF NEW KNOWLEDGE AND ITS DISSEMINATION TO COLLEAGUES, STUDENTS, AND THE PUBLIC AS AN INSTRUMENT OF OUR HEALTH SYSTEM THAT ADDS VALUE TO ALL OF OUR CUSTOMERS -RESEARCH WE BELIEVE THAT BASIC SCIENCE, CLINICAL COMMUNITY HEALTH AND HEALTH SERVICES RESEARCH ADVANCE THE OVERALL HEALTH AND WELL-BEING OF OUR PATIENTS AND THEIR COMMUNITIES -FISCAL RESPONSIBILITY WE EXERCISE PRUDENT USE OF ALL RESOURCES AS PART OF OUR STEWARDSHIP RESPONSIBILITY FOR FISCAL AND ORGANIZATIONAL SUCCESS -TRADITION WE TAKE PRIDE IN OUR HISTORY FOR IT IS THE FOUNDATION OF OUR FUTURE AND OUR LONG-STANDING COMMITMENT TO THE HEALTH OF OUR COMMUNITY II GENERAL INFORMATION GEISINGER HEALTH (GH), A 501(C)(3) NOT FOR PROFIT CORPORATION, IS THE PARENT ORGANIZATION OF THE VARIOUS GEISINGER ENTITIES. ITS GOVERNING BOARD OVERSEES THE COLLECTIVE EFFORTS OF GEISINGER AFFILIATED ENTITIES AND THEIR ACTIVITIES IN HEALTH CARE AND RELATED BUSINESSES GH IS INVOLVED WITH INITIATING AND ADMINISTERING GRANT AND PHILANTHROPIC SUPPORT PROGRAMS FOR ALL GEISINGER NOT-FOR-PROFIT ENTITIES SOME OF THE AFFILIATED ENTITIES OF GH ARE - GEISINGER MEDICAL CENTER (GMC) IS A PENNSYLVANIA 501(C)(3) NOT -FOR-PROFIT CORPORATION OWNING AND OPERATING A REGIONAL REFERRAL TERTIARY CARE MEDICAL CENTER IN DANVILLE, PENNSYLVANIA, A SEPARATE OUTPATIENT AMBULATORY CAMPUS ON WOODBINE LANE, DANVILLE, PENNSYLVANIA, AND GEISINGER SHAMOKIN AREA COMMUNITY HOSPITAL (GSACH) WHICH IS A CAMPUS OF GEISINGER MEDICAL CENTER IN SHAMOKIN, PENNSYLVANIA - COMMUNITY MEDICAL CENTER, D BA GEISINGER-COMMUNITY MEDICAL CENTER(GCMC) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACUTE CARE HOSPITAL IN SCRANTON, PENNSYLVANIA - GEISINGER-BLOOMSBURG HOSPITAL (GBH), I

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	S A PENNSYLVANIA 501(C)(3) NOT-FOR- PROFIT CORPORATION OWNING AND OPERATING A GENERAL COMM UNITY-BASED HOSPITAL IN BLOOMSBURG, PENNSYLVANIA - GEISINGER WYOMING VALLEY MEDICAL CENTE R (GWV) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION OWNING AND OPERATING AN ACU TE CARE, OPEN-STAFF COMMUNITY HOSPITAL IN WILKES-BARRE, PENNSYLVANIA, AND GEISINGER SOUTH WILKES-BARRE CAMPUS(GSWB) WHICH IS AN AMBULATORY CAMPUS LOCATED IN SOUTH WILKES-BARRE, PEN NSYLVANIA - GEISINGER-LEWISTOWN HOSPITAL (G-LH), IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PRO FIT CORPORATION OWNING AND OPERATING A GENERAL COMMUNITY-BASED HOSPITAL IN LEWISTOWN, PENN SYLVANIA - HOLY SPIRIT HOSPITAL OF THE SISTER OF CHRISTIAN CHARITY IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT COMMUNITY CATHOLIC HOSPITAL PROVIDING HIGH QUALITY, COST-EFFECTIVE HE ALTH SERVICES TO PATIENTS IN THE GREATER HARRISBURG AREA AND SOUTH CENTRAL PENNSYLVANIA - GEISINGER CLINIC IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION WHICH OPERATES A MULTI-SPECIALTY GROUP MEDICAL PRACTICE GEISINGER CLINIC PROVIDES PHYSICIAN STAFF FOR PATI ENT CARE, EDUCATION AND CLINICAL RESEARCH AND OPERATES CARESITE PHARMACIES - FAMILY HEALT H ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CO RPORATION WHICH OPERATES A MULTI- SPECIALTY GROUP PRACTICE IN LEWISTOWN, PENNSYLVANIA - S PIRIT PHYSICIANS SERVICES, INC , (DOING BUSINESS AS HOLY SPIRIT MEDICAL GROUP) IS A PENNSY LVANIA 501(C)(3) AND 509(A)(2) CORPORATION WHICH PROVIDES CONVENIENT HEALTH CARE TO THE CO MMUNITY THROUGH ITS SIX FAMILY HEALTH CENTERS, AN INTERNAL MEDICINE PRACTICE, TWO WOMEN'S HEALTH CENTERS, A GENERAL SURGERY PRACTICE, A PEDIATRICS PRACTICE, A CARDIOTHORACIC SURGER Y PRACTICE, GENERAL INTERNAL MEDICINE HOSPITALIST SERVICES AND NEUROLOGICAL HOSPITALIST SE RVICES - MARWORTH IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT RESIDENTIAL ALCOHOL AND CHEM ICAL DEPENDENCY DETOXIFICATION AND REHABILITATION FACILITY IN WAVERLY, PENNSYLVANIA, WITH AN INPATIENT CENTER AND OUTPATIENT AND FAMILY ADDICTION TREATMENT PROGRAMS - GEISINGER CO MMUNITY HEALTH SERVICES (GCHS) IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION DES IGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATION ACTIVITIES FOR THE CITIZENS OF THE C OMMUNITIES SERVED BY GEISINGER INCLUDING THE OPERATION OF A MEDICARE-CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN A PATIENT'S HOME OR PLACE OF RESIDENC E - GEISINGER-BLOOMSBURG HEALTH CARE CENTER (GBHCC), IS A PENNSYLVANIA 501 (C)(3) NOT-FOR -PROFIT ENTITY OPERATING A LONG-TERM CARE NURSING HOME LOCATED IN BLOOMSBURG, PENNSYLVANIA - MOUNTAIN VIEW NURSING HOME, INC , (DOING BUSINESS AS MOUNTAIN VIEW CARE CENTER) IS A P ENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT ENTITY OPERATING A LONG-TERM CARE, SKILLED NURSING AN D REHABILITATION FACILITY PROVIDING SKILLED NURSING CARE IN SCRANTON, PENNSYLVANIA - SUN HOME HEALTH SERVICES, INC (A VISITING NURSE ASSOCIATION AND RELATED ENTERPRISES) IS A PEN NSYLVANIA 501(C)(3) NOT-FOR-PR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	OFIT CORPORATION DESIGNED TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES FOR THE CITIZENS OF THE COMMUNITIES SERVED BY THE GEISINGER INCLUDING THE OPERATION OF A MEDI CARE- CERTIFIED HOME HEALTH AGENCY AND THE PROVISION OF HEALTH CARE SERVICES IN PATIENTS' HOMES. SUN HOME HEALTH SERVICES MERGED INTO GEISINGER COMMUNITY HEALTH SERVICES EFFECTIVE 6 /25/2017 - WEST SHORE ADVANCED LIFE SUPPORT SERVICES, INC , IS A PENNSYLVANIA 501 (C)(3) NOT-FOR-PROFIT CORPORATION WHICH PROVIDES AMBULANCE AND MEDICAL TRANSPORT SERVICES ACROSS CENTRAL PENNSYLVANIA - GEISINGER HEALTH PLAN (GHP) IS A PENNSYLVANIA 501(C)(4) NOT-FOR-PR OFIT HEALTH MAINTENANCE CORPORATION OPERATING HEALTH INSURANCE PRODUCT LINES - GEISINGER SYSTEM SERVICES IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT SUPPORT SERVICE CORPORATION PRO VIDING FINANCIAL SERVICES, HUMAN RESOURCES, INFORMATION SYSTEMS, INTERNAL AUDITS, LEGAL SE RVICES, STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, AND FACILITIES SERVICES TO GEI SINGER AFFILIATES - KEYSTONE HEALTH INFORMATION EXCHANGE, INCORPORATED (KEYHIE), IS A PEN NSYLVANIA 501(C)(3) AND 509(A)(1) NOT-FOR-PROFIT CORPORATION WHICH COLLABORATES WITH OTHER HEALTH CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH INFORMATION TECHNOLOGY FOR ALL PROV IDERS IN GEISINGER'S SERVICE AREA AND TO IMPROVE THE EXCHANGE OF HEALTH CARE INFORMATION W HEN PATIENTS TRANSITION FROM ONE HEALTH CARE SETTING TO ANOTHER - GEISINGER INSURANCE COR PORATION, RISK RETENTION GROUP - IS A NON-PROFIT CORPORATION DOMICILED IN THE STATE OF VER MONT AND REGISTERED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, TO PROVIDE PRIMARY PROFESSIO NAL LIABILITY COVERAGE FOR SEVERAL SYSTEM ENTITIES INCLUDING GEISINGER MEDICAL CENTER, GEI SINGER CLINIC, GEISINGER WYOMING VALLEY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, GEISINGE R - BLOOMSBURG HOSPITAL, MOUNTAIN VIEW CARE CENTER AND GEISINGER - BLOOMSBURG HEALTH CARE CENTER - HOLY SPIRIT HEALTH SYSTEM IS A PENNSYLVANIA 501(C)(3) NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE CORPORATE PARENT FOR HOLY SPIRIT HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY, SPIRIT PHYSICIAN SERVICES, INC, HOLY SPIRIT VENTURES, INCORPORATED, AND HOLY SPIR IT CORPORATION - HOLY SPIRIT CORPORATION IS A PENNSYLVANIA 501(C)(2) NOT-FOR-PROFIT REAL ESTATE HOLDING CORPORATION WITH PROPERTIES IN CAMP HILL, DILLSBURG AND MECHANICSBURG, INCL UDING THE MEDICAL ARTS BUILDING, AMERICAN OFFICE CENTER AND KINDER CARE CENTER - LEWISTOW N AMBULATORY CARE CORPORATION IS A PENNSYLVANIA 501(C)(3) NOT- FOR-PROFIT CORPORATION OPER ATING A REAL ESTATE HOLDING COMPANY THAT OWNS AND/OR MANAGES THE LEWISTOWN NON-HOSPITAL RE AL ESTATE ASSETS - GEISINGER ASSURANCE COMPANY, LTD (GAC) IS FOR-PROFIT COMPANY DOMICILE D IN THE CAYMAN ISLANDS WHICH PROVIDES REINSURANCE AGAINST LIABILITY ARISING OUT OF SYSTEM ACTIVITIES, INCLUDING MEDICAL, LEGAL AND GENERAL LIABILITY - ATLANTICARE BEHAVIORIAL HEAL TH, INC IS A NEW JERSEY 501(C)(3) NOT-FOR-PROFIT CORPORATION PROVIDING OUTPATIENT MENTAL HEALTH, SUBSTANCE ABUSE/ADDICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART V, LINE 1A ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL GEISINGER ORGANIZATIONS AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2016 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,877 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATION'S EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART I, SECTION A, LINE 4 FORM 990, PART VI, SECTION A, LINE 1B ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, ONE VOTING MEMBER IS NOT INDEPENDENT BECAUSE HE IS COMPENSATED AS AN EMPLOYEE OF A RELATED TAX-EXEMPT ORGANIZATION FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? ALBERT BOTHE, JR, MD, CHRISTOPHER B SULLIVAN, DANIEL E LOHR, ESQUIRE, DAVID J FELICIO, ESQUIRE, DAVID T FEINBERG, MD, MBA, E ALLEN DEAVER, EDELYN L MILLER, EUGENE ARNONE, FRANK J TREMBULAK, FRANK M HENRY, GAIL R WILENSKY, PHD, HEATHER M ACKER, JAEWON RYU, MD, JD, JEFF JACOBSON, JOHN C BRAVMAN, PHD, KAREN DAVIS, PHD, KEVIN F BRENNAN, CPA, FHFMA, PAMELA KEHALY, RICHARD A GRAFMYRE, ROBERT E POOLE, ROBERT J DIETZ, STEVEN R YOUSO, THOMAS H LEE, JR, MD, MSC, VIRGINIA MCGREGOR, WILLIAM E SORDONI, WILLIAM H ALEXANDER, AND WILLIAM R GRUVER ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATE OF THE ENTITY ALL OF THE AFFILIATES ARE PART OF GEISINGER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	ON JANUARY 1, 2017, GEISINGER HEALTH SYSTEM FOUNDATION AMENDED TS ARTICLES OF INCORPORATION AND CORPORATE BYLAWS TO REFLECT THE NAME CHANGE TO GEISINGER HEALTH

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE SUBJECT TO THE GEISINGER CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS 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 COMMITTEES 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE GO TO HTTPS //WWW GEISINGER ORG/ABOUT- GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS TO AFFILIATES -176,200,000 TRANSFERS FROM AFFILIATES 546,905,337 CONTRIBUTION FROM ACQUISITION-UNRESTRICTED -76,589,006 CHANGE IN SUBSIDIARY EQUITY -58,255,039 CONTRIBUTION FROM ACQUISITION-RESTRICTED -12,021,225 TOTAL 223,840,067

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131014408	
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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization GEISINGER HEALTH			Employer identification number 23-1995911
Open to Public Inspection					

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(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

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

Yes

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

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

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN FORM 990, SCHEDULE R, GEISINGER HEALTH 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 GEISINGER PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH	Yes	
(1) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSICIAN	PA	501C3	12A	GH	Yes	
(2) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH	Yes	
(3) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH	Yes	
(4) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HEALTH INS	PA	501C4		GH	Yes	
(5) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH	Yes	
(6) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS	Yes	
(7) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH	Yes	
(8) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH	Yes	
(9) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	10	GH	Yes	
(10) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH	Yes	
(11) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH	Yes	
(12) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH	Yes	
(13) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH	Yes	
(14) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	12A	GH	Yes	
(15) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH	Yes	
(16) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC	Yes	
(17) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1736912	HEALTHCARE	PA	501C3	10	GCHS	Yes	
(18) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH	Yes	
(19) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS	Yes	
(1) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501C3	10	HSHS	Yes	
(2) 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	7	HSHS	Yes	
(3) 525 PINE STREET SCRANTON, PA 18509 26-0812968	EDUCATION	PA	501C3	2	GH	Yes	
(4) 2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS	Yes	
(5) 6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM	Yes	
(6) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM	Yes	
(7) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS	Yes	
(8) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH	Yes	
(9) 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	Yes	
(10) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM	Yes	
(11) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM	Yes	
(12) 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSICIANS	NJ	501C3	10	GH	Yes	
(13) PNC BANK NA 620 LIBERTY AVENUE 10 PITTSBURGH, PA 152222705 24-6021891	TRUST	PA	4947A1	12	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	N/A					No			No	
(1) LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
(2) MERIDIAN GEISINGER HLTH NETWORKLLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DEL SY	NJ	N/A					No			No	
(3) HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
(4) EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
(5) LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
(6) GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HEALTHCARE	DE	N/A					No			No	
(7) CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
(8) GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
(9) LACKAWANNA PHYS AMB SURG CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
(10) SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
(11) ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
(12) COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
(4) GEISINGER ASSURANCE COMPANY LTD 23 LINE TREE BAY AVE PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A					Yes	
(5) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes	
(6) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A					Yes	
(7) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A					Yes	
(8) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A					Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ATLANTICARE HEALTH SYSTEM INC	C	3,994,903	GAAP
(1)	COMMUNITY MEDICAL CENTER	R	134,747	GAAP
(2)	COMMUNITY MEDICAL CENTER	M	491	GAAP
(3)	COMMUNITY MEDICAL CENTER	L	34,877	GAAP
(4)	COMMUNITY MEDICAL CENTER	B	25,000,000	GAAP
(5)	COMMUNITY MEDICAL CENTER	B	248,918	GAAP
(6)	FAM HEALTH ASSOC OF GEISINGER-LEWIS	B	5,000,000	GAAP
(7)	GEISINGER - LEWISTOWN HOSPITAL	R	70,250	GAAP
(8)	GEISINGER - LEWISTOWN HOSPITAL	M	925	GAAP
(9)	GEISINGER - LEWISTOWN HOSPITAL	C	38,000,000	GAAP
(10)	GEISINGER - LEWISTOWN HOSPITAL	B	143,723	GAAP
(11)	GEISINGER ASSURANCE COMPANY LTD	B	34,000,000	GAAP
(12)	GEISINGER ASSURANCE COMPANY LTD	M	78	GAAP
(13)	GEISINGER CLINIC	R	2,650,607	GAAP
(14)	GEISINGER CLINIC	M	120,738	GAAP
(15)	GEISINGER CLINIC	L	3,878,705	GAAP
(16)	GEISINGER CLINIC	B	127,000,000	GAAP
(17)	GEISINGER CLINIC	B	130,307	GAAP
(18)	GEISINGER COMMONWEALTH SCH OF MED	C	84,643,608	GAAP
(19)	GEISINGER COMMUNITY HEALTH SERVICES	R	340,189	GAAP
(20)	GEISINGER COMMUNITY HEALTH SERVICES	M	1,101	GAAP
(21)	GEISINGER COMMUNITY HEALTH SERVICES	B	5,000,000	GAAP
(22)	GEISINGER HEALTH PLAN	R	52,011	GAAP
(23)	GEISINGER HEALTH PLAN	C	12,700,000	GAAP
(24)	GEISINGER INDEMNITY INSURANCE COMP	B	12,500,000	GAAP

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	GEISINGER MEDICAL CENTER	R	1,779,090	GAAP
(1)	GEISINGER MEDICAL CENTER	M	187,297	GAAP
(2)	GEISINGER MEDICAL CENTER	L	4,039,152	GAAP
(3)	GEISINGER MEDICAL CENTER	C	348,000,000	GAAP
(4)	GEISINGER MEDICAL CENTER	B	3,065,602	GAAP
(5)	GEISINGER QUALITY OPTIONS INC	B	6,500,000	GAAP
(6)	GEISINGER SYSTEM SERVICES	R	225,339	GAAP
(7)	GEISINGER SYSTEM SERVICES	M	840,957	GAAP
(8)	GEISINGER SYSTEM SERVICES	L	99,225	GAAP
(9)	GEISINGER SYSTEM SERVICES	C	41,000,000	GAAP
(10)	GEISINGER WYOMING VALLEY MEDICAL CT	R	312,775	GAAP
(11)	GEISINGER WYOMING VALLEY MEDICAL CT	M	60,580	GAAP
(12)	GEISINGER WYOMING VALLEY MEDICAL CT	L	1,880,410	GAAP
(13)	GEISINGER WYOMING VALLEY MEDICAL CT	C	106,000,000	GAAP
(14)	GEISINGER WYOMING VALLEY MEDICAL CT	B	289,963	GAAP
(15)	GEISINGER-BLOOMSBURG HEALTH CARE CT	B	2,000,000	GAAP
(16)	GEISINGER-BLOOMSBURG HOSPITAL	R	65,508	GAAP
(17)	GEISINGER-BLOOMSBURG HOSPITAL	M	6,868	GAAP
(18)	GEISINGER-BLOOMSBURG HOSPITAL	B	7,000,000	GAAP
(19)	GEISINGER-BLOOMSBURG HOSPITAL	B	650,397	GAAP
(20)	HOLY SPIRIT HEALTH SYSTEM	R	29,892	GAAP
(21)	HOLY SPIRIT HOSPITAL	M	58,385	GAAP
(22)	HOLY SPIRIT HOSPITAL	B	10,017	GAAP
(23)	HOLY SPIRIT HOSPITAL	S	128,337	GAAP
(24)	ISS SOLUTIONS INC	R	15,772	GAAP

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) ISS SOLUTIONS INC	M	122	GAAP
(1) ISS SOLUTIONS INC	S	4,000,000	GAAP
(2) KEYSTONE ACCOUNTABLE CARE ORGANIZAT	M	11,520	GAAP
(3) KEYSTONE HEALTH INFORMATION EXCHANG	B	200,000	GAAP
(4) MARWORTH	R	14,887	GAAP
(5) MARWORTH	L	52,680	GAAP
(6) MARWORTH	C	1,000,000	GAAP
(7) MOUNTAIN VIEW NURSING HOME INC	R	7,881	GAAP
(8) MOUNTAIN VIEW NURSING HOME INC	M	344	GAAP
(9) MOUNTAIN VIEW NURSING HOME INC	B	1,000,000	GAAP
(10) SPIRIT PHYSICIANS SERVICES INC	R	960	GAAP
(11) SUN HOME HEALTH SERVICES INC	M	186,762	GAAP
(12) SUN HOME HEALTH SERVICES INC	B	4,000,000	GAAP
(13) SUN HOME HEATLH SERVICES INC	R	70,848	GAAP