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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GEISINGER CLINIC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 N ACADEMY AVE MC 49-70

City or town, state or province, country, and ZIP or foreign postal code
DANVILLE, PA 178229800

D Employer identification number
23-6291113

E Telephone number
(570) 271-6624

G Gross receipts $ 1,291,120,439

F Name and address of principal officer
JAEWON RYU MD JD
100 N ACADEMY AVE MC 22-01
DANVILLE, PA 17822

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GEISINGER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
GEISINGER CLINIC STRIVES TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH SERVICES DELIVERED BY PHYSICIANS AND ADVANCED PRACTITIONERS THROUGH SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	5,038
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,171,577
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	33,840,138	39,568,082
9	Program service revenue (Part VIII, line 2g)	1,091,318,355	1,247,231,157
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,127,272	3,097,211
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,013	747,998
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,124,354,234	1,290,644,448
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	778,970,645	861,751,885
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	487,475,089	592,726,222
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,266,445,734	1,454,478,107
19	Revenue less expenses Subtract line 18 from line 12	-142,091,500	-163,833,659

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	274,465,411	390,417,320
21	Total liabilities (Part X, line 26)	204,972,151	230,837,767
22	Net assets or fund balances Subtract line 21 from line 20	69,493,260	159,579,553

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2019-04-22

DAVID J FELICIO ESQUIRE EVP, CLO, SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	1,338,656,748	including grants of $	) (Revenue $	1,189,135,391)
4b	(Code See Additional Data)	(Expenses $	64,936,055	including grants of $	) (Revenue $	58,194,407)
4c	(Code See Additional Data)	(Expenses $	754,676	including grants of $	) (Revenue $	738,912)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		1,404,347,479			

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	20		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,038		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶KATHLEEN CHAPMAN CFO VP FINANCE 100 NORTH ACADEMY AVENUE MC 01-51 DANVILLE, PA 17822 (570) 214-3058

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

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

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

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

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

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

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

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

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) ▶								19,135,617	10,503,591	3,162,810

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 ▶ 2,054

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
PRIMEMED PC 5 MORGAN HIGHWAY SCRANTON, PA 18508	PHYSICIAN SVCS	19,271,427
TRISTAN ASSOCIATES 4520 UNION DEPOSIT ROAD HARRISBURG, PA 17111	PHYSICIAN SVCS	1,967,243
WHITE AND WILLIAMS LLP 1650 MARKET STREET ONE LIBERTY PLAZA SUITE 1800 PHILADELPHIA, PA 191037395	LAW FIRM	1,800,283
LOCUM LEADERS OF MISSOURI LLC PO BOX 915241 DALLAS, TX 753915241	PHYSICIAN SVCS	1,406,540
LOCUMTENENS COM PO BOX 405547 ATLANTA, GA 303845547	PHYSICIAN SVCS	1,401,654

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 ▶ 50

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	16,954,973		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,613,109		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		39,568,082		

Program Service Revenue	Business Code				
2a HEALTHCARE	621110	1,003,348,234	1,003,348,234		
b ~~PHARMACY~~	446110	227,243,833	227,243,833		
c ~~PHARMACY - UBIT~~	446110	12,155,428		12,155,428	
d ~~RENTAL~~	531120	2,535,209			2,535,209
e ~~RESEARCH~~	541700	1,656,693	1,656,693		
f All other program service revenue		291,760	275,611	16,149	
g Total. Add lines 2a–2f . . . . ▶		1,247,231,157			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		559,929			559,929
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶		4,508			4,508
	(i) Real	(ii) Personal			
6a Gross rents	118,000				
b Less rental expenses	217,090				
c Rental income or (loss)	-99,090				
d Net rental income or (loss) . . . . . ▶		-99,090			-99,090
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	2,340,161	456,022			
b Less cost or other basis and sales expenses		258,901			
c Gain or (loss)	2,340,161	197,121			
d Net gain or (loss) . . . . . ▶		2,537,282			2,537,282
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a SALE OF INVENTORY/PAT RECORDS	900099	331,744	331,744		
b PURCHASE DISCOUNTS	900099	318,762	318,762		
c CREDENTIALING	541700	123,965	123,965		
d All other revenue		68,109	63,082		5,027
e Total. Add lines 11a–11d . . . . . ▶		842,580			
12 Total revenue. See Instructions . . . . . ▶		1,290,644,448	1,233,361,924	12,171,577	5,542,865

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,524,676	6,285,538	239,138	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,759,746	4,404,845	354,901	
7 Other salaries and wages	724,412,003	718,458,831	5,953,172	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,126,652	31,840,746	285,906	
9 Other employee benefits	58,810,134	58,286,763	523,371	
10 Payroll taxes	35,118,674	34,785,557	333,117	
11 Fees for services (non-employees)				
a Management				
b Legal	4,657,252	4,657,252		
c Accounting	132,007		132,007	
d Lobbying	239,484		239,484	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,364,577	807,426	557,151	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,196,428	51,804,960	3,391,468	
12 Advertising and promotion	5,359,079	5,356,385	2,694	
13 Office expenses	7,931,689	6,312,408	1,619,281	
14 Information technology	4,566,942	2,950,162	1,616,780	
15 Royalties				
16 Occupancy	14,928,408	14,651,888	276,520	
17 Travel	4,337,685	4,334,408	3,277	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,632,723	4,475,164	157,559	
20 Interest	4,186,004	4,108,466	77,538	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,286,915	15,985,231	301,684	
23 Insurance	29,655,044	29,186,182	468,862	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	263,913,067	263,877,396	35,671	
b INTER-ENTITY EXPENSE	145,900,419	117,976,087	27,924,332	
c UNCOLLECTIBLE EXPENSE	22,744,884	22,744,884		
d SETTLEMENT	5,664,833	164,833	5,500,000	
e All other expenses	1,028,782	892,067	136,715	
25 **Total functional expenses.** Add lines 1 through 24e	1,454,478,107	1,404,347,479	50,130,628	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	5,101,209	1	9,906,181
	2	Savings and temporary cash investments	258,365	2	4,121,989
	3	Pledges and grants receivable, net	4,765,881	3	8,040,693
	4	Accounts receivable, net	42,064,231	4	45,911,292
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	151,181	5	214,170
	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	9,589,804	7	13,135,989
	8	Inventories for sale or use	4,380,719	8	4,234,244
	9	Prepaid expenses and deferred charges	15,233,228	9	17,005,528
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 280,681,583			
	b	Less accumulated depreciation — 10b: 132,273,644	154,580,455	10c	148,407,939
	11	Investments—publicly traded securities	4,765,931	11	18,430,961
	12	Investments—other securities See Part IV, line 11	28,382,941	12	114,026,155
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	3,213,429	14	3,238,157
	15	Other assets See Part IV, line 11	1,978,037	15	3,744,022
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	274,465,411	16	390,417,320
Liabilities	17	Accounts payable and accrued expenses	49,309,107	17	50,240,623
	18	Grants payable		18	
	19	Deferred revenue	4,442,505	19	2,844,982
	20	Tax-exempt bond liabilities	116,167,271	20	114,004,345
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	35,053,268	25	63,747,817
	26	**Total liabilities.** Add lines 17 through 25	204,972,151	26	230,837,767
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	69,493,260	27	159,579,553
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		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	69,493,260	33	159,579,553
	34	Total liabilities and net assets/fund balances	274,465,411	34	390,417,320

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,290,644,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,454,478,107
3	Revenue less expenses Subtract line 2 from line 1	3	-163,833,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,493,260
5	Net unrealized gains (losses) on investments	5	3,861,925
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	250,058,027
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	159,579,553

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-6291113

Name: GEISINGER CLINIC

Form 990 (2017)

Form 990, Part III, Line 4a:

PHYSICIAN SERVICES - SEE SCHEDULE O I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPLOYS 1837 PHYSICIANS PRACTICING AT 105 SITES IN 64 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER HEALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE BELLEFONTE MIFFLINTOWN BELLEVILLE MILLVILLE BENTON MILTON BERWICK MONTOURSVILLE BLOOMSBURG MOOSIC BRADFORD MOUNT CARMEL BURNHAM MOUNT POCONO CARBONDALE MOUNTAINTOP CATAWISSA NANTICOKE CLARION NICHOLSON CLARKS SUMMIT NORTHUMBERLAND COAL TOWNSHIP OLYPHANT DALLAS ORWIGSBURG DANVILLE PECKVILLE DUNMORE PHILIPSBURG EAST STROUDSBURG PITTSTON ELYSBURG PLAINS FORTY FORT PORT MATILDA HAZELTON POTTSVILLE HONESDALE SCRANTON HUNTINGDON SELINSGROVE JESSUP SHAMOKIN DAM KINGSTON STATE COLLEGE KULPMONT SUNBURY LEWISBURG TANNERSVILLE LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOY CITY WILLIAMSPORT MECHANICSBURG WYOMING II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERVE ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AND HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CARE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND PROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRACTICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY THE UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DISCOUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2018, THE COST OF CHARITY CARE WAS 7,872,506 B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINIC PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXTENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO THE COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2018, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 263,213,212 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OTHER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PROVIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2018, WAS 8,234,413 III RESEARCH SUPPORT GEISINGER CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITIES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEARCH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL STUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARCH TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIVELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVENUES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S RESEARCH OPERATIONS FOR FISCAL YEAR 2018 WAS 6,518,586 IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY ARE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, HEALTH EDUCATION SERIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRAMS THE COST OF THESE SERVICES TOTALED 421,682 IN FISCAL YEAR ENDED JUNE 30, 2018 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS ALZHEIMER'S SIGHT LOSS STROKE B HEALTH EDUCATION CHRONIC PAIN MULTIPLE SCLEROSIS DIABETES EDUCATION EDUCATION MATERIALS/PUBLICATIONS SENIORS EDUCATION & OUTREACH TRAUMA EDUCATION NUTRITION/WEIGHT MANAGEMENT C OTHER SERVICES AND PROGRAMS CANCER - SKIN SCREENING CHILD IMMUNIZATIONS COMMUNITY COALITIONS EMS PROGRAM SUPPORT AND TRAINING FLU SHOTS - BLOOMSBURG FAIR FREE CLINICS HEALTH FAIRS HEALTH SCREENINGS RELAY FOR LIFE RONALD MCDONALD HOUSE SCHOOL VISION SCREENINGS SCHOOL SPORT PHYSICALS V COMMUNITY SERVICE SUMMARY CHARITY CARE 7,872,506 MEDICARE/MEDICAID 263,213,212 RESEARCH 6,518,586 UNCOMPENSATED CARE 8,234,413 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 421,682 TOTAL 286,260,399 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WIDE) 2,852,407 CLINIC SERVICE DAYS 638,420 GEISINGER CLINIC PHYSICIANS ADMIT TO THE SEVEN GEISINGER OWNED FACILITIES, GEISINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER BLOOMSBURG HOSPITAL, GEISINGER LEWISTOWN HOSPITAL, GEISINGER HOLY SPIRIT HOSPITAL AND GEISINGER JERSEY SHORE HOSPITAL AS WELL AS TEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

Form 990, Part III, Line 4b:

RESEARCH - SEE SCHEDULE 0

Form 990, Part III, Line 4c:

EDUCATION - SEE SCHEDULE 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			
EARL FOURA VICE CHAIR,	0 25 3 75	X						0	0	0
EDELYN L MILLER DIRECTOR	40 00	X						0	1,565,659	256,399
JAEWON RYU MD JD DIRECTOR	40 00	X						1,596,610	0	218,215
ROBERT J DIETZ CHAIR, DIREC	0 25 4 50	X						0	0	0
V CHRIS HOLCOMBE PE VICE CHAIR,	0 25 3 75	X						0	0	0
VIRGINIA MCGREGOR DIRECTOR	0 25 4 00	X						0	0	0
DAVID T FEINBERG MD MBA PRESIDENT, D	40 00	X		X				0	3,943,153	1,025,348
DANIEL E LOHR ESQUIRE ACLO, ASST S	40 00			X				0	441,235	43,464
DAVID J FELICIO ESQUIRE EVP, CLO, SE	40 00			X				0	1,142,940	258,756
KEVIN F BRENNAN CPA FHFMA EVP, CFO, TR	40 00			X				0	2,133,432	36,848

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			
ALBERT BOTHE JR MD EVP, CH QUAL	40 00				X			3,097,868	0	4,032
JAMES E HARTLE MD CHAIR, MED I	40 00				X			832,306	0	41,106
MATTHEW WALSH COO, GEISING	40 00				X			580,882	0	42,978
MAUREEN FITZSIMMONS RN NEA-BC ASSOC CAO	40 00				X			419,962	61,083	28,800
MICHAEL SUK MD JD MPH FACS CHAIR MUSCUL	40 00				X			1,336,454	0	48,642
THOMAS B WEIR VICE PRESIDE	40 00				X			467,797	0	36,097
TRACEY W WOLFE MHA VP MEDICINE	40 00				X			381,553	0	38,235
SUSAN B FETTERMAN MSN RN MBA FAC CAO	40 00				X			574,970	0	88,208
ALFRED S CASALE MD FACC FACS PHYSICIAN	40 00					X		1,334,519	0	128,100
CLEMENS SCHIRMER MD PHD PHYSICIAN	40 00					X		1,004,830	0	30,028

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			
DAVID A ANDREYCHIK MD PHYSICIAN	40 00					X		1,052,003	0	50,199
MICHEL LACROIX MD FRCSC FAANS PHYSICIAN	40 00					X		1,210,701	0	43,800
NEIL A MARTIN MD CQO, CHAIR,	40 00					X		2,596,115	0	53,262
DENNIS TORRETTI MD FACP FORMER KEY E	40 00						X	355,236	0	38,786
GLORIA J GERRITY FORMER KEY E	40 00						X	438,064	0	36,136
LEE M MYERS FORMER KEY E	40 00						X	403,804	0	31,148
MARIA S KOBYLINSKI MD FORMER KEY E	40 00						X	541,993	0	38,448
MOHSEN M SHABAHANG MD FORMER KEY E	40 00						X	909,950	0	42,075
STEVEN R YOUSO FORMER KEY E	40 00						X	0	1,216,089	503,700

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 14

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 14						0

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2	Yes	
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		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *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		No
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	Yes	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Yes	
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		No
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		No
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		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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		No
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		No
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		No
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?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 I, LINE 11H	COMMUNITY MEDICAL CENTER 24-0862246 3 0 0 GEISINGER-BLOOMSBURG HOSPITAL 23-2193572 3 0 0 G EISINGER-LEWISTOWN HOSPITAL 23-1352187 3 0 0 HOLY SPIRIT HOSPITAL 23-1512747 3 0 0 SPIRIT PHYSICIAN SERVICES, INC 25-1766971 10 0 0 GEISINGER-BLOOMSBURG HEALTH CARE CENTER 23-2242 854 10 0 0 MARWORTH 23-2171417 3 0 0 GEISINGER JERSEY SHORE HOSPITAL 24-0792115 3 0 0 GEIS INGER JERSEY SHORE HOSPITAL FDN 23-2480603 3 0 0

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	GEISINGER CLINIC'S (GC) SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND PURPOSE PER ARTICLE 3 OF GC'S ARTICLES OF INCORPORATION, THE CORPORATION IS INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "INTERNAL REVENUE CODE"), INCLUDING A ENGAGING IN EDUCATION, STUDY, RESEARCH AND SCIENTIFIC DEVELOPMENT IN ALL FIELDS OF MEDICINE, SURGERY, MEDICAL ARTS AND SCIENCES, AND THE PHYSICAL AND LIFE SCIENCES GENERALLY, B STUDYING AND INVESTIGATING THE NATURE, ETIOLOGY, DIAGNOSIS AND THERAPY OF DISEASES, C ESTABLISHING, CONDUCTING, MAINTAINING, MANAGING AND OPERATING EDUCATIONAL PROGRAMS, COURSES AND STUDIES, INCLUDING, WITHOUT LIMITATION, FELLOWSHIPS AND GRADUATE EDUCATION, IN ALL OFTHE FOREGOING FIELDS, D CONSTRUCTING, OPERATING AND MAINTAINING LABORATORIES, DISPENSARIES, BUILDINGS AND FACILITIES RELATING TO THESE PURPOSES, E PUBLISHING BOOKS AND WRITING AND DISSEMINATING ARTICLES OR REPORTS RELATING TO THESE PURPOSES, F PROVIDING PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN CONNECTION WITH THE PROVISION OF HEALTH CARE SERVICES AT GEISINGER MEDICAL CENTER AND THROUGHOUT THE GEISINGER HEALTH SYSTEM AND OTHER HOSPITALS, CLINICS AND HEALTH CARE FACILITIES, G MAKING DONATIONS AND OTHER TRANSFERS TO THE GEISINGER FOUNDATION, NOW GEISINGER HEALTH SYSTEM FOUNDATION, HEREINAFTER REFERRED TO AS "GEISINGER HEALTH SYSTEM FOUNDATION", AND TO ORGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES H ENGAGING IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE REQUESTING OFFUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 2	GEISINGER CLINIC PERIODICALLY CALCULATES THE 509(A)(1) AND/OR 509(A)(2) PUBLIC SUPPORT TES T TO ENSURE THAT THE THE 501(C)(3), 509(A)(3) ORGANIZATIONS SATISFY THE PUBLIC SUPPORT TES TS

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5A	ORGANIZATIONS ADDED (I) GEISINGER JERSEY SHORE HOSPITAL, EIN 24-0792115 GEISINGER JERSEY SHORE HOSPITAL FOUNDATION, EIN 23-2480603 (II) DURING THE FISCAL YEAR, PURSUANT TO GEISI NGER HEALTH BOARD APPROVAL, GEISINGER JERSEY SHORE HOSPITAL AND GEISINGER JERSEY SHORE HOS PITAL FOUNDATION WERE ACQUIRED BY GEISINGER HEALTH, EIN 23-1995911, PARENT ORGANIZATION O F GEISINGER CLINIC (III),(IV) NO ACTION WAS REQUIRED BY GEISINGER CLINIC TO ADD THE SUPP ORTED ORGANIZATIONS PER GEISINGER CLINIC'S ARTICLES OF INCORPORATION, GEISINGER CLINIC IS ORGANIZED TO SUPPORT THE GEISINGER HEALTH SYSTEM FOUNDATION (NOW GEISINGER HEALTH) ORGANI ZATIONS AFFILIATED WITH SUCH FOUNDATION AND OTHER ORGANIZATIONS, AND TO MAKE DONATIONS AND OTHER TRANSFERS TO THE GEISINGER HEALTH SYSTEM FOUNDATION (NOW GEISINGER HEALTH) AND TO O RGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INTER NAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION B, LINE 2	GEISINGER IS A PHYSICIAN-LED, INTEGRATED HEALTH SERVICES ORGANIZATION THAT HAS AS ITS MAIN COMPONENTS 1 AN ARRAY OF HEALTH SERVICES PROVIDERS, INCLUDING EIGHT ACUTE CARE HOSPITAL S AND A DRUG AND ALCOHOL TREATMENT FACILITY, 2 A MULTISPECIALTY PHYSICIAN GROUP PRACTICE OF 1,837 PHYSICIANS PRACTICING AT 253 PRIMARY AND SPECIALTY CLINICS, AND 3 ONE OF THE NAT ION'S LARGEST RURAL HEALTH INSURANCE ORGANIZATIONS WITH 578,000 MEMBERS GEISINGER HEALTH, PARENT ORGANIZATION OF GEISINGER AND THE ORGANIZATION WHICH HAS THE POWER TO REGULARLY AP POINT AT LEAST A MAJORITY OF GEISINGER CLINIC'S DIRECTORS, IS INCORPORATED FOR THE CHARITA BLE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES WI THIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY SUCCESSOR UNITED STATES INTERNAL REVENUE LAW) (THE "IN TERNAL REVENUE CODE"), INCLUDING, DIRECTLY OR INDIRECTLY, SUPPORTING THE PURPOSES OF, GEIS INGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH THE CORPORATION WHICH QUALI FIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE GEISIN GER HEALTH ENGAGES IN ALL ACTIVITIES PROPERLY RELATED TO THE FOREGOING, INCLUDING THE SOLI CITATION OF FUNDS FROM INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS FOR FINANCING THE SERVICES TO BE PROVIDED THEREFORE, GEISINGER CLINIC'S SUPPORT OF OTHER 501(C)(3) ORGANIZ ATIONS WITHIN GEISINGER, AND AFFILIATED WITH GEISINGER MEDICAL CENTER AND GEISINGER HEALTH , SERVES TO SUPPORT THE CHARITABLE PURPOSES OF GEISINGER HEALTH

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	IN ADDITION TO THE ORGANIZATIONS LISTED IN PART I, LINE 11, GEISINGER CLINIC (GC) ALSO SUP PORTS THE FOLLOWING GEISINGER AFFILIATED 501(C)(3), 509(A)(3) SUPPORTING ORGANIZATIONS WHO SE PURPOSES INCLUDE SUPPORTING OTHER MEMBERS WITHIN THE GEISINGER SYSTEM AS DESCRIBED IN T HEIR RESPECTIVE ARTICLES OF INCORPORATION NAME OF SUPPORTING ORGANIZATION EIN FAMILY HEAL TH ASSOCIATES OF GEISINGER-LEWISTOWN HOSPITAL 25-1651582 KEYSTONE HEALTH INFORMATION EXCHA NGE, INC 46-4359893 BY SUPPORTING THESE ORGANIZATION, GC IS FULFILLING ITS MISSION TO SUP PORT GEISINGER HEALTH IN ITS CHARITABLE MISSION OF DIRECTLY OR INDIRECTLY SUPPORTING THE P URPOSES OF GEISINGER MEDICAL CENTER OR ANY OTHER ORGANIZATION AFFILIATED WITH GEISINGER HE ALTH WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL RE VENUE CODE IN ADDITION TO MAKING DONATIONS AND OTHER TRANSFERS TO GEISINGER HEALTH AND TO ORGANIZATIONS CONTROLLED BY SUCH FOUNDATION AND DESCRIBED IN SECTION 501(C)(3) OF THE INT ERNAL REVENUE CODE, CONSISTENT WITH AND IN FURTHERANCE OF THESE PURPOSES, GEISINGER CLINIC SUPPORTS ITS SUPPORTED ORGANIZATIONS THROUGH THE SERVICES OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN CONNECTION WITH THE PROVISION OF HEALTH CARE SERVICES AT GEISINGER M EDICAL CENTER AND THROUGHOUT GEISINGER AND OTHER HOSPITALS, CLINICS AND HEALTH CARE FACILI TIES

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) GEISINGER COMMUNITY HEALTH SERVICES	232967235	10		No	0	0
(A) MOUNTAIN VIEW NURSING HOME INC	232568288	10		No	0	0
(B) GEISINGER HEALTH	231995911	7	Yes		0	0
(C) GEISINGER MEDICAL CENTER	240795959	3		No	0	0
(D) GEISINGER WYOMING VALLEY MEDICAL CTR	231996150	3		No	0	0
(E) COMMUNITY MEDICAL CENTER	240862246	3		No	0	0
(F) GEISINGER-BLOOMSBURG HOSPITAL	232193572	3		No	0	0
(G) GEISINGER-LEWISTOWN HOSPITAL	231352187	3		No	0	0
(H) HOLY SPIRIT HOSPITAL	231512747	3		No	0	0
(I) SPIRIT PHYSICIAN SERVICES INC	251766971	10		No	0	0
(J) GEISINGER-BLOOMSBURG HEALTH CARE CENTER	232242854	10		No	0	0
(K) MARWORTH	232171417	3		No	0	0
(L) GEISINGER JERSEY SHORE HOSPITAL	240792115	3		No	0	0
(M) GEISINGER JERSEY SHORE HOSPITAL FDN	232480603	3		No	0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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2017

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(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) Yes	(a) No	(b) 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		34,262
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		239,484
j	Total Add lines 1c through 1i			273,746
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

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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

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	364,612,000	104,316,000	106,772,000	106,445,000	94,662,000
b Contributions	954,000	253,720,000	3,027,000	5,503,000	1,425,000
c Net investment earnings, gains, and losses	8,483,000	10,396,000	-2,009,000	-1,560,000	13,880,000
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,653,000	-3,820,000	-3,474,000	-3,616,000	-3,522,000
f Administrative expenses					
g End of year balance	370,396,000	364,612,000	104,316,000	106,772,000	106,445,000

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

- a Board designated or quasi-endowment ▶ 75 000 %
- b Permanent endowment ▶ 21 000 %
- c Temporarily restricted endowment ▶ 4 000 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		24,945,940		24,945,940
b Buildings		119,423,839	54,127,135	65,296,704
c Leasehold improvements		6,692,828	4,689,005	2,003,823
d Equipment		118,563,639	68,657,256	49,906,383
e Other		11,055,337	4,800,248	6,255,089
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				148,407,939

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	114,026,155	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	114,026,155	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	54,759,994
ACCOUNTS RECEIVABLE CREDIT BALANCES	6,433,841
FINANCIAL CONTRACT	2,553,982
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	63,747,817

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: 23-6291113
Name: GEISINGER CLINIC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER(1) TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION, AND CAPITAL AND PROGRAM EXPENSES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	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 C LARIFIES 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 REC OGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERTAINTIES WITH RESPEC T 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 GEISINGE R 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

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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

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured 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**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

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

For each individual whose compensation must be reported 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 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - FROM TIME TO TIME, THE GEISINGER BOARD OF DIRECTORS OR GEISINGER SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FURTHER GEISINGER BUSINESS, FOR TAX OBLIGATIONS
SCHEDULE J, PAGE 1, PART I, LINE 4	EDELYN L MILLER 0 181,433 0 DAVID J FELICIO, ESQUIRE 0 70,559 0 KEVIN F BRENNAN, CPA, FHFMA 0 589,978 0 ALBERT BOTHE, JR , MD 2,933,320 0 0 MAUREEN FITZSIMMONS, RN, NEA-BC 37,393 37,646 0 THOMAS B WEIR 35,200 0 0 ALFRED S CASALE, MD, FACC, FACS 0 81,833 0 DAVID A ANDREYCHIK, MD 0 26,012 0 LEE M MYERS 185,256 0 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, PAGE 1, PART I, LINE 8	THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS
SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE PAYMENT UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GEISINGER SERVICE AND POSITION PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY _____ FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER- AND "SYSTEM" REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1EDELYN L MILLER DIRECTOR	(I)							
	(II)	885,853	358,117	321,689	234,397	22,002	1,822,058	181,433
1JAEWON RYU MD JD DIRECTOR	(I)	961,804	471,004	163,802	179,214	39,001	1,814,825	
	(II)							
2 DAVID T FEINBERG MD MBA PRESIDENT, DIRECTOR	(I)							
	(II)	2,399,174	1,339,735	204,244	996,710	28,638	4,968,501	
3DANIEL E LOHR ESQUIRE ACLO, ASST SECTY	(I)							
	(II)	311,659	82,777	46,799	19,212	24,252	484,699	
4DAVID J FELICIO ESQUIRE EVP, CLO, SECRETARY	(I)							
	(II)	668,203	273,175	201,562	234,351	24,405	1,401,696	70,559
5 KEVIN F BRENNAN CPA FHFMA EVP, CFO, TREASURER	(I)							
	(II)	941,959	427,380	764,093	19,212	17,636	2,170,280	
6ALBERT BOTHE JR MD EVP, CH QUALITY OFF	(I)	49,395		3,048,473	2,567	1,465	3,101,900	
	(II)							
7JAMES E HARTLE MD CHAIR, MED INSTITUTE	(I)	547,565	177,630	107,111	19,212	21,894	873,412	
	(II)							
8MATTHEW WALSH COO, GEISINGER	(I)	500,902	35,937	44,043	19,212	23,766	623,860	
	(II)							
9 MAUREEN FITZSIMMONS RN NEA-BC ASSOC CAO	(I)	231,840	89,644	98,478	19,212	8,790	447,964	37,646
	(II)	22,316		38,767		798	61,881	
10 MICHAEL SUK MD JD MPH FACS CHAIR MUSCULOSKELETA	(I)	905,351	288,754	142,349	19,212	29,430	1,385,096	
	(II)							
11THOMAS B WEIR VICE PRESIDENT M&A	(I)	264,411	92,274	111,112	19,212	16,885	503,894	
	(II)							
12TRACEY W WOLFE MHA VP MEDICINE INST	(I)	245,563	94,752	41,238	19,212	19,023	419,788	
	(II)							
13 SUSAN B FETTERMAN MSN RN MBA FAC CAO	(I)	386,943	112,459	75,568	63,056	25,152	663,178	
	(II)							
14 ALFRED S CASALE MD FACC FACS PHYSICIAN	(I)	944,653	259,376	130,490	102,212	25,888	1,462,619	81,833
	(II)							
15 CLEMENS SCHIRMER MD PHD PHYSICIAN	(I)	976,920	5,000	22,910	19,212	10,816	1,034,858	
	(II)							
16 DAVID A ANDREYCHIK MD PHYSICIAN	(I)	992,529		59,474	19,212	30,987	1,102,202	11,705
	(II)							
17 MICHEL LACROIX MD FRCSC FAANS PHYSICIAN	(I)	1,024,855		185,846	19,212	24,588	1,254,501	
	(II)							
18NEIL A MARTIN MD CQO, CHAIR, NEURO	(I)	2,181,558	331,251	83,306	19,212	34,050	2,649,377	
	(II)							
19 DENNIS TORRETTI MD FACP FORMER KEY EMPLOYEE	(I)	200,711	65,444	89,081	19,212	19,574	394,022	
	(II)							

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				
21GLORIA J GERRITY FORMER KEY EMPLOYEE	(I)	289,972	79,243	68,849	19,212	16,924	474,200	
	(II)							
1LEE M MYERS FORMER KEY EMPLOYEE	(I)	179,438		224,366	11,395	19,753	434,952	
	(II)							
2MARIA S KOBYLINSKI MD FORMER KEY EMPLOYEE	(I)	344,880	109,014	88,099	19,212	19,236	580,441	
	(II)							
3 MOHSEN M SHABAHANG MD FORMER KEY EMPLOYEE	(I)	855,415		54,535	19,212	22,863	952,025	
	(II)							
4STEVEN R YOUSO FORMER KEY EMPLOYEE	(I)							
	(II)	782,172	307,264	126,653	486,665	17,035	1,719,789	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) JAEWON RYU MD JD	DIRECTOR	RECRUITMENT		X	150,000	93,148		No	Yes		Yes	
(2) NEIL A MARTIN	HIGHEST COMPENSATED	RECRUITMENT		X	100,000	68,759		No	Yes		Yes	
(3) MATTHEW WALSH	KEY EMPLOYEE	RECRUITMENT		X	57,053	37,746		No	Yes		Yes	
(4) MICHAEL SUK MD	KEY EMPLOYEE	EDUCATION		X	20,000	14,517		No	Yes		Yes	
Total					▶ $	214,170						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDREA FEINBERG MD	FAMILY	172,545	EMPLOYEE COMP/BEN		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	ANDREA FEINBERG, MD IS A FAMILY MEMBER OF DAVID T FEINBERG, MD, MBA, PRESIDENT AND DIRECTOR OF GEISINGER CLINIC

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GEISINGER CLINIC STRIVES TO ENHANCE THE QUALITY OF LIFE OF THE POPULATION SERVED BY PROVIDING ACCESS TO QUALITY POPULATION HEALTH SERVICES DELIVERED BY PHYSICIANS AND ADVANCED PRACTITIONERS THROUGH AN INTEGRATED SERVICE ORGANIZATION BASED ON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION, RESEARCH, AND COMMUNITY SERVICE

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 1,745,563,379, INCLUSIVE OF UNAMORTIZED ORIGINAL ISSUE DISCOUNT AS OF JUNE 30, 2018 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 GEISINGER-BLOOMSBURG HOSPITAL EIN 23-2193572 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 FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E INCLUDED IN LINE 24E IS UNRELATED BUSINESS INCOME TAX EXPENSE OF -5,112

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	I GENERAL INFORMATION GEISINGER CLINIC (GC), A 501(C)(3) NOT FOR PROFIT CORPORATION, EMPL OYS 1837 PHYSICIANS PRACTICING AT 105 SITES IN 64 COMMUNITIES OF NORTHEASTERN AND CENTRAL PENNSYLVANIA GC PROVIDES THE MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE FOR THE GEISINGER H EALTH SYSTEM THE SALARIED PHYSICIAN STAFF IS DEDICATED TO IMPROVING THE HEALTH OF THE PEO PLE OF PENNSYLVANIA THROUGH AN INTEGRATED SYSTEM OF HEALTH SERVICES BASED UPON A BALANCED PROGRAM OF PATIENT CARE, EDUCATION AND RESEARCH SOME OF THE LOCATIONS IN WHICH GEISINGER CLINIC PRACTICES INCLUDE BELLEFONTE MIFFLINTOWN BELLEVILLE MILLVILLE BENTON MILTON BERWIC K MONTOURSVILLE BLOOMSBURG MOOSIC BRADFORD MOUNT CARMEL BURNHAM MOUNT POCONO CARBONDALE MO UNTAINTOP CATAWISSA NANTICOKE CLARION NICHOLSON CLARKS SUMMIT NORTHUMBERLAND COAL TOWNSHIP OLYPHANT DALLAS ORWIGSBURG DANVILLE PECKVILLE DUNMORE PHILIPSBURG EAST STROUDSBURG PITTST ON ELYSBURG PLAINS FORTY FORT PORT MATILDA HAZELTON POTTSVILLE HONESDALE SCRANTON HUNTINGD ON SELINSGROVE JESSUP SHAMOKIN DAM KINGSTON STATE COLLEGE KULPMONT SUNBURY LEWISBURG TANNE RSVILLE LEWISTOWN TUNKHANNOCK LOCK HAVEN WILKES-BARRE MAHANOY CITY WILLIAMSPORT MECHANICSB URG WYOMING II UNCOMPENSATED CARE GEISINGER CLINIC RECOGNIZES THAT ITS MISSION IS TO SERV E ALL THE MEMBERS OF THE COMMUNITY WITH RESPECT TO THE PROVISION OF HEALTHCARE SERVICES AN D HEALTHCARE EDUCATION GC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN THIS REGARD, GC PROVIDES FREE CA RE OR SUBSIDIZED CARE, TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST, AND P ROVIDES VARIOUS HEALTH ACTIVITIES AND PROGRAMS IN SUPPORT OF THE COMMUNITIES WHERE GC PRAC TICES A CHARITY CARE THE PRIMARY CONCERN OF GC IS THE DELIVERY OF HEALTH CARE TO ALL THE CITIZENS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, REGARDLESS OF THEIR ABILITY TO PAY TH E UNREIMBURSED COST OF CHARITY CARE REPRESENTS THE COST GC INCURS BY PROVIDING FREE OR DIS COUNTED SERVICES TO THOSE WHO CANNOT AFFORD TO PAY FOR FISCAL YEAR ENDED JUNE 30, 2018, T HE COST OF CHARITY CARE WAS 7,872,506 B MEDICARE/MEDICAID RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO THE ELDERLY (MEDICARE) AND THE POOR (MEDICAID) CLINI C PROVIDES CARE, BELOW COST, TO PERSONS COVERED BY THESE GOVERNMENTAL PROGRAMS TO THE EXT ENT REIMBURSEMENT IS BELOW THE COST OF PROVIDING HEALTHCARE, GC IS FURTHERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED VALUE OF MEDICARE AND/OR MEDICAID IS EQUAL TO TH E COST OF PROVIDING SERVICES LESS THE AMOUNT OF REIMBURSEMENT RECEIVED UNDER THE PROGRAM FOR FISCAL YEAR ENDED JUNE 30, 2018, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PAT IENTS WAS 263,213,212 C OTHER UNCOMPENSATED PATIENT SERVICES IN ADDITION, GC PROVIDES OT HER PATIENT SERVICES FOR WHICH FULL PAYMENT IS NOT RECEIVED THE UNCOMPENSATED COST OF PRO VIDING SUCH PATIENT SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2018, WAS 8,234,413 II I RESEARCH SUPPORT GEISINGER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	CLINIC SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH ACTIVITIES AT TWO FACILITI ES ON THE CAMPUS OF THE GEISINGER MEDICAL CENTER THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WCR) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH THE WCR PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEA RCH PROGRAMS THE PRIMARY MISSION OF THE WCR IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARC H THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTI ON, CANCER AND DEVELOPMENTAL BIOLOGY THE HENRY HOOD CENTER FOR RESEARCH HOUSES TWO RESEAR CH PROGRAMS THE GEISINGER CENTER FOR HEALTH RESEARCH (GCHR) AND THE CENTER FOR CLINICAL S TUDIES (CCS) GCHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARC H ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS THE MISSION OF THE CCS IS TO PLAN, CONDUCT, FOSTER AND SUPPORT INNOVATIVE CLINICAL RESEARC H TRIALS TO HELP ADVANCE DIAGNOSIS AND TREATMENT OF DISEASE AND IMPROVE PATIENT CARE ALL THREE RESEARCH PROGRAMS INVESTIGATE EXTRAMURAL RESOURCES FOR FUNDING AND WORK COLLABORATIV ELY ON BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH TO THE EXTENT REVEN UES AND GRANTS RECEIVED ARE BELOW THE COST OF RESEARCH OPERATIONS, GEISINGER CLINIC IS FUR THERING ITS MISSION TO THE ENTIRE COMMUNITY THE UNREIMBURSED COST OF GEISINGER CLINIC'S R ESEARCH OPERATIONS FOR FISCAL YEAR 2018 WAS 6,518,586 IV COMMUNITY HEALTH, EDUCATION AND OUTREACH GEISINGER CLINIC STRIVES TO SERVE AS PARTNERS TO THE COMMUNITIES IN WHICH THEY A RE LOCATED GC PROVIDES CARE TO THE COMMUNITY THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT GC BELIEVES WILL SER VE A BONAFIDE COMMUNITY HEALTH NEED THESE SERVICES AND PROGRAMS INCLUDE SUPPORT GROUPS, H EALTH EDUCATION SERIES, WELLNESS FAIRS, HEALTH SCREENINGS, AND OTHER HEALTH RELATED PROGRA MS THE COST OF THESE SERVICES TOTALED 421,682 IN FISCAL YEAR ENDED JUNE 30, 2018 SOME OF THE SERVICES AND PROGRAMS PROVIDED INCLUDE A SUPPORT GROUPS ALZHEIMER'S SIGHT LOSS STRO KE B HEALTH EDUCATION CHRONIC PAIN MULTIPLE SCLEROSIS DIABETES EDUCATION EDUCATION MATERI ALS/PUBLICATIONS SENIORS EDUCATION & OUTREACH TRAUMA EDUCATION NUTRITION/WEIGHT MANAGEMENT C OTHER SERVICES AND PROGRAMS CANCER - SKIN SCREENING CHILD IMMUNIZATIONS COMMUNITY COAL ITIONS EMS PROGRAM SUPPORT AND TRAINING FLU SHOTS - BLOOMSBURG FAIR FREE CLINICS HEALTH FA IRS HEALTH SCREENINGS RELAY FOR LIFE RONALD MCDONALD HOUSE SCHOOL VISION SCREENINGS SCHOOL SPORT PHYSICALS V COMMUNITY SERVICE SUMMARY CHARITY CARE 7,872,506 MEDICARE/MEDICAID 263 ,213,212 RESEARCH 6,518,586 UNCOMPENSATED CARE 8,234,413 COMMUNITY HEALTH, EDUCATION, AND OUTREACH 421,682 TOTAL 286,260,399 VI STATISTICS TOTAL NUMBER OF CLINIC VISITS (CLINIC-WI DE) 2,852,407 CLINIC SERVICE D

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	AYS 638,420 GEISINGER CLINIC PHYSICIANS ADMIT TO THE SEVEN GEISINGER OWNED FACILITIES, GEI SINGER MEDICAL CENTER, GEISINGER WYOMING VALLEY, GEISINGER COMMUNITY MEDICAL CENTER, GEISI NGER BLOOMSBURG HOSPITAL, GEISINGER LEWISTOWN HOSPITAL, GEISINGER HOLY SPIRIT HOSPITAL AND GEISINGER JERSEY SHORE HOSPITAL AS WELL AS TEN NON-GEISINGER OWNED FACILITIES GEISINGER HAS A POLICY TO SEE PATIENTS OF ALL PAYORS

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 2017 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,739 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATIONS EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF

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, THREE VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS EMPLOYEES OF THIS OR RELATED TAX-EXEMPT ORGANIZATIONS 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? DANIEL E LOHR, ESQUIRE, DAVID J FELICIO, ESQUIRE, DAVID T FEINBERG, MD, MBA, EARL FOURA, EDELYN L MILLER, JAEWON RYU, MD, JD, KEVIN F BRENNAN, CPA, FHFMA, MICHAEL SUK, MD, JD, MPH, FACS, ROBERT J DIETZ, SUSAN B FETTERMAN MSN, RN, MBA, FACHE, THOMAS B WEIR, V CHRIS HOLCOMBE, PE, AND VIRGINIA MCGREGOR 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 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN THE PENNSYLVANIA NONPROFIT CORPORATION LAW

990 Schedule O, Supplemental Information

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

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 VIII	FORM 990, PART VIII, LINE 2E IC SHARED SERVICE REVENUE OF 121,650, REPRESENTS REVENUE FROM INTERCOMPANY MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED TAXABLE ORGANIZATIONS THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS ARE ALL CONTROLLED BY GEISINGER HEALTH THE SERVICES, PROVIDED AT OR BELOW COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT OPERATION OF GEISINGER IN CARRYING OUT ITS CHARITABLE MISSION THE SERVICES ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC UNDER IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND ARE NOT TO BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO CONDITIONS (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE, AND (2) THERE MUST BE A PROFIT MOTIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM PARENT, GEISINGER HEALTH 255,000,000 LOSS FROM SUBSIDIARY KEYSTONE ACCOUNTABLE CARE ORG -4,941,973 TOTAL 250,058,027

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
GEISINGER CLINIC

Employer identification number
23-6291113

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

(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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate 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.

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHRO	PA	501C3	7	N/A	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2311553	HEALTH INS	PA	501C4		GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		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
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501C3	10	HSHS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	7	HSHS	Yes	
525 PINE STREET SCRANTON, PA 18509 26-0812968	EDUCATION	PA	501C3	2	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	GH	Yes	
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS	Yes	
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH	Yes	
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	HEALTHCARE	NJ	501C3	10	GH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	GC	RELATED	-4,692,505	630,851		No		Yes		75 000 %
LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
MERIDIAN GEISINGER HLTH NETWORKLLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DEL SY	NJ	N/A					No			No	
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	GC	RELATED	87,471	1,074,327		No		Yes		50 000 %
LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HEALTHCARE	DE	N/A					No			No	
CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
LACKAWANNA PHYS AMB SURG CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
GEISINGER ASSURANCE COMPANY LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A					Yes	
HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes	
ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A					Yes	
ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A					Yes	
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
COMMUNITY MEDICAL CENTER	A	148,143	FMV
GEISINGER LEWISTOWN HOSPITAL	A	4,608	FMV
GEISINGER WYOMING VALLEY MED CTR	A	1,037,990	FMV
GEISINGER HEALTH	C	257,875,393	GAAP
GEISINGER HEALTH PLAN	C	7,599	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	K	89,853	FMV
GEISINGER WYOMING VALLEY MED CTR	K	273,899	FMV
GEISINGER-BLOOMSBURG HOSPITAL	K	677,175	FMV
GEISINGER-LEWISTOWN HOSPITAL	K	225	GAAP
LEWISTOWN AMBULATORY CARE CORP	K	1,009,571	FMV
SPIRIT PHYISICIANS SERVICES INC	K	42,249	FMV
COMMUNITY MEDICAL CENTER	L	18,708,799	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	L	728,386	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	L	1,179,123	GAAP
GEISINGER HEALTH	L	261,763	GAAP
GEISINGER HEALTH PLAN	L	308,100,552	GAAP
GEISINGER INDEMNITY INSURANCE COMP	L	13,582,333	GAAP
GEISINGER MEDICAL CENTER	L	58,230,025	GAAP
GEISINGER QUALITY OPTIONS INC	L	32,268,257	GAAP
GEISINGER SCA HOLDINGS LLC	L	18,755	GAAP
GEISINGER SYSTEM SERVICES	L	1,836,287	GAAP
GEISINGER WYOMING VALLEY MED CTR	L	41,134,876	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	L	3,091,774	GAAP
GEISINGER-LEWISTOWN HOSPITAL	L	5,197,586	GAAP
HOLY SPIRIT HOSPITAL	L	475,233	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
MARWORTH	L	1,257,841	GAAP
MOUNTAIN VIEW NURSING HOME INC	L	21,165	GAAP
SPIRIT PHYSICIANS SERVICES INC	L	2,294,619	GAAP
GEISINGER BLOOMSBURG HEALTH CARE CT	L	32,169	GAAP
GEISINGER COMMONWEALTH SCH OF MED	L	33,685	GAAP
WEST SHORE ADVANCED LIFE SUPPORT	L	525	GAAP
XG HEALTH SOLUTIONS INC	L	5,999	GAAP
COMMUNITY MEDICAL CENTER	M	13,211,770	GAAP
FAM HEALTH ASSOC OF GEISINGER-LEWIS	M	122	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	27,399	GAAP
GEISINGER HEALTH	M	2,798,112	GAAP
GEISINGER HEALTH PLAN	M	195,160	GAAP
GEISINGER MEDICAL CENTER	M	52,063,602	GAAP
ISS SOLUTIONS INC	M	2,574,026	GAAP
GEISINGER SYSTEM SERVICES	M	482,242	GAAP
GEISINGER WYOMING VALLEY MED CTR	M	136,170,319	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	20,581	GAAP
GEISINGER-LEWISTOWN HOSPITAL	M	57,206	GAAP
HOLY SPIRIT HOSPITAL	M	90,475	GAAP
SPIRIT PHYSICIAN SERIVCES INC	M	19,872	GAAP
ATLANTICARE REGIONAL MEDICAL CNTR	M	546,657	GAAP
GEISINGER ASSURANCE CO LTD	M	12,516,765	GAAP
KEYSTONE ACO	M	478,313	GAAP
GEISINGER INSURANCE CORPORATIONRRG	P	9,181,393	GAAP
GEISINGER MEDICAL CENTER	Q	106,134,000	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
GEISINGER SYSTEM SERVICES	A	310,721	FMV
GEISINGER MEDICAL CENTER	K	27,620	FMV
GEISINGER SYSTEM SERVICES	K	332,213	FMV
HOLY SPIRIT CORPORATION	K	25,810	FMV
HOLY SPIRIT VENTURES	K	482	FMV
GEISINGER JERSEY SHORE HOSPITAL FND	L	3,163,062	GAAP
KEYSTONE ACO	L	96,896	GAAP
GEISINGER JERSEY SHORE HOSPITAL	L	4,904	GAAP
GEISINGER COMMONWEALTH SCH OF MED	M	435	GAAP
GEISINGER INDEMNITY INS CO	M	242,471	GAAP
GEISINGER QUALITY OPTIONS	M	8,017	GAAP
KEYSTONE HIE	M	2,155	GAAP
WEST SHORE ADVANCED LIFE SUPPORT	M	8,459	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	B	34,413	GAAP
GEISINGER MEDICAL CENTER	B	379,066	GAAP