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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization Tioga Nursing Facility  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
One Guthrie Square  
 City or town, state or country, and ZIP + 4  
Sayre PA 18840

**D** Employer identification number 22-2979677

**E** Telephone number (570) 887-4625

**G** Gross receipts \$ 0

**F** Name and address of principal officer  
Staci Covey One Guthrie Square, Sayre, PA 18840

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J** Website: ▶ www.guthrie.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1970 **M** State of legal domicile NY

**H(c)** Group exemption number ▶ N/A

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities. <u>Tioga Nursing Facility is a skilled nursing facility for the elderly and other patients requiring long term care.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>14</u>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>10</u>	
	<b>5</b> Total number of employees (Part V, line 2a)	<u>5</u>	<u>0</u>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>10</u>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>0</u>	<u>0</u>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0</u>	<u>0</u>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)	<u>0</u>	<u>0</u>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>	
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>0</u>	<u>0</u>	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>0</u>	<u>0</u>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>0</u>	<u>0</u>	
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		<b>21</b> Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>0</u>	<u>0</u>

**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** Marie Droege 5/11/11  
 Signature of officer Date  
Marie Droege, Chief Operating Officer, SHS  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature [Signature] Date 5/14/11 Check if self-employed  Preparer's identifying number (see instructions) P00853132

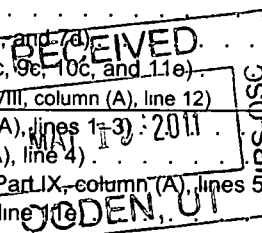
Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP EIN 13-4008324  
2001 MARKET ST, SUITE 1700, PHILADELPHIA, PA 19103 Phone no (267) 330-3000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SCANNED JUN 16 2010



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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
Tioga Nursing Facility is a skilled nursing facility for the elderly and other patients requiring long term care.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  
Tioga Nursing Facility is a skilled nursing facility for the elderly and other patients requiring long term care.

4b (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services (Describe in Schedule O )  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 0

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.		
	<b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
	<b>3b</b>		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>a</b>	Gross income from members or shareholders.		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1a			14
b	Enter the number of voting members that are independent . . . . .		
1b			10
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? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X
9a			X

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed . . . . .	NY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public . . . . .	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶	Michele Y. Sisto (570) 887-4625 Guthrie Square, Sayre, PA 18840

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

**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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Kenneth R. Levitzky, Esq Chairman - BOD	1	X						0	0	0
Nancy G. Simaitis Secretary/Treasurer - BOD	1	X						0	0	0
Jerry E. Carr Member - BOD	1	X						0	0	0
Vance A. Good, MD Member - BOD	1	X						0	214,544	38,474
Suzanne Lee Member - BOD	1	X						0	0	0
Rev. David B. Morris Member - BOD	1	X						0	0	0
Meade T. Murtland Member - BOD	1	X						0	0	0
John Nespoli CEO & Member - BOD	1	X		X				0	259,104	132,077
Richard M. Robinson Member - BOD	1	X						0	0	0
Staci Covey Member - BOD	1	X						0	123,312	22,343
Edward L. Jones, MD Member - BOD	1	X						0	315,734	38,770
Janet Lewis Member - BOD	1	X						0	0	0
Brian L. Canfield Member - BOD	1	X						0	0	0
Richard S. MacIntire Member - BOD	1	X						0	0	0
Bernard Smith CFO	1			X				0	112,791	5,156



Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f	0				
Program Service Revenue	2a	Business Code				
	b		0			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	0	0		
	d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a		0		
		b Less: direct expenses		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19	a		0			
	b Less: direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less: cost of goods sold		0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a			0			
b			0			
c			0			
d All other revenue			0			
e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions.			0	0	0	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . .	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . .	0			
4 Benefits paid to or for members . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0			
7 Other salaries and wages . . . .	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . .	0			
9 Other employee benefits . . . .	0			
10 Payroll taxes . . . .	0			
11 Fees for services (non-employees)				
a Management . . . .	0			
b Legal . . . .	0			
c Accounting . . . .	0			
d Lobbying . . . .	0			
e Professional fundraising services See Part IV, line 17 . . . .	0			
f Investment management fees . . . .	0			
g Other . . . .	0			
12 Advertising and promotion . . . .	0			
13 Office expenses . . . .	0			
14 Information technology . . . .	0			
15 Royalties . . . .	0			
16 Occupancy . . . .	0			
17 Travel . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . .	0			
19 Conferences, conventions, and meetings . . . .	0			
20 Interest . . . .	0			
21 Payments to affiliates . . . .	0			
22 Depreciation, depletion, and amortization . . . .	0	0	0	0
23 Insurance . . . .	0			
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a -----	0			
b -----	0			
c -----	0			
d -----	0			
e -----	0			
f All other expenses -----	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24f	0	0	0	0
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing		1		
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6		
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0		
	b	Less accumulated depreciation	10b	0	10c	0
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities See Part IV, line 11	0	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	0	16	0		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22		
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
25	Other liabilities Complete Part X of Schedule D	0	25	0		
26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	0		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>	0	33	0	
	34	<b>Total liabilities and net assets/fund balances</b>	0	34	0	

**Part XI Financial Statements and Reporting**

**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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: . . . . .  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**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? . . . . .

**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.

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Tioga Nursing Facility	Employer identification number 22-2979677
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%

**16a 33 1/3% support test—2009.** 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—2008.** 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—2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> 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 . . . . .	0	0				0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2009.** 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—2008.** 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 . . . . . ▶



**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" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
Tioga Nursing Facility

Employer identification number  
22-2979677

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

	Yes	No

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

<b>1b</b>	X	
-----------	---	--

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

<b>2</b>	X	
----------	---	--

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

--	--	--

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

--	--	--

- a** The organization?
- b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III.

<b>5a</b>		X
<b>5b</b>		X

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

--	--	--

- a** The organization?
- b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III.

<b>6a</b>		X
<b>6b</b>		X

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

<b>7</b>		X
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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

<b>9</b>		
----------	--	--



**Part III** Supplemental Information

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

Part I Line 1a - Gross-up payments are periodically provided to employees. All payments are made pursuant to written organizational policies.

Part I Line 3 - Executive compensation is generally established within a written employment agreement. Compensation is determined based on market studies, presented to the Executive Compensation Committee and subsequently approved by the Board of Directors.

Part I Line 4a - John Nespoli - \$114,988



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Tioga Nursing Facility

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

22-2979677

Form 990 Part I Line 2 - Tioga Nursing Facility finalized the sale of all assets on December 31, 2007. The Corporation ceased all activity as of that date. The change was properly reported on the Tioga Nursing Facility's June 30, 2008 Form 990

Form 990 Part IV Line 12 - The organization's financial statements were audited on a consolidated basis with Guthrie Health and Affiliates.

Form 990 Part VI Line 6 - Guthrie Healthcare System is the sole member of Tioga Nursing Facility

Form 990 Part VI Line 7a - As the sole member of Tioga Nursing Facility, Guthrie Healthcare System appoints the organization's Board of Directors

Form 990 Part VI Line 7b - As the sole member of Tioga Nursing Facility, Guthrie Healthcare System has approval rights of certain board decisions

Form 990 Part VI Line 11 - The organization's Form 990 is presented to the Board of Directors for review and is also reviewed by an independent accounting firm prior to filing with the IRS

Form 990 Part VI Line 12c - The Conflict of Interest Disclosure Policy sets forth that all persons, including employees, agents and Board/Committee members, particularly those involved in decision-making for Guthrie Health (GH) act in an appropriate manner and will not participate in any actions that might create a personal or professional conflict of interest and/or not be in the best interest of GH. All Members of any GH Board/ Committee and GH senior management must make full disclosure of any possible conflict of interest through the use of the Conflict of Interest

Disclosure Form and refrain from voting or participating in decision-making involving any possible conflict of interest. The form is distributed to all Board/Committee members, and employees (when applicable) annually by the GH Administration office. GH Board/Committee members or employees must complete the Conflict of Interest Disclosure Form. This form should be completed when there is any situation where a possible conflict of interest exists, and/or on an annual basis.

Form 990 Part VI Line 12c - Continued - and/or at the time of appointment or election of new Board/Committee members. If the form is not completed within 13 months of the last signing, the GH Board Chairman will be advised. Any individual having a conflict of interest or possible conflict or



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Tioga Nursing Facility

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number  
22-2979677

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

(a) Name, address, and EIN 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
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Guthrie Health 23-3055017 Guthrie Square, Sayre, PA 18840	Support the charitable pu	PA	501(c)(3)	11b, Type II	N/A
Guthrie Healthcare System 23-2200910 Guthrie Square, Sayre, PA 18840	Support the charitable pu	PA	501(c)(3)	11c, Type III	N/A
Guthrie Clinic 25-0815795 Guthrie Square, Sayre, PA 18840	Provide health care serv	PA	501(c)(3)	3	N/A
Robert Packer Hospital 24-0795463 Guthrie Square, Sayre, PA 18840	Provide health care serv	PA	501(c)(3)	3	N/A
Robert Packer School of Nursing 23-6408773 200 South Wilbur Avenue, Sayre, PA 18840	Education	PA	501(c)(3)	2	N/A
Donald Guthrie Foundation for Education & Research 24-6022957 South Wilbure Avenue, Sayre, PA 18840	Medical Research	PA	501(c)(3)	4	N/A
Troy Community Hospital 24-0800337 100 John Street, Troy, PA 16947	Provide health care serv	PA	501(c)(3)	3	N/A

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

(HTA)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
Twin Tier Management Corp., Inc., 23-2209439 PO Box 310, Sayre, PA 18840	Management Cont PA	PA	N/A	C Corp	4,870,914	5,551,101	100.00%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0



**Part II** Continuation of 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
Tioga Healthcare Facility, 15-0532257 One Guthrie Square, Sayre, PA 18840	Provide enriched housing	NY	501(c)(3)	3	N/A
DarWay Nursing Home 23-1733967 One Guthrie Square, Sayre, PA 18840	Skilled Nursing Facility	NY	501(c)(3)	9	N/A
Sayre House Inc. 23-1643404 1001 North Elmer Ave, Sayre, PA 18840	Skilled Nursing Facility	PA	501(c)(3)	9	N/A
Guthrie Home Care 23-2394345 RR #1 Box 154, Towanda, PA 18840	Home Health Services	PA	501(c)(3)	9	N/A
Guthrie Same Day Surgery Center, Inc. 02-0551081 One Guthrie Square, Sayre, PA 18840	Ambulatory Surgery Cen	NY	501(c)(3)	9	N/A
Guthrie Corning Development Company, Inc. 16-1594628 176 Denison Parkway E, Corning, NY 14830	Support the charitable pu	NY	501(c)(3)	11b, Type II	N/A
Sayre House of Hope 20-3979472 One Guthrie Square, Sayre, PA 18840	Enhance access to health	PA	501(c)(3)	7	N/A
Corning Hospital 16-0393490 176 Denison Parkway E, Corning, NY 14830	Provide healthcare servid	NY	501(c)(3)	3	N/A
Guthrie Risk Retention Group 20-1090801 151 Meeting Street, Charleston, SC 29401	Support the charitable pu	SC	501(c)(3)	11a, Type I	N/A
.....					
.....					
.....					

Form 990, Part III, Line 1 - Statement of Program Service Accomplishments

The purpose of Tioga Nursing Facility is to provide a skilled nursing facility to the elderly and other patients requiring long term care

It is an affiliate of Guthrie Health

Guthrie Health is a nonprofit health care organization that serves to coordinate the activity of Guthrie Clinic (Clinic) and the affiliates within Guthrie Healthcare System (GHS, see Form 990, Schedule R, for a listing of affiliates of GHS, including Robert Packer Hospital (RPH)) Through the activities of the Clinic, GHS, RPH, and its other affiliates (collectively referred to as "Guthrie"), Guthrie Health provides charitable community-based health care services and programs to improve the health and well-being of the people and communities served by its facilities and providers

These charitable activities include providing primary care and specialty physician services, as well as operating a tertiary care teaching hospital, community hospitals, a research institute, home care, hospice care and a long-term care facility The Guthrie Research Institute and Guthrie Clinical Research functions of the Guthrie Foundation for Medical Education and Research (Research Institute), a subsidiary of GHS, furthers these charitable activities through providing basic science research and patient access to the region's largest panel of clinical trials The facilities and provider offices of Guthrie are located in 23 communities throughout the Northern Tier of Pennsylvania and Southern Tier of New York, with the greatest concentration of services provided principally in Bradford County, Pennsylvania and Chemung and Steuben Counties, New York

The vision of Guthrie is to help shape the delivery of health care in the region through working collaboratively with physicians and other providers, and by distributing its services throughout the region based on community needs Guthrie seeks to be the provider of choice for patients in the Twin Tier region, and to be recognized for its superior quality and service It also strives to advance the practice of medicine through its commitment to teaching and research In keeping with this vision, the core values of Guthrie Health are as follows: patient-centeredness, excellence and teamwork

Guthrie providers and facilities provide care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because it does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue on the financial statements of Guthrie entities Costs for services and supplies furnished under Guthrie's charity care policy amounted to approximately \$1.57 million in 2010 and \$1.55 million in 2009 when measured at the appropriate entity's established rates

As part of its charitable mission, Guthrie provides care through its hospital emergency departments It ensures that an emergency-based treatment or hospital admission is not delayed or denied pending determination of coverage or a requirement for prepayment or deposit As a result of this policy, Guthrie experienced approximately \$2.8 million and \$3.1 million in bad debts for 2010 and 2009, respectively

In addition to the charity care program and the emergency department bad debts discussed above, Guthrie supports numerous other charitable community activities Examples of these activities include medical education for physicians and nurses, the trauma program and medical research The estimated cost, net of reimbursement, for these programs was \$9.8 million and \$9.4 million in 2010 and 2009, respectively

Guthrie also provides services to patients who participate in the Medicaid programs Revenues generated from patients who participate in the Medicaid program are subject to substantial discounts that result in reimbursement for services rendered below the cost of providing such services In order for patients to meet the guidelines for the Medicaid program, various income-based criteria must be met that validate patients' inability to pay for services and ineligibility under other programs The estimated loss incurred by Guthrie from providing services to Medicaid patients amounted to \$18.1 million and \$20.5 million in 2010 and 2009, respectively The total cost to Guthrie in supporting these charitable mission programs was approximately \$31.6 million and \$33.7 million in 2010 and 2009, respectively

As discussed, RPH and the Clinic work closely together in fulfilling Guthrie's charitable mission A regional Level II trauma center, RPH is a tertiary care teaching hospital, located in Sayre, Pennsylvania, serving the southern tier of New York and the northern tier of Pennsylvania It also provides residency programs in family practice, internal medicine, and general surgery as well as a fellowship program in vascular surgery and cardiovascular disease Medical student training is provided for students from affiliated medical schools Allied health education is also provided for respiratory therapy, nursing, laboratory science and radiologic technology for students from Pennsylvania and New York colleges and universities

Centers of Excellence within RPH include the following: Advanced & Minimally Invasive Surgery, Behavioral Health Services, Breast and Imaging Center, Comprehensive Cancer Center, Cardiovascular Care Center, the Center for Wound Care and Hyperbaric Medicine, Dialysis Centers, Joint Camp Program for Orthopedic Surgery, Sports Medicine, Kidney Stone Treatment Center, First Impressions Birthing Center, Sleep Disorders Testing, and Specialty Eye Care

RPH strives to enhance the quality of life in the communities it serves by providing superior health care services and by leading continuous improvement of community health It achieves this mission by organizing services and directing resources toward meeting community health needs through collaboration with community agencies and by compassionate, effective and affordable means RPH works closely with the Clinic to ensure that the skills and knowledge of the medical staff produce the

maximum community health benefit. As a member of the Guthrie Healthcare System, RPH integrates its programs and activities with those of the long-term care and education and research divisions, so that continuity and synergy result.

As part of GHS, the vision of RPH is to play a leadership role in the development and provision of tertiary-level acute care services. Evidence that RPH is successfully fulfilling this role can be seen in its accomplishments this past year. Highlights of those achievements include accreditation by the Pennsylvania Trauma Systems Foundation Board as a Level II Trauma Center, recipient of Thomson Reuters Everest Award (one of only 23 hospitals in the country) for two consecutive years, as well as receiving the Thomson Reuters 100 Top Hospital National Benchmarks award for the four consecutive year. RPH, a magnet designated hospital, has also been named a Thomson Reuters 100 Top Hospital Cardiovascular six times. GHS has been named one of the top 50 healthcare systems in the country by Thomson Reuters. As part of a fully-integrated health delivery system that organizes its services on a regional basis and is accountable for improving the health of the population it serves, RPH accepts responsibility for meeting the health care needs of the community and is able to document the cost effectiveness and quality of services provided.

The Clinic is a multi-specialty physician group practice that includes nearly 350 specialist and primary care physicians and mid-level providers, headquartered in a facility adjacent to RPH. Physicians within the Clinic provide comprehensive medical care using advanced technologies and methodologies for both diagnosis and treatment. Further, the Clinic provides a broad range of educational opportunities for physicians and other health care providers. It also works closely with the Research Institute, where research contributes to recruiting and retaining physician specialists to serve the region and sustaining proficient medical practices. The Clinic is committed to the advancement of medical knowledge and skills, and every effort is made to provide personal, compassionate medical care. The Clinic operates a regional office network in 23 communities in Pennsylvania and New York, encompassing all of the major population centers in the Twin Tiers area.

The Clinic and GHS have developed certain guiding principles for the provision of patient care, which include a commitment the following:

- \* Practice of clinical excellence,
- \* Utilization of the synergy of a multi-specialty medical group practice,
- \* Development of an integrated system that provides a continuum of care,
- \* Provision of local access to care through support of a regional medical office network,
- \* Provision of services to a distinct geographic region, and
- \* Proactive operations.

The Clinic, through the provision of primary care services with ease of access to specialty and sub-specialty care, focuses on making an integrated system of health care easily accessible to patients. With its primary concern the diagnosis and treatment of disease and illness, it also seeks to actively improve the health of the community it serves through prevention, health

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).</b>			
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>Tioga Nursing Facility</b>		Employer identification number <b>22-2979677</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>One Guthrie Square</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Sayre PA 18840</b>		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **Michele Y. Sisto Guthrie Square Sayre PA 18840**  
 Telephone No.  **(570) 887-4625** FAX No.  **(570) 887-4947**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box. . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15/2011.

5 For calendar year \_\_\_\_\_, or other tax year beginning 7/1/2009, and ending 6/30/2010.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

<b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>0</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Michele Y Sisto Title  VP Finance Date  2-11-2011