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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
CORNING HOSPITAL

% FRANCIS M MACAFEE

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1 GUTHRIE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
CORNING, NY 148302814

F Name and address of principal officer
GARRETT HOOVER
1 GUTHRIE DRIVE
CORNING, NY 14830

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

☐ Yes ☒ No

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

☐ Yes ☐ No

H(c) Group exemption number ▶

D Employer identification number
16-0393490

E Telephone number
(607) 937-7200

G Gross receipts \$ 160,385,933

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GUTHRIE.ORG/LOCATION/CORNING-HOSPITAL

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1900

M State of legal domicile NY

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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	26		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	836		
Revenue	6 Total number of volunteers (estimate if necessary)	6	145		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	312,147		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-150,679		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		2,131,691		1,114,916	
		86,353,390		99,034,651	
		3,352,873		2,077,250	
		793,127		0	
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,631,081		102,226,817	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,366,756		36,410,371	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,761,356		58,837,038	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,128,112		95,247,409	
	19 Revenue less expenses Subtract line 18 from line 12	9,502,969		6,979,408	
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
		226,495,537		225,371,410	
		98,244,921		93,947,055	
		128,250,616		131,424,355	

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

2016-11-14

Date

GARRETT HOOVER PRESIDENT/CEO

Type or print name and title

Print/Type preparer's name
ANTONIO C RUSSO

Preparer's signature
ANTONIO C RUSSO

Date
2016-11-11

Check ☐ if self-employed

PTIN
P00858539

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

TO HELP EACH PERSON ATTAIN OPTIMAL, LIFE-LONG HEALTH AND WELL-BEING BY PROVIDING INTEGRATED CLINICALLY-ADVANCED SERVICES THAT DIAGNOSE, PREVENT AND TREAT DISEASE WITHIN AN ENVIRONMENT OF COMPASSION, LEARNING AND DISCOVERY MAKING A MEANINGFUL DIFFERENCE IN LIVES OF THOSE WE SERVE THROUGH COMPASSION AND EXCELLENCE IN HEALTH CARE- EVERY PERSON EVERY TIME

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 65,553,833 including grants of \$ 0) (Revenue \$ 98,722,504)

CORNING HOSPITAL IS A 85-BED ACUTE CARE FACILITY WITH 24 HOUR EMERGENCY SERVICES AND A FULL COMPLIMENT OF INPATIENT AND OUT-PATIENT TREATMENT SERVICES INPATIENT DAYS OF 16,405 AND OUTPATIENT VISITS OF 128,220 DURING THE YEAR THE HOSPITAL RUNS A CANCER CENTER THERAPEUTIC RADIOLOGY EXTENSION CLINIC WITH MEDICAL ONCOLOGY AND CANCER SUPPORT SERVICES AND A WELLNESS & FITNESS CENTER THAT IS A MEDICAL FITNESS & REHABILITATION EXTENSION CLINIC OTHER PROGRAMS INCLUDE CARDIAC REHAB/WELLNESS, DIABETES CLASSES, JOINTCAMP, SMOKE STOPPERS, EXECUTIVE HEALTH, AND SCREENING PROGRAMS AS MORE FULLY DESCRIBED IN FORM 990, SCHEDULE H, NO ONE IS DENIED EMERGENCY CARE BASED ON ABILITY TO PAY AND THE HOSPITAL HAS A CHARITY CARE POLICY FOR MEDICALLY NECESSARY SERVICES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 65,553,833

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 Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0	
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	836	
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 26		
b Enter the number of voting members included in line 1a, above, who are independent	1b 19		
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		No
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	Yes	
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	No
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	

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 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
FRANCIS M MACAFEE 1 GUTHRIE DRIVE CORNING, NY 14830 (607) 937-7917

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

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

Form **990** (2015)

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	261,506			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	853,410			
	g	Noncash contributions included in lines 1a-1f \$		57,160			
	h	Total. Add lines 1a-1f			1,114,916		
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code				
			621990	96,819,548	96,819,548		
	b	OTHER OPERATING INCOME		900099	1,902,956	1,902,956	
	c	MEDICAL LAB SERVICES		621910	312,147		312,147
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			99,034,651		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,313,718			1,313,718
	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			0
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		58,871,578 51,070					
	b	Less cost or other basis and sales expenses	58,159,116				
	c	Gain or (loss)	712,462 51,070				
	d	Net gain or (loss)		763,532			763,532
	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 . . .		0			
	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		0			
	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 . . .		0			
		Miscellaneous Revenue	Business Code				
	11a						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			102,226,817	98,722,504	312,147	2,077,250

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	495,509	0	495,509	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.	28,751,979	22,462,264	6,289,715	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,682,752	1,292,365	390,387	0
9	Other employee benefits.	3,335,104	2,561,382	773,722	0
10	Payroll taxes.	2,145,027	1,661,542	483,485	0
11	Fees for services (non-employees):				
a	Management.	4,050,305	998,182	3,052,123	0
b	Legal.	286,124	0	286,124	0
c	Accounting.	890,420	0	890,420	0
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,603,846	8,155,995	3,447,851	0
12	Advertising and promotion.	20,662	3,231	17,431	0
13	Office expenses.	2,469,500	1,533,327	936,173	0
14	Information technology.	3,057,127	980,554	2,076,573	0
15	Royalties.	0			
16	Occupancy.	1,939,105	243,013	1,696,092	0
17	Travel.	81,487	27,286	54,201	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	36,993	14,797	22,196	0
20	Interest.	2,207,033	0	2,207,033	0
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	10,464,963	5,834,333	4,630,630	0
23	Insurance.	441,051	0	441,051	0
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 SUPPLY EXPENSE	19,745,283	19,745,283	0	0
b	ACCRETION	515,029	0	515,029	0
c	CAFETERIA AND CATERING	68,842	28,118	40,724	0
d	UBI AND SALES TAX	1,793	268	1,525	0
e	All other expenses	957,475	11,893	945,582	
25	Total functional expenses. Add lines 1 through 24e.	95,247,409	65,553,833	29,693,576	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 X

☒

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		1,870,384	1	4,643,087	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		760,563	3	199,834	
	4	Accounts receivable, net		10,449,278	4	15,557,999	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	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		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		1,600,565	8	1,780,633	
	9	Prepaid expenses and deferred charges		3,084,297	9	2,971,235	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	193,617,874			
	b	Less: accumulated depreciation	10b	60,181,647	139,790,060	10c	133,436,227
	11	Investments—publicly traded securities		67,420,712	11	64,279,715	
	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		120,000	14	72,000	
	15	Other assets. See Part IV, line 11		1,399,678	15	2,430,680	
16	Total assets. Add lines 1 through 15 (must equal line 34)			226,495,537	16	225,371,410	
Liabilities	17	Accounts payable and accrued expenses		13,484,289	17	12,998,497	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	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		0	22	0	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		84,760,632	25	80,948,558	
	26	Total liabilities. Add lines 17 through 25			98,244,921	26	93,947,055
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		125,580,483	27	129,299,220	
	28	Temporarily restricted net assets		1,841,708	28	1,296,710	
	29	Permanently restricted net assets		828,425	29	828,425	
	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		128,250,616	33	131,424,355	
	34	Total liabilities and net assets/fund balances		226,495,537	34	225,371,410	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,226,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,247,409
3	Revenue less expenses Subtract line 2 from line 1	3	6,979,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	128,250,616
5	Net unrealized gains (losses) on investments	5	-2,735,456
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	-1,070,213
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,424,355

Part XII

Financial Statements and Reporting

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

☒

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

Software ID:
Software Version:
EIN: 16-0393490
Name: CORNING HOSPITAL

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 E IOCCO MEMBER- BOD	1 0 0 0	X						0	0	0
ARTHUR D FIELD MEMBER- BOD	1 0 0 0	X						0	0	0
UDITH ROWE MEMBER- BOD	1 0 0 0	X						0	0	0
ACK E BENJAMIN ST VICE CHAIR- BOD	1 0 0 0	X						0	0	0
DANIEL BOWER MEMBER- BOD	1 0 0 0	X						0	0	0
CHARLES A CORRAO MEMBER- BOD	1 0 0 0	X						0	0	0
LOUIS R DUBOIS MD MEMBER- BOD & MED STAFF PRES	1 0 40 0	X						0	454,046	27,236
ALAN D LEWIS SECRETARY- BOD	1 0 0 0	X						0	0	0
JOSEPH SCOPELLITI MD MEMBER- BOD	1 0 40 0	X						0	810,141	27,616
G THOMAS TRANTER JR MEMBER - BOD	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN W VAN ZANTEN III MEMBER- BOD	1 0 0 0	X						0	0	0
MARCIA WEBER MEMBER- BOD	1 0 0 0	X						0	0	0
RUSSELL C WOGLOM MD MEMBER- BOD	1 0 40 0	X						0	352,630	33,354
CHRISTOPHER J FORTIER MEMBER- BOD	1 0 0 0	X						0	0	0
PHILIP J ROCHE ESQ CHAIRMAN- BOD	1 0 0 0	X						0	0	0
MARY BETH GRIMALDI-MAXA MEMBER- BOD	1 0 0 0	X						0	0	0
SHIRLEY MAGANA PRESIDENT/COO (UNTIL 7/1/15)	40 0 0 0	X		X				260,491	0	22,520
FRAN OLMSTEAD 2ND VICE CHAIR- BOD	1 0 0 0	X						0	0	0
DANIEL ROURKE MEMBER- BOD	1 0 0 0	X						0	0	0
CATHY WEIL MEMBER- BOD	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VENOGOPAL THIRUMURTI MD MEMBER- BOD & MED STAFF VP	1 0 40 0	X						0	408,823	51,354
JEFFREY P KENEFICK TREASURER- BOD	1 0 0 0	X						0	0	0
JAMES PERLE MD MEMBER-BOD MEDICAL STAFF SEC	1 0 40 0	X						0	264,318	23,133
JOEL MCCLURG MD MEMBER-BOD MEDICAL STAFF TREAS	1 0 40 0	X						0	477,450	36,385
DAWN BURLEW MEMBER- BOD	1 0 0 0	X						0	0	0
HOLLY SEGUR MEMBER - BOD	1 0 0 0	X						0	0	0
GARRETT HOOVER PRESIDENT/COO (AS OF 8/1/15)	40 0 0 0	X		X				85,675	0	9,900
FRANCIS M MACAFEE CFO/VP FINANCE	40 0 0 0			X				184,043	0	28,455
DEBRA RAUPERS CHIEF NURSING OFFICER	40 0 0 0				X			124,293	0	18,274
ADRIENNE ABBOTT CHIEF NURSING OFFICER	40 0 0 0				X			0	117,020	24,475

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			
JENNIFER YARTYM VICE PRESIDENT, OPERATIONS	40 0 0 0				X			118,014	0	23,619
COLIN BAILEY RADIATION PHYSICIST	40 0 0 0					X		182,277	0	15,223
MARK HOPSON PHARMACY MANAGER	40 0 0 0					X		143,009	0	26,035
GREGORY KRIEL PHARMACIST	40 0 0 0					X		135,835	0	25,604
SCOTT STEVENS PHARMACIST	40 0 0 0					X		129,871	0	19,128
EVAN DAVIS PHARMACIST	40 0 0 0					X		119,036	0	24,594

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

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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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 CORNING HOSPITAL	Employer identification number 16-0393490
--	--

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

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

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

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

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

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

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

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

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

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

Part II-B

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

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

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

Yes

Yes

No

No

No

Yes

No

Yes

34,158

No

34,158

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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, LINES 1 (a), (b) & (g)	DETAIL OF LOBBYING ACTIVITIES LOCAL MEETINGS WITH VARIOUS LEGISLATORS -----
SCHEDULE C, PART II-B, LINE 1(i)	DETAIL OF LOBBYING EXPENSES LOBBYING EXPENSE AMOUNT REPRESENTS AMERICAN HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF NEW YORK STATE, AND ROCHESTER REGIONAL HEALTHCARE ASSOCIATES MEMBERSHIPS

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CORNING HOSPITAL	Employer identification number 16-0393490
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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	► \$ 50,129
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

(continued)

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☒ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,670,132	3,010,269	2,987,918	1,219,754	1,220,654
b Contributions	261,506	869,272	236,423	1,912,666	476,603
c Net investment earnings, gains, and losses	-542	1,681	2,383	18,673	6,849
d Grants or scholarships					
e Other expenditures for facilities and programs	879,664	1,211,090	216,455	163,175	484,352
f Administrative expenses					
g End of year balance	2,051,432	2,670,132	3,010,269	2,987,918	1,219,754

2

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

a

Board designated or quasi-endowment

35 000 %

b

Permanent endowment

40 000 %

c

Temporarily restricted endowment

25 000 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

No

b

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

3b

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		10,714,013		10,714,013
b Buildings		129,022,890	34,283,973	94,738,917
c Leasehold improvements		1,873,959	1,376,579	497,380
d Equipment		52,007,012	24,521,095	27,485,917
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				133,436,227

Schedule D (Form 990) 2015

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	100,200,640
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	100,200,640
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	2,026,177
c	Add lines 4a and 4b	4c	2,026,177
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	102,226,817

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	95,247,409
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	95,247,409
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	95,247,409

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS ALL ENDOWEMENT FUNDS ARE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE -----

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

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	DETAIL OF OTHER REVENUE ITEMS NOT IN AUDITED TOTAL REVENUE INTEREST AND DIVIDENDS NET OF FEES 1,313,718 REALIZED GAIN ON SALE OF ASSETS OTHER THAN INVENTORY 712,462

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CORNING HOSPITAL	Employer identification number 16-0393490
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			599,108	0	599,108	0.630 %
b Medicaid (from Worksheet 3, column a)			14,589,435	9,397,665	5,191,770	5.450 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			15,188,543	9,397,665	5,790,878	6.080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,744	0	2,744	0 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0 %
j Total. Other Benefits			2,744	0	2,744	0 %
k Total. Add lines 7d and 7j			15,191,287	9,397,665	5,793,622	6.080 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,643,787
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	599,108
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	29,975,800
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	44,161,640
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-14,185,840
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
	☐ Cost accounting system	☐ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

CORNING HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The significant health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☐ Hospital facility's website (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		CORNING HOSPITAL	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 300 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☐ The FAP was widely available on a website (list url) SEE SUPPLEMENTAL DISCLOSURE		
b	☐ The FAP application form was widely available on a website (list url) SEE SUPPLEMENTAL DISCLOSURE		
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL DISCLOSURE		
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CORNING HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 Healthworks 9768 Liberty Drive Painted Post, NY 14870	Wellness and Fitness Center, a portion is dedicated to not for profit fitness center
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI **Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SUPPLEMENTAL DISCLSOURCES	PART I, LINE 6A- PREPARATION OF A COMMUNITY BENEFIT REPORT CORNING HOSPITAL FILES AN ANNUAL COMMUNITY SERVICE PLAN IN RESPONSE TO NEW YORK STATE DEPARTMENT OF HEALTH REQUIREMENTS ----- PART I, LINE 7- COSTING METHODOLOGY USED INFORMATION REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE WAS DERIVED UTILIZING THE RATIO OF COST TO CHARGES CALCULATED USING WORKSHEET 2, EXCEPT LINE 7B, WHICH WAS CALCULATED BASED UPON AN INTERNAL COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS -----

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2- BAD DEBT EXPENSE	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) ----- PART III, SECTION A, LINE 4- BAD DEBT EXPENSE FOOTNOTE THE TEXT OF THE BAD DEBT FOOTNOTE CAN BE FOUND ON PAGE 13 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS ----- PART III, SECTION B, LINE 9B - COLLECTION POLICY PRACTICES ONCE A PATIENT IS APPROVED FOR CHARITY CARE OR AN INSTALLMENT PLAN, THEIR ACCOUNT IS TRANSFERRED TO EITHER THE BUDGET OR CHARITY CARE FINANCIAL CLASS ACCOUNTS IN THESE FINANCIAL CLASSES ARE NOT PLACED WITH COLLECTION -----

Form and Line Reference	Explanation
PART VI, LINE 2- NEEDS ASSESSMENT	DESCRIPTION OF SERVICE AREA- CORNING HOSPITAL'S PRIMARY SERVICE AREA ENCOMPASSES ALL OF ST EUBEN COUNTY, NY, WITH A NUMBER OF PATIENTS COMING FROM CHEMUNG AND SCHUYLER COUNTIES, NY AS WELL AS TIOGA COUNTY, PA IN ADDITION TO CORNING AND PAINTED POST, NY, PATIENTS UTILIZI NG THE HOSPITAL ALSO COME FROM THE SURROUNDING COMMUNITIES OF ADDISON, BATH, BIG FLATS, BE AVER DAMS, CAMPBELL, AND SAVONA, NY CORNING HOSPITAL AND STEUBEN COUNTY PUBLIC HEALTH EMB ARKED ON AN 18 MONTH LONG PROCESS TO COLLECT DATA, SOLICIT OPINIONS, FACILITATE A PROCESS AND GUIDE A DISCUSSION TO DETERMINE NOT ONLY WHAT THE MOST PRESSING PROBLEMS FACING OUR RE SIDENTS ARE, BUT ALSO WHAT WE CAN EFFECTIVELY AND EFFICIENTLY ADDRESS THE MAPP (MOBILIZIN G FOR ACTION THROUGH PLANNING AND PARTNERSHIP) PROCESS WAS USED TO ACCOMPLISH THIS CORNIN G HOSPITAL AND STEUBEN COUNTY PUBLIC HEALTH DEPT WERE CHARGED WITH WORKING WITH OTHER KEY LOCAL PARTNERS TO SELECT TWO KEY HEALTH PRIORITIES AND ONE DISPARITY TO ADDRESS IN THE CO MMUNITY IN THE END, CORNING HOSPITAL, STEUBEN COUNTY PUBLIC HEALTH AND THE PARTNER AGENCI ES DECIDED TO TACKLE TWO TOUGH AREAS UNDER THE NEW YORK STATE DEPT OF HEALTH PRIORITY OF THE PREVENTION OF CHRONIC DISEASE 1 REDUCE OBESITY IN CHILDREN AND ADULTS 2 REDUCE HEAR T DISEASE AND HYPERTENSION THE DISPARITY THE PARTNERS CHOSE TO ADDRESS WAS TO PROMOTE TOB ACCO CESSATION, ESPECIALLY AMONG LOW SES POPULATIONS AND THOSE WITH MENTAL HEALTH ILLNESS STATUS OF PRIORITIES- THE HOSPITAL'S FIT AND STRONG TOGETHER (FAST) COMMITTEE, FORMED TO ADDRESS PREVENTION PRIORITIES, HAS BEEN SUCCESSFUL AT INITIATING AND/OR IMPLEMENTING A NUM BER OF PROGRAMS RELATING TO CHRONIC DISEASE THAT ARE AIMED AT IMPACTING THE RESULTING HEAL TH-RELATED ISSUES DOCUMENTED AS ARISING FROM CHILDHOOD OBESITY AND POOR NUTRITION AND FITN ESS THEY HAVE MADE NUMEROUS PRESENTATIONS TO INSURERS, PROVIDERS, CORPORATIONS, CIVIC GRO UPS AND OTHERS TO RAISE AWARENESS OF THEIR EFFORTS AND TO ENGAGE THE ENTIRE COMMUNITY FAST HAS ALSO SUCCESSFULLY OBTAINED FUNDING FOR TRAINING, SUPPLIES, EQUIPMENT AND MATERIALS R ELATED TO THE PROGRAMS BEING IMPLEMENTED THE GOAL OF THIS MORE FOCUSED APPROACH IS TO HAV E A DEFINITIVE IMPACT ON ACCESS TO CARE FOR OBESE CHILDREN (AND THEIR FAMILIES) IN NEED OF LIFESTYLE MANAGEMENT THAT WILL IMPROVE THEIR HEALTH ALIGNING THIS PRIORITY WITH THE HOSP ITAL'S WORK TO ADDRESS CHILDHOOD OBESITY UTILIZES THE EXPERTISE AND SYNERGY OF FAST TO ADD RESS AN UNMET COMMUNITY HEALTH NEED PLAN OF ACTION UPDATE PE4LIFE PROGRAM PE4LIFE IS GEA RED AT REDUCING CHILDHOOD OBESITY IN SCHOOL AGE CHILDREN CORNING HOSPITAL AND THE FIT AND STRONG TOGETHER COMMUNITY COALITION HAVE WORKED WITH THE CORNING-PAINTED POST SCHOOL DIST RICT (C-PP) TO SUCCESSFULLY IMPLEMENT THE PE4LIFE (FITNESS FOR LIFE) PROGRAM IN THE SECOND GRADES FOR THREE OF ITS SIX ELEMENTARY SCHOOLS DURING THE LAST SCHOOL YEAR ADDITIONALLY, STUDENTS IN THE PE4LIFE PROGRAM LAST YEAR STAYED WITH THE PROGRAM DURING THE NEXT SCHOOL YEAR AS THIRD GRADERS ONE OF THE GOALS OF IMPLEMENTING PE4LIFE WAS TO PROVIDE PE (PHYSICA L EDUCATION) FIVE DAYS/WEEK THIS WAS QUITE CHALLENGING FOR THE C-PP DISTRICT DUE TO LACK OF APPROPRIATE SPACE AND CURRICULUM MANDATES IN THE ELEMENTARY SCHOOLS THIS GOAL WAS MET THROUGH THE COMMITMENT AND COLLABORATION OF DISTRICT PE EDUCATORS, ADMINISTRATORS, AND CLA SSROOM TEACHERS FUNDING ACQUIRED THROUGH FAST PAID FOR PE4LIFE TRAINING FOR PE TEACHERS A ND OTHER C-PP STAFF AS WELL AS PULL-UP BARS, AGE-APPROPRIATE HEART-RATE MONITORS AND OTHER EQUIPMENT FOR THE CHILDREN IN THE PROGRAM MORE FUNDING IS BEING SECURED TO TRAIN ADDITIO NAL C-PP PERSONNEL AND PURCHASE MORE EQUIPMENT TO ALLOW FOR FURTHER EXPANSION OF THE PROGR AM PE4LIFE IS USING BMI AS THE METRIC - AND ANY CHANGE IN BMI - AS THE PERFORMANCE MEASUR E FOR THIS PROGRAM BMI DATA WAS OBTAINED FOR STUDENTS PARTICIPATING IN THE PROGRAM IN THE FALL OF 2012 SHOWING LITTLE PROGRESS, THEREFORE THE DATA IS GOING TO BE MEASURED IN A DIF FERENT WAY IN THE FUTURE SINCE AN ACCURATE RESULT COULD NOT BE OBTAINED FROM THE BMI DATA COOL 2B FIT THIS PROGRAM IS FUNDED BY EXCELLUS BLUE CROSS/BLUE SHIELD AND WAS INTRODUCED IN C-PP ELEMENTARY SCHOOLS TWO YEARS AGO THE PROGRAM INCLUDES SECOND, THIRD AND FOURTH G RADE STUDENTS AND PROVIDES THEM WITH TOOLS (CORRECT PORTION-SIZED PLATE, WRIST-WATCH HEART RATE MONITOR, BACKPACK, ETC) AND INFORMATION TO TAKE HOME AND SHARE WITH THEIR FAMILIES THE PROGRAM ENGAGES STUDENTS IN INTERACTIVE ACTIVITIES, SUCH AS FOOD TASTINGS, MAKING HEA LTHY SNACKS, GROCERY SHOPPING AND READING FOOD LABELS THE GOAL IS TO HELP STUDENTS, AND T HEIR FAMILIES, MAKE HEALTHY FOOD CHOICES AT SCHOOL AND AT HOME CPP TRACKS THE NUMBERS OF STUDENTS INVOLVED IN THIS PROGRAM, AND USES SURVEYS TO ASSESS STUDENT REACTIONS AND PERCEP TIONS OF THE PROGRAM 5-2-1-0 THIS PROGRAM OFFERS CHILDREN A SIMPLE WAY TO REMEMBER THE H EALTHY CHOICES THEY SHOULD STRIVE TO MAKE EACH DAY SPECIFICALLY, THE NUMBERS REPRESENT TH E FOLLOWING DAILY HEALTH GUIDELINES 5 SERVINGS OF

Form and Line Reference	Explanation
PART VI, LINE 2- NEEDS ASSESSMENT	FRUITS/VEGETABLES, NO MORE THAN 2 HOURS OF SCREEN TIME, 1 HOUR OF VIGOROUS ACTIVITY/PLAY, AND NO SUGARY DRINKS INFORMATIONAL POSTERS AND FLYERS ABOUT 5-2-1-0 HAVE BEEN DISTRIBUTE D THROUGHOUT THE C-PP DISTRICT, THE CORNING COMMUNITY YMCA, SOUTHEAST STEUBEN COUNTY LIBRA RY, CORNING CITY PARKS AND RECREATION PROGRAM AND OTHER ORGANIZATIONS THROUGHOUT THE REGIO N MAY 5-12, 2012, A 5-2-1-0 WEEK WAS DECLARED IN CORNING, NY OVER 20,000 INFORMATIONAL F LYERS WERE DISTRIBUTED AT WEGMAN'S GROCERY STORE A DECLARATION WAS READ IN THE TOWN SQUAR E IN CONJUNCTION WITH CORNING CLEAN UP DAY AND AN HOUR LONG ZUMBA CLASS WAS HELD IN THE SQ UARE FOR THE COMMUNITY CHILDHOOD OBESITY REFERRAL PROGRAM THE FIT AND STRONG TOGETHER CO MMUNITY COALITION IS ATTEMPTING TO ACQUIRE FUNDING TO ESTABLISH A PROGRAM TO WHICH PEDIATR ICIA NS AND OTHER PROVIDERS CAN REFER OBESE CHILDREN FOR GUIDANCE WITH LIFESTYLE ISSUES IN TERMS OF PROGRAM DESIGN, A NUMBER OF AVENUES ARE BEING EVALUATED, INCLUDING DUPLICATION OF A SIMILAR PROGRAM (FIT FAMILIES IN THE SOUTHERN TIER, SERVING CHEMUNG CO, NY) HEALTHY KIDS DAY HEALTHY KIDS DAY FOR THE GREATER CORNING AREA, HELD MAY 12, 2012 THIS EVENT WAS WELL ATTENDED WITH HUNDREDS OF CHILDREN AND THEIR FAMILIES AVAILING THEMSELVES OF INFORMA TION ON A HOST OF HEALTH TOPICS AS WELL AS WATCHING DEMONSTRATIONS AND ENGAGING IN ACTIVIT IES THIS EVENT WAS HELD AGAIN IN APRIL 2013 AT THE CORNING COMMUNITY YMCA NON-PREVENTION PRIORITIES CONSIDERED IN THE ASSESSMENT PROCESS THE HOSPITAL IS ACTIVELY ENGAGED WITH TH E COMMUNITY ON MANY LEVELS AND HOSTS OR PARTICIPATES IN A VARIETY OF ACTIVITIES RELATED TO COMMUNITY HEALTH AND WELL-BEING, INCLUDING HEALTH EDUCATION AND HEALTH SCREENINGS ----- -----

Form and Line Reference	Explanation
PART VI, LINE 3- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PATIENTS ARE AWARE OF CHARITY CARE ASSISTANCE AND ELIGIBILITY THROUGH SIGNAGE AND HANDOUT MATERIALS. SAMPLES OF THE CONTENT IS AS FOLLOWS: SIGNAGE CONTENT: PATIENT NOTICE OF FINANCIAL ASSISTANCE FOR THE UNINSURED AND/OR UNDERINSURED: GUTHRIE HEALTH IS PROUD OF ITS MISSION TO PROVIDE QUALITY CARE TO ALL WHO NEED IT. IF YOU DO NOT HAVE HEALTH INSURANCE OR WORRY THAT YOU MAY NOT BE ABLE TO PAY FOR PART OR ALL OF YOUR CARE, WE MAY BE ABLE TO HELP. GUTHRIE HEALTH PROVIDES FINANCIAL AID TO PATIENTS BASED ON THEIR INCOME, ASSETS, AND FINANCIAL NEEDS. IN ADDITION, WE MAY BE ABLE TO HELP YOU GET FREE OR LOW-COST HEALTH INSURANCE OR WORK WITH YOU TO ARRANGE A MANAGEABLE PAYMENT PLAN. FOR MORE INFORMATION, PLEASE CONTACT OUR PATIENT FINANCIAL SERVICES OFFICE AT 570-887-2051. WE WILL TREAT YOUR QUESTIONS AND ANY INFORMATION YOU PROVIDE US WITH CONFIDENTIALITY AND COURTESY. GUTHRIE HEALTH FINANCIAL ASSISTANCE SUMMARY: GUTHRIE HEALTH RECOGNIZES THAT THERE ARE TIMES WHEN PATIENTS IN NEED OF CARE WILL HAVE DIFFICULTY PAYING FOR THE SERVICES PROVIDED. GUTHRIE HEALTH CHARITY CARE PROGRAM PROVIDES DISCOUNTS TO QUALIFYING INDIVIDUALS BASED ON YOUR INCOME. IN ADDITION, WE CAN HELP YOU APPLY FOR FREE OR LOW-COST INSURANCE IF YOU QUALIFY. JUST VISIT OR CONTACT OUR CORNING HOSPITAL FINANCIAL COUNSELOR AT (607) 937-7518 FOR FREE, CONFIDENTIAL ASSISTANCE. YOU MAY ALSO VISIT OUR WEBSITE AT WWW.GUTHRIE.ORG TO DOWNLOAD THE GUTHRIE HEALTH FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS. WHO QUALIFIES FOR A DISCOUNT? FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE PATIENTS WITH LIMITED INCOMES, AND WHO DO NOT HAVE HEALTH INSURANCE AND ARE WORRIED ABOUT PAYING FOR PART OR ALL OF THEIR CARE. EVERYONE IN NEW YORK STATE WHO NEEDS EMERGENCY SERVICES CAN RECEIVE CARE AND GET A DISCOUNT IF THEY MEET THE INCOME LIMITS. EVERYONE WHO LIVES IN BRADFORD, SULLIVAN, AND TIOGA COUNTIES IN PENNSYLVANIA, AND ALLEGANY, CHEMUNG, LIVINGSTON, ONTARIO, SCHUYLER, STEUBEN, TIOGA, TOMPKINS, AND YATES COUNTIES IN NEW YORK MAY RECEIVE A DISCOUNT, BY COMPLETING AN APPLICATION FOR MEDICALLY NECESSARY SERVICES AT CORNING HOSPITAL IF THEY MEET THE INCOME LIMITS. YOU CANNOT BE DENIED MEDICALLY NECESSARY CARE BECAUSE YOU NEED FINANCIAL ASSISTANCE. WHAT ARE THE INCOME LIMITS? THE AMOUNT OF THE DISCOUNT VARIES BASED ON YOUR INCOME AND THE SIZE OF YOUR FAMILY. CAN SOMEONE EXPLAIN THE DISCOUNT? CAN SOMEONE HELP ME APPLY? YES, FREE, CONFIDENTIAL HELP IS AVAILABLE. OUR CORNING HOSPITAL FINANCIAL COUNSELOR IS AVAILABLE AT (607) 937-7518 OR OUR PATIENT FINANCIAL SERVICES OFFICE AT (570) 887-2051 TO ASSIST YOU AND/OR ANSWER ANY QUESTIONS YOU MAY HAVE. THE FINANCIAL COUNSELOR CAN TELL YOU IF YOU QUALIFY FOR FREE OR LOW-COST INSURANCE, SUCH AS MEDICAID, CHILD HEALTH PLUS AND FAMILY HEALTH PLUS. IF THE FINANCIAL COUNSELOR FINDS THAT YOU DON'T QUALIFY FOR LOW-COST INSURANCE, THEY WILL HELP YOU APPLY FOR A DISCOUNT. THE COUNSELOR WILL HELP YOU FILL OUT ALL THE FORMS AND TELL YOU WHAT DOCUMENTS YOU NEED TO BRING. WHAT DO I NEED TO APPLY FOR A DISCOUNT? THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THE APPLICATION: -BANK & INVESTMENT ACCOUNT STATEMENTS -PAY STUBS -RECEIPTS AS REFERENCED IN THE FINANCIAL ASSISTANCE APPLICATION -LATEST FEDERAL INCOME TAX RETURN -MEDICAID DENIAL LETTER (IF APPLICABLE) -HEALTH SAVINGS ACCOUNT (HSA) STATEMENT SHOWING CURRENT BALANCE, IF APPLICABLE WHAT SERVICES ARE COVERED? ALL MEDICALLY NECESSARY SERVICES PROVIDED BY CORNING HOSPITAL ARE COVERED BY THE DISCOUNT. THIS INCLUDES OUTPATIENT SERVICES, EMERGENCY CARE, AND INPATIENT ADMISSIONS. SERVICES PROVIDED BY NON-GUTHRIE PROVIDERS ARE NOT COVERED. YOU SHOULD TALK TO YOUR NON-GUTHRIE PROVIDERS TO SEE IF THEY OFFER A DISCOUNT OR PAYMENT PLAN. HOW MUCH DO I HAVE TO PAY? OUR PATIENT FINANCIAL SERVICES DEPARTMENT WILL GIVE YOU THE DETAILS ABOUT YOUR SPECIFIC DISCOUNT(S) ONCE YOUR APPLICATION IS PROCESSED. HOW DO I GET THE DISCOUNT? YOU HAVE TO FILL OUT THE APPLICATION FORM AS SOON AS WE HAVE PROOF OF YOUR INCOME, WE CAN PROCESS YOUR APPLICATION FOR A DISCOUNT ACCORDING TO YOUR INCOME LEVEL. YOU CAN APPLY FOR A DISCOUNT BEFORE YOU HAVE AN APPOINTMENT, WHEN YOU COME TO THE HOSPITAL TO GET CARE, OR WHEN THE BILL COMES IN THE MAIL. SEND THE COMPLETED FORM TO: GUTHRIE CLINIC PATIENT FINANCIAL SERVICE DEPARTMENT ONE GUTHRIE SQUARE SAYRE, PA 18840. ATTN: PATIENT REPRESENTATIVE-CHARITY CARE OFFICE OR DELIVER TO THE CORNING HOSPITAL FINANCIAL COUNSELOR'S OFFICE LOCATED ON THE 1ST LEVEL OF CORNING HOSPITAL. YOU HAVE UP TO 180 DAYS AFTER RECEIVING SERVICES TO SUBMIT THE APPLICATION. HOW WILL I KNOW IF I WAS APPROVED FOR THE DISCOUNT? THE PATIENT FINANCIAL SERVICES DEPARTMENT WILL SEND YOU A LETTER GENERALLY WITHIN 30 DAYS AFTER COMPLETION AND SUBMISSION OF DOCUMENTATION, TELLING YOU IF YOU HAVE BEEN APPROVED AND THE LEVEL OF DISCOUNT RECEIVED. WHAT IF I RECEIVE A BILL WHILE I'M WAITING TO HEAR IF I CAN GET A DISCOUNT? YOU CANNOT BE REQUIRED TO PAY A HOSPITAL BILL WHILE YOUR APPLICATION FOR A DISCOUNT IS BEING CONSIDERED. IF

Form and Line Reference	Explanation
PART VI, LINE 3- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	YOUR APPLICATION IS TURNED DOWN, THE HOSPITAL MUST TELL YOU WHY IN WRITING AND MUST PROVIDE YOU WITH A WAY TO APPEAL THIS DECISION TO A HIGHER LEVEL WITHIN THE HOSPITAL WHAT IF I HAVE A PROBLEM I CANNOT RESOLVE WITH THE HOSPITAL? YOU MAY CALL THE NEW YORK STATE DEPARTMENT OF HEALTH COMPLAINT HOTLINE AT 1-800-804-5447 -----

Form and Line Reference	Explanation
PART VI, LINE 4- COMMUNITY INFORMATION	A HOSPITAL SERVICE AREA CORNING HOSPITAL'S SERVICE AREA REMAINS UNCHANGED IT CONSIDERS ITS SERVICE AREA TO ENCOMPASS COMMUNITIES WITHIN SEVERAL COUNTIES, BASED ON THE UTILIZATION OF ITS THREE FACILITIES, AS DESCRIBED BELOW ITS PRIMARY FACILITY IS A 85-BED ACUTE CARE HOSPITAL THAT PROVIDES 24-HOUR EMERGENCY SERVICES AND A COMPLEMENT OF INPATIENT AND OUTPATIENT SERVICES, LOCATED AT 1 GUTHRIE DRIVE, CORNING, N Y THE HOSPITAL ALSO PROVIDES A RANGE OF TREATMENT, DIAGNOSTIC AND PREVENTIVE HEALTH SERVICES AND PROGRAMS THE CORNING HOSPITAL ALSO PROVIDES THERAPEUTIC RADIOLOGY, MEDICAL ONCOLOGY AND CANCER SUPPORT SERVICES, INCLUDING ACCESS TO CLINICAL TRIALS THE HOSPITAL ALSO OPERATES HEALTHWORKS, A 43,000-SQUARE-FOOT WELLNESS AND FITNESS CENTER LOCATED AT 9768 LIBERTY DRIVE, PAINTED POST, N Y HEALTHWORKS' SERVICES ARE BASED ON A MEDICAL MODEL IN ADDITION TO TRADITIONAL FITNESS CENTER SERVICES, IT ALSO OFFERS A RANGE OF PHYSICAL REHABILITATION SERVICES THE HOSPITAL EMPLOYS 836 INDIVIDUALS AND HAS A MEDICAL STAFF OF 196 PHYSICIANS THE HOSPITAL ALSO USES PHYSICIANS AND MID-LEVEL PROVIDERS AS HOSPITALISTS, WHO PROVIDE CONTINUITY OF CARE FOR INPATIENT SERVICES B DESCRIPTION OF SERVICE AREA THE HOSPITAL'S PRIMARY SERVICE AREA ENCOMPASSES ALL OF STEUBEN COUNTY, NY, WITH A NUMBER OF PATIENTS COMING FROM CHEMUNG AND SCHUYLER COUNTIES, NY AS WELL AS TIOGA COUNTY, PA IN ADDITION TO CORNING AND PAINTED POST, NY, PATIENTS UTILIZING THE HOSPITAL ALSO COME FROM THE SURROUNDING COMMUNITIES OF ADDISON, BATH, BIG FLATS, BEAVER DAMS, CAMPBELL, AND SAVONA, NY -----

Form and Line Reference	Explanation
PART VI, LINE 5- PROMOTION OF COMMUNITY HEALTH	THE FOLLOWING OVERVIEW PROVIDES EXAMPLES OF THE HOSPITAL'S SUCCESSES IN PROVIDING ACCESS TO HIGH QUALITY HEALTH CARE AS WELL AS OTHER SERVICE AND ACTIVITY BEYOND THE PROVISION OF DIRECT CARE. ACCESS TO HIGH QUALITY CARE- CORNING HOSPITAL WAS RANKED AS THE TENTH BEST IN NEW YORK STATE FOR OVERALL HOSPITAL CARE BY THE DELTA GROUP AS PART OF ITS 2014 QUALITY AWARDS FROM CARE CHEX, A DIVISION OF THE DELTA GROUP, INC. THE RANKINGS BELOW INCLUDE TYPES OF CARE/SPECIALTIES FOR WHICH CORNING HOSPITAL RANKED IN THE TOP 10 PERCENT IN THE STATE, AND IN THE COUNTRY. MEDICAL EXCELLENCE AWARDS- TOP 10 PERCENT IN NEW YORK. CANCER CARE AND GALL BLADDER REMOVAL TOP 10 PERCENT IN NATION. GALL BLADDER REMOVAL THE HOSPITAL HAS RECEIVED GOLD PLUS AND TARGET STROKE DESIGNATIONS BY THE AMERICAN HEART ASSOCIATION FOR STROKE CARE. THE HOSPITAL CONTINUES TO USE THE ELECTRONIC HEALTH RECORD (EPIC). EPIC ALLOWS THE HOSPITAL TO PROVIDE SAFE AND EFFECTIVE PATIENT CARE AND IMPROVE COMMUNICATION AMONG PROVIDERS, USING A SECURE SYSTEM TO PUT IMPORTANT HEALTH INFORMATION ABOUT PATIENTS AT PROVIDERS' FINGERTIPS. THE HOSPITAL CONTINUES TO OFFER CANCER SCREENINGS IN COLLABORATION WITH THE CANCER SERVICE PARTNERSHIP OF STEUBEN COUNTY, PROVIDING LOW-COST MAMMOGRAMS TO WOMEN WHO MEET THE PROGRAM'S CRITERIA. COMMUNITY OUTREACH- HOSPITAL BOARD MEMBERS AND MEMBERS OF THE ADMINISTRATIVE TEAM HAVE HELD A NUMBER OF COMMUNITY AND NEIGHBORHOOD-BASED INFORMATIONAL SESSIONS TO PROVIDE MORE IN-DEPTH INFORMATION ABOUT THE NEW CORNING HOSPITAL AND TO ANSWER QUESTIONS AND ADDRESS CONCERNS. THE RESPONSE TO THESE OPEN MEETINGS HAS BEEN VERY POSITIVE. THE HOSPITAL RECEIVED THE BRONZE AWARD IN RECOGNITION OF ITS PARTICIPATION IN THE LOCAL UNITED WAY FUND DRIVE. THE HOSPITAL IS A PARTNER IN THE RED CROSS PROGRAM UNITE FOR LIFE PLUS. AT THE TIME OF THIS REPORT, THE HOSPITAL AND CENTERWAY HELD 8 BLOOD DRIVES IN 2015 AND A TOTAL OF 199 UNITS WERE COLLECTED, WITH 10 NEW DONORS IDENTIFIED. THE HOSPITAL PARTICIPATED AS THE PRIMARY SPONSOR IN THE LOCAL AMERICAN CANCER SOCIETY'S RELAY FOR LIFE EVENT. IT RAISED MONEY, FORMED TEAMS AND HOSTED THE PRE-EVENT SURVIVOR DINNER. THE HOSPITAL PARTICIPATED IN AN AWARENESS AND FUND RAISING ACTIVITY FOR CATHOLIC CHARITIES OF STEUBEN COUNTY. THE "WALK A MILE IN THEIR SHOES" EVENT, HELD IN THREE STEUBEN COUNTY COMMUNITIES, RAISED AWARENESS ABOUT POVERTY IN STEUBEN COUNTY. THE HOSPITAL'S AUXILIARY HOLDS A NUMBER OF FUND RAISING EVENTS IN THE COMMUNITY THROUGHOUT THE YEAR TO SUPPORT THE HOSPITAL'S NEED FOR NEW EQUIPMENT. PROCEEDS FROM THE AUXILIARY'S PRIMARY EVENT HAVE AMOUNTED TO MORE THAN \$1 MILLION SINCE ITS INCEPTION IN 1997. FITNESS AND NUTRITION- THE HOSPITAL SPONSORED THE ANNUAL POP CAN FUN RUN, HELD FOR YOUTH AGES 2 TO 10, WITH APPROXIMATELY 300 CHILDREN PARTICIPATING IN AGE-APPROPRIATE RACES. HEALTHWORKS PARTICIPATED IN HEALTHY KIDS DAY, A PROGRAM DEVELOPED BY THE CORNING COMMUNITY YMCA, WHICH ATTRACTED HUNDREDS OF CHILDREN AND THEIR FAMILIES. HEALTHWORKS STAFF DEVELOPED A NUMBER OF INTERACTIVE ACTIVITIES FOR CHILDREN TO HELP THEM BE BETTER INFORMED ABOUT THE HEALTH BENEFITS OF EXERCISE. WELLNESS AND PREVENTION EDUCATION- HEALTHWORKS HOSTED SEVERAL COMMUNITY WELLNESS DAYS, OPEN TO THE PUBLIC, OFFERING FREE BLOOD PRESSURE SCREENINGS, BODY FAT ANALYSIS, AND INFORMATIONAL MATERIALS REGARDING DISEASE PREVENTION. THE HOSPITAL PROVIDED 931 SEASONAL FLU SHOTS TO STAFF, VOLUNTEERS AND COMMUNITY MEMBERS. HEALTHWORKS CONTINUES TO PROVIDE A MONTHLY DIABETES SUPPORT GROUP OPEN TO THE PUBLIC IN WHICH GUEST SPEAKERS ARE AVAILABLE EACH MONTH TO DISCUSS TOPICS OF INTEREST FOR INDIVIDUALS WITH DIABETES TO HELP THEM BETTER UNDERSTAND AND MANAGE THEIR HEALTH NEEDS. THE HOSPITAL NOW HAS TWO RNS TRAINED AS CERTIFIED CAR SEAT SAFETY INSTRUCTORS, WHICH ENABLES THE HOSPITAL TO PARTICIPATE IN HEALTH FAIRS/COMMUNITY EDUCATION DAYS THAT DEMONSTRATE THE CORRECT AGE/WEIGHT APPROPRIATE FOR CHILDREN USING CAR SEATS. THESE STAFF MEMBERS WILL BE ASSISTING THE STEUBEN COUNTY PUBLIC HEALTH EDUCATORS IN BRINGING THIS IMPORTANT INFORMATION TO PARENTS THROUGHOUT STEUBEN COUNTY. -----

Form and Line Reference	Explanation
PART VI, LINE 6- DETAIL REGARDING AFFILIATED HEALTH CARE SYSTEM ROLES	CORNING HOSPITAL IS PART OF THE GUTHRIE CLINIC SEE SCHEDULE O, FORM 990, PART III, LINE 1- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR MORE INFORMATION STATE FILING OF COMMUNITY BENEFIT REPORT NY

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 16-0393490
Name: CORNING HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CORNING HOSPITAL 1 Guthrie Drive CORNING, NY 14830 GUTHRIE.ORG/LOCATION/CORNING-HOSPITAL LICENSE # 500100H	X	X				X			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☒ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A- QUESTIONS REGARDING COMPENSATION	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AS WELL AS HOUSING ALLOWANCES AND HEALTH CLUB DUES ARE PERIODICALLY PROVIDED TO EMPLOYEES. ALL PAYMENTS ARE MADE PURSUANT TO WRITTEN ORGANIZATIONAL POLICIES. THE HOUSING ALLOWANCE WAS TEMPORARILY PROVIDED TO GARRETT HOOVER AS A CONDITION OF HIS HIRING AGREEMENT AND WAS INCLUDED IN TAXABLE COMPENSATION. ALL CORNING EMPLOYEES ARE ELIGIBLE FOR HEALTH CLUB DUES REIMBURSEMENT WHICH ARE INCLUDED IN TAXABLE COMPENSATION. FOUR OF THE REPORTED INDIVIDUALS RECEIVED THE BENEFIT. -----
SCHEDULE J, PART I, LINE 3- COMPENSATION INFORMATION	EXECUTIVE COMPENSATION IS ESTABLISHED WITHIN A WRITTEN EMPLOYMENT AGREEMENT. COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE HEALTH COMPENSATION COMMITTEE AND SUBSEQUENTLY APPROVED BY THE GUTHRIE HEALTH BOARD OF DIRECTORS.

Additional Data

Software ID:
Software Version:
EIN: 16-0393490
Name: CORNING HOSPITAL

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				
1FRANCIS M MACAFEE CFO/VP FINANCE	(i)	162,229	21,118	696	11,001	17,454	212,498	0
	(ii)	0	0	0	0	- 0	- 0	0
1LOUIS R DUBOIS MD MEMBER- BOD & MED STAFF PRES	(i)	0	0	0	0	0	0	0
	(ii)	453,238	0	808	15,900	- 11,336	- 481,282	0
2JOSEPH SCOPELLITI MD MEMBER- BOD	(i)	0	0	0	0	0	0	0
	(ii)	656,417	149,931	3,793	17,225	- 10,391	- 837,757	0
3RUSSELL C WOGLOM MD MEMBER- BOD	(i)	0	0	0	0	0	0	0
	(ii)	333,736	18,294	600	15,900	- 17,454	- 385,984	0
4SHIRLEY MAGANA PRESIDENT/COO (UNTIL 7/1/15)	(i)	118,501	29,497	112,493	16,820	5,700	283,011	0
	(ii)	0	0	0	0	- 0	- 0	0
5COLIN BAILEY RADIATION PHYSICIST	(i)	181,383	0	894	9,523	5,700	197,500	0
	(ii)	0	0	0	0	- 0	- 0	0
6MARK HOPSON PHARMACY MANAGER	(i)	137,328	5,681	0	8,581	17,454	169,044	0
	(ii)	0	0	0	0	- 0	- 0	0
7GREGORY KRIEL PHARMACIST	(i)	135,835	0	0	8,150	17,454	161,439	0
	(ii)	0	0	0	0	- 0	- 0	0
8VENOGOPAL THIRUMURTI MD MEMBER- BOD & MED STAFF VP	(i)	0	0	0	0	0	0	0
	(ii)	408,130	0	693	33,900	- 17,454	- 460,177	0
9JAMES PERLE MD MEMBER-BOD MEDICAL STAFF SEC	(i)	0	0	0	0	0	0	0
	(ii)	251,800	11,918	600	11,797	- 11,336	- 287,451	0
10JOEL MCCLURG MD MEMBER-BOD MEDICAL STAFF TREAS	(i)	0	0	0	0	0	0	0
	(ii)	476,611	0	839	18,931	- 17,454	- 513,835	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	57,160	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

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

Return Reference	Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	BRIEF DESCRIPTION OF ORGANIZATION'S MISSION TO PROVIDE MEDICAL CARE SERVICES TO THE PUBLIC HELP EACH PERSON ATTAIN OPTIMAL, LIFE-LONG HEALTH AND WELL-BEING BY PROVIDING CLINICALLY-ADVANCED SERVICES TO PREVENT, DIAGNOSE AND TREAT DISEASES ----- FORM 990, PART III STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS CORNING HOSPITAL IS A SUBSIDIARY OF THE GUTHRIE CLINIC THE GUTHRIE CLINIC IS A NONPROFIT HEALTH CARE ORGANIZATION INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE SCIENTIFIC AND EDUCATIONAL ACTIVITIES THE GUTHRIE CLINIC (TGC)ACTS AS THE PARENT OF AN INTEGRATED SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM, CONSISTING OF THE CORPORATION AND OTHER DIRECTLY AND INDIRECTLY CONTROLLED ENTITIES(SEE FORM 990, SCHEDULE R FOR A LISTING OF THE AFFILIATES OF TGC)INCLUDING BUT NOT LIMITED TO GUTHRIE MEDICAL GROUP, P C (GMG) AND ROBERT PACKER HOSPITAL(RPH) THROUGH THE ACTIVITIES OF GMG, RPH AND ITS OTHER AFFILIATES(COLLECTIVELY REFFERED TO AS "GUTHRIE"), THE GUTHRIE CLINIC 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 PRIMARRY CARE AND SPECIALTY PHYSICIAN SERVICES, AS WELL AS OPERATING A TERTIARY CARE TEACHING HOSPITAL, COMMUNITY HOSPITALS, A RESEARCH INSTITUTE, HOME CARE AND HOSPICE CARE THE GUTHRIE RESEARCH INSTITUTE AND GUTHRIE CLINICAL RESEARCH FUNCTIONS OF THE DONALD GUTHRIE FOUNDATION, A SUBSIDIARY OF TGC, FURTHERS THESE CHARITABLE ACTIVITIES THROUGH PROVIDING 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 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 THE GUTHRIE CLINIC 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 COST FOR SERVICES AND SUPPLIES FURNISHED UNDER GUTHRIE'S CHARITY CARE POLICY AMOUNTED TO APPROXIMATELY \$1 49 MILLION IN 2016 AND \$2 64 MILLION IN 2015 WHEN MEASURED AT THE APPROPRIATE ENTITY'S ESTIMATED COST 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 86 MILLION AND \$2 64 MILLION IN BAD DEBTS FOR 2016 AND 2015 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 \$16 1 MILLION AND \$17 5 MILLION IN 2016 AND 2015, 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 \$37 95 MILLION AND \$25 48 MILLION IN 2016 AND 2015, RESPECTIVELY THE TOTAL COST TO GUTHRIE IN SUPPORTING THESE CHARITABLE MISSION PROGRAMS WAS APPROXIMATELY \$58 37 MILLION AND \$48 27 MILLION IN 2016 AND 2015, RESPECTIVELY AS DISCUSSED, RPH AND THE GMG 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, WEIGHT LOSS CENTER 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 GMG TO ENSURE THAT THE SKILLS AND KNOWLEDGE OF THE MEDICAL STAFF PRODUCE THE MAXIMUM COMMUNITY HEALTH BENEFIT AS A MEMBER OF GUTHRIE, 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 TGC, 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 CONTINUED ACCOMPLISHMENTS HIGHLIGHTS OF THOSE ACHIEVEMENTS INCLUDE CONTINUED ACCREDITATION BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION BOARD AS A LEVEL II TRAUMA CENTER AND RECEIPT OF FULL CHEST PAIN CENTER ACCREDITATION WITH PCI (PERCUTANEOUS CORONARY INTERVENTION) FROM SOCIETY OF CARDIOVASCULAR PATIENT CARE GUTHRIE WEIGHT LOSS CENTER HAS BEEN ACCREDITED AS A LEVEL 1 FACILITY UNDER THE BARIATRIC SURGERY CENTER NETWORK(BSCN) ACCREDITATION PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS(ACS) 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 CORNING HOSPITAL BREAST CARE CENTER WAS AWARDED A FULL THREE-YEAR ACCREDITATION IN STEREOTACTIC BREAST BIOPSY BY THE AMERICAN COLLEGE OF RADIOLOGY(ACR) AND RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD THE GMG 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 GMG PROVIDE COMPREHENSIVE MEDICAL CARE USING ADVANCED TECHNOLOGIES AND METHODOLOGIES FOR BOTH DIAGNOSIS AND TREATMENT FURTHER, THE GMG 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 GMG IS COMMITTED TO THE ADVANCEMENT OF MEDICAL KNOWLEDGE AND SKILLS, AND EVERY EFFORT IS MADE TO PROVIDE PERSONAL, COMPASSIONATE MEDICAL CARE THE GMG OPERATES A REGIONAL OFFICE NETWORK IN 23 COMMUNITIES IN PENNSYLVANIA AND NEW YORK, ENCOMPASSING ALL THE MAJOR POPULATION CENTERS IN THE TWIN TIERS AREA THE GUTHRIE CLINIC HAS DEVELOPED CERTAIN GUIDING PRINCIPLES FOR THE PRVISION OF PATIENT CARE, WHICH INCLUDE A COMMITMENT THE FOLLOWING *PRACTICE OF CLINICAL EXCELLENCE *UTILIZATION OF THE SYNERGY OF MULTI-SPECIALTY MEDICAL
FORM 990, PART IV, LINE 12b	DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED SEPERATELY, AS WELL AS ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC AND AFFILIATES ----- FORM 990, PART VI, SECTION A, LINE 6 MEMBERSHIP INFORMATION THE GUTHRIE CLINIC IS THE SOLE MEMBER OF CORNING HOSPITAL -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7a	MEMBERSHIP INFORMATION AS THE SOLE MEMBER OF CORNING HOSPITAL, THE GUTHRIE CLINIC APPOINTS THE ORGANIZATION'S BOARD OF DIRECTORS -----
FORM 990, PART VI, SECTION A, LINE 7b	MEMBERSHIP INFORMATION AS THE SOLE MEMBER OF CORNING HOSPITAL, THE GUTHRIE CLINIC HAS A PPR OVAL RIGHTS OF CERTAIN BOARD DECISIONS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS THE FORM 990 OF THE ORGANIZATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND IS ALSO REVIEWED BY THE ORGANIZATION'S FINANCE PERSONNEL AND AN INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE IRS -----
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY 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 THE GUTHRIE CLINIC (TGC) , 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 TGC ALL MEMBERS OF ANY TGH BOARD/ COMMITTEE AND TGH 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 TGC ADMINISTRATION OFFICE TGC 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 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 TGC BOARD CHAIRMAN WILL BE ADVISED ANY INDIVIDUAL HAVING A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD EXCUSE THEMSELVES FROM THE PORTION OF THE MEETING OR MEETINGS WHERE THE MATTER IS DISCUSSED AND NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER THE MINUTES OF THE MEETING OR MEETINGS SHOULD REFLECT THE DISCLOSURE, THE ABSTENTION FROM VOTING, AND ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTED -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL 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 ----- -----
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS THE ORGANIZATION'S FORMS 1023, 990 AND 990-T FILINGS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THE ORGANIZATION DOES NOT ROUTINELY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC -- -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES PENSION OBLIGATION \$(1,270,894) NET REALIZED GAIN/LOSSES ON RESTRICTED INVESTMENTS 260,964 NET ASSETS RELEASED FROM RESTRICTIONS (60,283) ----- TOTAL \$(1,070,213) -----
FORM 990, PART XII, LINE 2b	DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE A UDITED SEPERATELY , AS WELL AS ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC AND AFFILIAT ES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENANCE TOTAL FEES 1288870
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION TOTAL FEES 552169

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LABORATORY TOTAL FEES 579818
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS TOTAL FEES 327324

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHY SICIAN FEES TOTAL FEES 3739030
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFF TOTAL FEES 776374

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 2667999
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY TOTAL FEES 244950

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION IS - INTERNAL TOTAL FEES 1384975
FORM 990 PART IX LINE 11G	DESCRIPTION PHARMACY TOTAL FEES 42337

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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
TWIN TIER MANAGEMENT (1)CORP INC PO BOX 310 SAYRE, PA 18840 23-2209439	MANAGEMENT CO	PA	NA	C CORP					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
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	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 16-0393490
Name: CORNING HOSPITAL

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
THE GUTHRIE CLINIC ONE GUTHRIE SQUARE SAYRE, PA 18840 23-3055017	SUPPORTING	PA	501 (C)(3)	11C,III	NA		No
GUTHRIE MEDICAL GROUP PC ONE GUTHRIE SQUARE SAYRE, PA 18840 25-0815795	HEALTHCARE	PA	501 (C)(3)	3	TGC		No
SAYRE HOUSE OF HOPE ONE GUTHRIE SQUARE SAYRE, PA 18840 20-3979472	HEALTHCARE	PA	501 (C)(3)	7	TGC		No
ROBERT PACKARD HOSPITAL ONE GUTHRIE SQUARE SAYRE, PA 18840 24-0795463	HEALTHCARE	PA	501 (C)(3)	3	TGC		No
DONALD GUTHRIE FOUNDATION FOR EDUCATION 200 S WILBUR AVE SAYRE, PA 18840 24-6022957	MED RESEARCH	PA	501 (C)(3)	4	TGC		No
TROY COMMUNITY HOSPITAL INC 275 GUTHRIE DR troy, PA 16947 24-0800337	HEALTHCARE	PA	501 (C)(3)	3	TGC		No
TIOGA HEALTHCARE FACILITY ONE GUTHRIE SQUARE SAYRE, PA 18840 15-0532257	HEALTHCARE	NY	501 (C)(3)	3	TGC		No
GUTHRIE HOME CARE 421 TOMAHAWK RD TOWANDA, PA 18848 23-2394345	HOME HEALTH	PA	501 (C)(3)	9	TGC		No
GUTHRIE RISK RETENTION GROUP 151 MEETING ST CHARLESTON, SC 29401 20-1090801	SUPPORTING	SC	501 (C)(3)	11A,I	TGC		No
TIOGA NURSING FACILITY ONE GUTHRIE SQUARE SAYRE, PA 18840 22-2979677	NURSING FAC	NY	501 (C)(3)	3	TGC		No
GUTHRIE TOWANDA MEMORIAL HOSPITAL 91 HOSPITAL DRIVE TOWANDA, PA 18848 24-0786657	HEALTHCARE	PA	501(c)(3)	3	TGC		No
THE MEMORIAL HOSPITAL FOUNDATION 91 HOSPITAL DRIVE TOWANDA, PA 18848 65-1160811	SUPPORTING	PA	501(c)(3)	11A,I	GTMH		No