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CHANGE OF ACCOUNTING PERIOD

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 01/01/2016 , 2015, and ending 06/30, 2016

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

C Name of organization: CORNING HOSPITAL

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 1 GUTHRIE DRIVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CORNING, NY 14830-2814

D Employer identification number: 16-0393490

E Telephone number: (607) 937-7200

G Gross receipts $: 59,402,330.

F Name and address of principal officer:

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website ▶ WWW.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

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	0.
6	Total number of volunteers (estimate if necessary)	6	142.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	174,438.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-76,605.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,114,916.	421,398.
9	Program service revenue (Part VIII, line 2g)	99,034,651.	53,401,446.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,077,250.	5,214,806.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	364,680.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,226,817.	59,402,330.
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)	36,410,371.	19,437,567.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,837,038.	32,081,673.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	95,247,409.	51,519,240.
19	Revenue less expenses Subtract line 18 from line 12	6,979,408.	7,883,090.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	225,371,410.	221,967,745.
21	Total liabilities (Part X, line 26)	93,947,055.	84,997,316.
22	Net assets or fund balances Subtract line 21 from line 20	131,424,355.	136,970,429.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5-11-17

▶ Garrett Hoover, President/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANTONIO C RUSSO	Antonio C Russo	05/08/2017		P00858539

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103 — Phone no 267-330-3000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

JSA
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7503LM 1467

SCANNED JUN 12 2017

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

ATTACHMENT 1

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 $ 35,599,583 including grants of $ _____) (Revenue $ 53,591,688)

ATTACHMENT 2

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 ▶ 35,599,583.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . 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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	*Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?*	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E IOCCO	1.00									
MEMBER- BOD	.20	X						0.	0.	0.
(2) ARTHUR D FIELD	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(3) JUDITH ROWE	1.00									
MEMBER- BOD	.20	X						0.	0.	0.
(4) JACK E BENJAMIN	1.00									
1ST VICE CHAIR- BOD	0.	X						0.	0.	0.
(5) DANIEL BOWER	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(6) CHARLES A CORRAO	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(7) LOUIS R DUBOIS, MD	1.00									
MEMBER- BOD & MED STAFF PRES.	39.00	X						0.	0.	0.
(8) ALAN D LEWIS	1.00									
SECRETARY- BOD	0.	X						0.	0.	0.
(9) JOSEPH SCOPELLITI, MD	1.00									
MEMBER- BOD	39.00	X						0.	0.	0.
(10) G THOMAS TRANTER, JR	1.00									
MEMBER - BOD	0.	X						0.	0.	0.
(11) JOHN W VAN ZANTEN, III	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(12) MARCIA WEBER	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(13) RUSSELL C WOGLOM, MD	1.00									
MEMBER- BOD	2.00	X						0.	0.	0.
(14) CHRISTOPHER J FORTIER	1.00									
MEMBER- BOD	0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PHILIP J ROCHE, ESQ	1.00									
CHAIRMAN- BOD	0.	X						0.	0.	0.
(16) MARY BETH GRIMALDI-MAXA	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(17) FRAN OLMSTEAD	1.00									
2ND VICE CHAIR- BOD	0.	X						0.	0.	0.
(18) DANIEL ROURKE	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(19) CATHY WEIL	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(20) VENOGOPAL THIRUMURTI, MD	1.00									
MEMBER- BOD & MED STAFF VP	39.00	X						0.	0.	0.
(21) JEFFREY P KENEFICK	1.00									
TREASURER- BOD	39.00	X						0.	0.	0.
(22) JAMES PERLE, MD	1.00									
MEMBER-BOD MEDICAL STAFF SEC	39.00	X						0.	0.	0.
(23) JOEL MCCLURG, MD	1.00									
MEMBER-BOD MEDICAL STAFF TREAS	39.00	X						0.	0.	0.
(24) DAWN BURLEW	1.00									
MEMBER- BOD	0.	X						0.	0.	0.
(25) HOLLY SEGUR	1.00									
MEMBER - BOD	0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GARRETT HOOVER	40.00									
PRESIDENT/COO	0.	X		X				0.	0.	0.
(27) FRANCIS M MACAFEE	40.00									
CFO/VP FINANCE	0.			X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	216,671			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	204,727			
	g	Noncash contributions included in lines 1a-1f $ 51,373					
	h	Total. Add lines 1a-1f ▶		421,398			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621990	51,903,421	51,903,421		
	b	OTHER OPERATING INCOME	900099	1,323,587	1,323,587.		
	c	MEDICAL LAB SERVICES	621910	174,438		174,438	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		53,401,446			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		544,069			544,069
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	226,414 / 4,444,323				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	226,414 / 4,444,323				
	d	Net gain or (loss) ▶		4,670,737			4,670,737
	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	MEANINGFUL USE REVENUE	621910	364,680	364,680.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d ▶		364,680			
	12	Total revenue. See instructions ▶		59,402,330	53,591,688.	174,438	5,214,806

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 X

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	379,928.		379,928.	
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	14,678,031.	11,670,224.	3,007,807.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	881,546.	683,216.	198,330.	
9 Other employee benefits	2,414,421.	1,868,168.	546,253.	
10 Payroll taxes	1,083,641.	837,508.	246,133.	
11 Fees for services (non-employees)				
a Management	2,553,725.	499,091.	2,054,634.	
b Legal	108,898.		108,898.	
c Accounting	374,657.		374,657.	
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) ATCH 3	6,934,745.	5,110,888.	1,823,857.	
12 Advertising and promotion	16,412.	2,655.	13,757.	
13 Office expenses	1,616,935.	881,313.	735,622.	
14 Information technology	1,534,368.	543,189.	991,179.	
15 Royalties	0.			
16 Occupancy	887,462.	122,362.	765,100.	
17 Travel	42,577.	11,741.	30,836.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	32,441.	8,378.	24,063.	
20 Interest	1,097,115.		1,097,115.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,197,420.	2,311,127.	2,886,293.	
23 Insurance	296,968.		296,968.	
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	10,992,380.	10,992,380.		
b ACCRETION	87,927.		87,927.	
c CAFETERIA AND CATERING	33,899.	15,422.	18,477.	
d UBI AND SALES TAX				
e All other expenses	273,744.	41,921.	231,823.	
25 Total functional expenses Add lines 1 through 24e	51,519,240.	35,599,583.	15,919,657.	
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)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	4,643,087.	1	2,193,141.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	199,834.	3	72,589.
	4	Accounts receivable, net	15,557,999.	4	12,881,591.
	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	1,780,633.	8	1,873,110.
	9	Prepaid expenses and deferred charges ATCH 4	2,971,235.	9	3,511,020.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 160,138,879.			
	b	Less accumulated depreciation — 10b: 32,955,589.	133,436,227.	10c	127,183,290.
	11	Investments - publicly traded securities ATCH 5	64,279,715.	11	71,592,503.
	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	72,000.	14	48,000.
	15	Other assets See Part IV, line 11	2,430,680.	15	2,612,501.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	225,371,410.	16	221,967,745.
Liabilities	17	Accounts payable and accrued expenses	12,998,497.	17	13,429,915.
	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	80,948,558.	25	71,567,401.
	26	**Total liabilities.** Add lines 17 through 25	93,947,055.	26	84,997,316.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	129,299,220.	27	135,302,539.
	28	Temporarily restricted net assets	1,296,710.	28	839,465.
	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	131,424,355.	33	136,970,429.
	34	Total liabilities and net assets/fund balances	225,371,410.	34	221,967,745.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,402,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,519,240.
3	Revenue less expenses Subtract line 2 from line 1	3	7,883,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,424,355.
5	Net unrealized gains (losses) on investments	5	816,031.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,153,047.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,970,429.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CORNING HOSPITAL	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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 from 2014 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 in 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)			
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	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
CORNING HOSPITAL	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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,701.
j Total Add lines 1c through 1i			8,701.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

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

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included in 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 [X] 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 [X] No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [X] No

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

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,051,432.	2,670,132.	3,010,269.	2,987,918.	1,219,754.
b Contributions	216,671.	261,506.	869,272.	236,423.	1,912,666.
c Net investment earnings, gains, and losses	-70.	-542.	1,681.	2,383.	18,673.
d Grants or scholarships					
e Other expenditures for facilities and programs	600,143.	879,664.	1,211,090.	216,455.	163,175.
f Administrative expenses					
g End of year balance	1,667,890.	2,051,432.	2,670,132.	3,010,269.	2,987,918.

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

a Board designated or quasi-endowment ▶ 30.0000 %
b Permanent endowment ▶ 49.6000 %
c Temporarily restricted endowment ▶ 20.4000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,409,185.		14,409,185.
b Buildings		101,953,747.	11,754,409.	90,199,338.
c Leasehold improvements		1,920,276.	1,440,615.	479,661.
d Equipment		41,855,671.	19,760,565.	22,095,106.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				127,183,290.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	2,329,185.
(3) ACCRUED PENSION COST	9,360,233.
(4) WORKERS COMP. AND LIABILITY	10,973,072.
(5) DUE TO RELATED PARTIES	459,823.
(6) DEFERRED INCOME	30,526.
(7) LOAN PAY GH - TAX EXEMPT BONDS	48,395,385.
(8) DEFERRED LIAB-RENT LT	11,099.
(9) CURRENT MATURITIES OF LT DEBT	8,078.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	71,567,401.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

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.

SCHEDULE D, PART X, LINE 2

TEXT OF FIN 48 DISCLOSURE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE CORPORATION TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE HOSPITAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICES ("IRS"). THE CORPORATION HAS CONCLUDED THAT AS OF DECEMBER 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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

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	X	
b	If "Yes," was it a written policy?	1b	X	
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 [X] 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care [X] 100% [ ] 150% [ ] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care [ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
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	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	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)			326,543.		326,543.	.63
b Medicaid (from Worksheet 3, column a)			7,462,860.	5,119,278.	2,343,582.	4.55
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			7,789,403.	5,119,278.	2,670,125.	5.18
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,721.		3,721.	.01
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)						
j Total. Other Benefits			3,721.		3,721.	.01
k Total Add lines 7d and 7j			7,793,124.	5,119,278.	2,673,846.	5.19

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	X	
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 4,391,714.			
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 3 326,543.			
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	15,603,249.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	23,616,759.
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,013,510.
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	X	
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	X	

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					

Part V Facility Information

How many hospital facilities did the organization operate during the tax year? 1

Section A. Hospital Facilities (list in order of size, from largest to smallest - see instructions) Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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			
2										
3										
4										
5										
6										
7										
8										
9										
10										

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)

Name of hospital facility or letter of facility reporting group CORNING HOSPITAL

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		X
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		X
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	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA. 20 15			
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	X	
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	X	
b	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	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) SEE SUPPLEMENTAL DISCLOSURE			
b	[ ] Other website (list url)			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2015			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url) SEE SUPPLEMENTAL DISCLOSURE			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group CORNING HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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)			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] 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?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) SEE SUPPLEMENTAL DISCLOSURE			
b	[X] 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)			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	X	
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	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group CORNING HOSPITAL

			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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged			
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?	21	X	
	If "No," indicate why			
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?	23		X
	If "Yes," explain in Section C			
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?	24		X
	If "Yes," explain in Section C			

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

PART V, SECTION B, LINE 5- INPUT FROM COMMUNITY

THE CORNING HOSPITAL ("CH") COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN WITH A REVIEW OF PRIMARY DATA SOURCES, SPECIFICALLY SURVEY AND FOCUS GROUP DATA THAT HAD BEEN COLLECTED THROUGHOUT 2015 AND EARLY 2016. DUE TO THE LIMITATIONS SURROUNDING HEALTH NEEDS PERCEPTIONS CONTAINED IN THIS COLLECTED INFORMATION FROM THE FIVE COUNTIES WE PRIMARILY RELIED ON SECONDARY DATA SOURCES FOR THIS ASSESSMENT. THE SECONDARY DATA SOURCES INCLUDED THE MOST RECENT COUNTY HEALTH RANKINGS AND DATA COLLECTED THROUGH THE STRATEGIC MARKETING DEPARTMENT (DEMOGRAPHIC INFORMATION, DISCHARGE DATA, ETC). RECENT INDICATORS OF HEALTH WERE COLLECTED FROM COMMUNITY COMMONS AND COMPARED TO COUNTY, STATE, NATIONAL AND HEALTHY PEOPLE 2020 REFERENCE DATA. ALL INFORMATION WAS ASSEMBLED AND A CHNA GROUP CONSISTING OF COMMUNITY MEMBERS, HEALTH CARE PROVIDERS (PHYSICIANS AND NURSES), ADMINISTRATORS AND AN INDIVIDUAL WITH EXPERIENCE IN PUBLIC HEALTH WAS INVITED TO REVIEW THE FINDINGS. THE DATA WAS STRATIFIED INTO THREE CATEGORIES WHICH INCLUDED CLINICAL CARE, HEALTH BEHAVIORS AND HEALTH OUTCOMES. WITHIN THE TWO COUNTIES THAT COMPRISE THE PRIMARY SERVICE AREA FOR CH FORTY-TWO INDICATORS OF HEALTH WERE IDENTIFIED TO BE BELOW OR ABOVE THE STATE, US OR HEALTHY PEOPLE 2020 GOAL. ONCE THESE FORTY-TWO INDICATORS WERE IDENTIFIED THEY WERE ASSIGNED A SCORE USING THE HANLON METHOD BY THE CHNA GROUP. IN ADDITION TO THE CHNA GROUP THE CHNA REPORT IN ITS ENTIRETY WAS SHARED DURING REGULAR MEETINGS WITH THE S2AY RURAL HEALTH NETWORK EAST CENTRAL DIVISION OF THE AMERICAN CANCER SOCIETY, TIOGA PARTNERSHIP FOR COMMUNITY HEALTH, AND THE CHEMUNG,

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

SCHUYLER, AND STEUBEN HEALTH DEPARTMENTS FOR THEIR REVIEW, INPUT, AND SOLICITATION OF WRITTEN COMMENTS.

PART V, SECTION B, LINE 6A & 6B- JOINT CHNA

THE CHNA WAS CONDUCTED WITH OTHER HOSPITALS AND OTHER ORGANIZATIONS. ST. JAMES MERCY HOSPITAL WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. IRA DAVENPORT MEMORIAL HOSPITAL WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. ARNOTHEALTH- WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. THE MEMBERS OF THE TEAM HAVE AGREED TO MEET ON A REGULAR BASIS TO ENSURE THAT THE INITIATIVES OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY SERVICE PLANS ARE IMPLEMENTED, MONITORED, AND EVALUATED. ----------

PART V, SECTION B, LINE 7 & 10- CHNA & IMP. PLAN PUBLIC AVAILABILITY

A COPY OF THE ORGANIZATION'S CHNA CAN BE FOUND AT:

HTTPS://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/CH_CHNA_JULY216.PDF

A COPY OF THE ORGANIZATION'S IMPLEMENTATION PLAN CAN BE FOUND AT:

HTTPS://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/CH_IMPLEMENTATIONPLANS_JULY201

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.

6.PDF

PART V, SECTION B, LINE 11- ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA

FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING:

HTTPS://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/CH_IMPLEMENTATIONPLANS_JULY201 6.PDF

DUE TO RESOURCE LIMITATIONS, THE FOLLOWING IDENTIFIED NEEDS WERE NOT ABLE TO BE ADDRESSED IN THE IMPLEMENTATION PLAN:

* CANCER MORTALITY
* HEART DISEASE MORTALITY AND PREVALENCE

PART V, SECTION B, LINE 16A & 16B- FAP PUBLIC AVAILABILITY

A COPY OF THE ORGANIZATION'S FAP CAN BE FOUND AT:

HTTPS://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/THE%20GUTHRIE%20CLINIC%20CHARI TY%20CARE%20POLICY%202016.PDF

A COPY OF THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND AT:

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

HTTPS://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/2017%20CHARITY%20CARE%20APPLIC

ATION_0.PDF

PART V, SECTION B, LINE 22(D)- DETAIL OF MAXIMUM CHARGES

ALL PATIENTS ARE BILLED BASED ON THE CHARGES ESTABLISHED IN THE HOSPITAL'S CHARGEMASTER. DISCOUNTS ARE GIVEN IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY FOR THOSE WHO ARE UNINSURED. A PROMPT PAY DISCOUNT IS GIVEN TO THOSE WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE. ADDITIONAL DISCOUNTS ARE CONSIDERED ON A CASE BY CASE BASIS DEPENDING ON THE PATIENT'S SITUATION AND THE TOTAL AMOUNT DUE TO THE HOSPITAL.

UNINSURED PATIENTS OF CORNING HOSPITAL THAT QUALIFY FOR ASSISTANCE UNDER THE FAP ARE CHAGED BASED UPON INCOME ELIGIBILITY WHEREBY THE FOLLOWING GUIDELINES ARE APPLIED:

INCOME AS % OF FPG	0-100%	101-200%	201-300%
% OF CHARGE WRITTEN OFF	100%	80%	50%

PART V, SECTION B, LINES 15-22 - IRC SECTION 501(R) REGULATIONS

PLEASE NOTE THAT THIS ORGANIZATION'S TAX YEAR BEGAN JULY 1, 2015, WHILE THE FINAL REGULATIONS UNDER IRC SECTION 501(R) WERE EFFECTIVE FOR TAX

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

YEARS BEGINNING AFTER DECEMBER 29, 2015. AS A RESULT, THIS ORGANIZATION

WAS IN COMPLIANCE WITH THE FINAL IRC SECTION 501(R) REGULATIONS AS OF

7/1/2016.

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

SUPPLEMENTAL DISCLSOURES

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.

Part VI Supplemental Information

Provide the following information

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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 8 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

PART III, SECTION C, 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

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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

COLLECTION.

PART VI, LINE 2- NEEDS ASSESSMENT

DESCRIPTION OF SERVICE AREA- CORNING 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.

A COMMUNITY HEALTH ASSESSMENT WAS RECENTLY COMPLETED FOR THE PERIOD OF 2016 TO 2018 FOR THE COUNTIES OF THE S2AY RURAL HEALTH NETWORK(SENECA, SCHUYLER, STEUBEN, ONTARIO, WAYNE AND YATES) AND CONTINUES TO BE USED TO IDENTIFY AND COMPARE DATA BETWEEN NETWORK COUNTIES, DEVELOP COMMON OBJECTIVES AND IDENTIFY COLLABORATIVE OPPORTUNITIES. SIMILARLY, A BROADER-BASED COMMUNITY HEALTH ASSESSMENT WAS COMPLETED FOR ALL GUTHRIE

Part VI Supplemental Information

Provide the following information

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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

HOSPITALS RELATIVE TO THE COMMUNITIES THEY SERVE. THE PRIORITIES SELECTED

BY STEUBEN COUNTY HEALTH PRIORITIES TEAM (SMART STEUBEN)CONTINUE TO ALIGN

WITH THE HOSPITAL'S CURRENT EFFORTS TO INSURE THAT COMMUNITY HEALTH NEEDS

ARE MET AS WELL AS GUIDE NEW INITIATIVES UNDER DISCUSSION WITH

COMMUNITYPARTNERS.

THE PRIORITY AREAS BEING ADDRESSED BY GUTHRIE CORNING HOSPITAL ARE:

1) REDUCE OBESITY IN ADULTS AND CHILDREN

2) PREVENT CHRONIC DISEASE

PART VI, LINE 3- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS ARE AWARE OF CHARITY CARE ASSISTANCE AND ELIGIBILITY THROUGH

SIGNAGE AND HANDOUT MATERIALS.

Part VI Supplemental Information

Provide the following information

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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

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

Part VI Supplemental Information

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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

Part VI Supplemental Information

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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

Part VI Supplemental Information

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STUBS -RECEIPTS AS REFERENCED IN THE FINANCIAL ASSISTANCE APPLICATION

-LATEST FEDERAL INCOME TAX RETURN -MEDICAID DENIAL LETTER (IF

APPLICABLE) -HEALTH SAVINGS ACCOUNT (HSS) 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

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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 YOUR APPLICATION IS

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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

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.

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

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

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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.

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

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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.

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.

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

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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

Part VI Supplemental Information

Provide the following information

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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

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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

Part VI Supplemental Information

Provide the following information

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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

Part VI Supplemental Information

Provide the following information

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ASSISTING THE STEUBEN COUNTY PUBLIC HEALTH EDUCATORS IN BRINGING THIS

IMPORTANT INFORMATION TO PARENTS THROUGHOUT STEUBEN COUNTY.

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.

PART VI, LINE 7- STATE FILING OF COMMUNITY BENEFIT REPORT

NY

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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.

OMB No 1545-0047

2015

Open To Public Inspection

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	2.	50,068.	FMV
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 ▶(ATCH 1)		3.	1,305.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
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		X
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	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.** Complete this part to 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

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FLORAL ARRANGEMENT	X	1.	540.	FMV
LIMOUSINE SERVICE	X	1.	510.	FMV
SIGNAGE	X	1.	255.	FMV
TOTALS		3.	1,305.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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 SUBSIDARY 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(COLLECTIVELYREFFERED TO AS "GUTHRIE"), THE GUTHRIE CLINIC PROVIDES CHARITABLE COMMUNITY-BASED HEALTH CARE SERVICES AND PROGRAMS TO

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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 GUTHRIEE 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 COMMINITY NEEDS. GUTHRIE SEEKS TO BE THE PROVIDER OF CHOICE FOR PATIENTS IN THE TWIN TIER REGION, AND TO BERECOGNIZED 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

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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 RERSPECTIVELY.

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

Name of the organization	Employer identification number
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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 VALIDATEPATIENTS' 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 MILLIONN IN 2016 AND 2015, RESPECTIVELY. THE TOTAL COST TO GUTHRIEE 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,

Name of the organization	Employer identification number
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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 LEVELII 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 LEVEL1 FACILITY UNDER THE BARIATRIC SURGERY CENTER

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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 STERETACTIC 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 METHODOLOGIÈS 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 EFORT IS MADE TO PROVIDE PERSONAL, COMPASSIONATE MEDICAL CARE. THE GMG OPERATESS A REGIONAL OFFICE NETWORK IN 23 COMMUNITIES IN PENNSYLVANIA AND NEW YORK, ENCOMPASSING ALL THE

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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 GROUP PRACTICE.

*DEVELOPMENT OF AN INTEGRATED SYSTEM THAT PROVIDES A CONTINUUM OF CARE

*PROVISION OF LOCAL ACCESS TO CARE THROUGH SUPPORT OF A REGIONAL MEDICAL OFFICE NETWORK.

*PROVISION OF SERVICES TO A DISTINCT GEOGRAPHIC REGION.

*PROACTIVE OPERATIONS.

THE GMG, THROUGH THE PROVISION OF PRIMARY CARE SERVICES WITH EASE OF ACCESS TO SPECIALTY AND SUB-SPECIALTY CARE, FOCUSES ON MAKING AN INTEGRATED SYSTEM OF HEALTH CARE EASILY ACCESSIBLE TO PATIENTS. WITH ITS PRIMARY CONCERN THE DIAGNOSIS AND TREATMENT OF DISEASE AND ILLNESS, IT ALSO SEEKS TO ACTIVELY IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH PREVENTION, HEALTH SCREENINGS AND EDUCATION. THE GMG WELCOMES ANY PATIENT SEEKING CARE.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERSHIP INFORMATION

THE GUTHRIE CLINIC IS THE SOLE MEMBER OF CORNING HOSPITAL.

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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 APPROVAL RIGHTS OF CERTAIN BOARD DECISIONS.

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

Name of the organization: CORNING HOSPITAL

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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.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION REVIEW AND APPROVAL

Name of the organization	Employer identification number
CORNING HOSPITAL	16-0393490

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.

FORM 990, PART XI, LINE 9
RECONCILIATION OF NET ASSETS
DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

MINIMUM PENSION FUND LIABILITY	($7,247,101)
DECREASE IN TEMP RESTICTED NET ASSETS	($549,999)
EQUITY TRANSFER TO/FROM AFFILIATES	$4,644,053
TOTAL	($3,153,047)

Name of the organization: CORNING HOSPITAL

Employer identification number: 16-0393490

ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 7,535 AND OUTPATIENT VISITS OF 67,142 DURING THE FIRST SIX MONTHS OF 2016. 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.

Name of the organization: CORNING HOSPITAL

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ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
MAINTENANCE	760,219.	648,898.	111,321.	0.
COLLECTION	283,199.	0.	283,199.	0.
LABORATORY	311,070.	311,070.	0.	0.
CONSULTANTS	318,159.	95,730.	222,429.	0.
PHYSICIAN FEES	2,269,588.	2,106,499.	163,089.	0.
TEMPORARY STAFF	721,416.	721,416.	0.	0.
OTHER PURCHASED SERVICES	1,466,869.	1,076,315.	390,554.	0.
LAUNDRY	127,736.	127,736.	0.	0.
IS - INTERNAL	653,265.	0.	653,265.	0.
PHARMACY	23,224.	23,224.	0.	0.
TOTALS	6,934,745.	5,110,888.	1,823,857.	0.

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	2,971,235.	3,511,020.
TOTALS	2,971,235.	3,511,020.

ATTACHMENT 5

Name of the organization: CORNING HOSPITAL

Employer identification number: 16-0393490

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED SECURITIES	64,279,715.	71,592,503.	FMV
TOTALS	64,279,715.	71,592,503.	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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	(g) Section 512(b)(13) controlled entity? No
(1) THE GUTHRIE CLINIC 23-3055017 ONE GUTHRIE SQUARE SAYRE, PA 18840	SUPPORTING	PA	501 (C) (3)	11C,III	N/A		X
(2) GUTHRIE MEDICAL GROUP, PC 25-0815795 ONE GUTHRIE SQUARE SAYRE, PA 18840	HEALTHCARE	PA	501 (C) (3)	3	TGC		X
(3) SAYRE HOUSE OF HOPE 20-3979472 ONE GUTHRIE SQUARE SAYRE, PA 18840	HEALTHCARE	PA	501 (C) (3)	7	TGC		X
(4) ROBERT PACKARD HOSPITAL 24-0795463 ONE GUTHRIE SQUARE SAYRE, PA 18840	HEALTHCARE	PA	501 (C) (3)	3	TGC		X
(5) DONALD GUTHRIE FOUNDATION 24-6022957 200 S WILBUR AVE SAYRE, PA 18840	MED RESEARCH	PA	501 (C) (3)	4	TGC		X
(6) TROY COMMUNITY HOSPITAL, INC 24-0800337 275 GUTHRIE DR TROY, PA 16947	HEALTHCARE	PA	501 (C) (3)	3	TGC		X
(7) TIOGA HEALTHCARE FACILITY 15-0532257 ONE GUTHRIE SQUARE SAYRE, PA 18840	HEALTHCARE	NY	501 (C) (3)	3	TGC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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	(g) No
(1) GUTHRIE HOME CARE 23-2394345 421 TOMAHAWK RD TOWANDA, PA 18848	HOME HEALTH	PA	501 (C) (3)	9	TGC		X
(2) GUTHRIE RISK RETENTION GROUP 20-1090801 151 MEETING ST CHARLESTON, SC 29401	SUPPORTING	SC	501 (C) (3)	11A, I	TGC		X
(3) TIOGA NURSING FACILITY 22-2979677 ONE GUTHRIE SQUARE SAYRE, PA 18840	NURSING FAC.	NY	501 (C) (3)	3	TGC		X
(4) GUTHRIE TOWANDA MEMORIAL HOSPITAL 24-0786657 91 HOSPITAL DRIVE TOWANDA, PA 18848	HEALTHCARE	PA	501 (C) (3)	3	TGC		X
(5) THE MEMORIAL HOSPITAL FOUNDATION 65-1160811 91 HOSPITAL DRIVE TOWANDA, PA 18848	SUPPORTING	PA	501 (C) (3)	11A, I	GTMH		X
(6)							
(7)							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	(i) No
(1) TWIN TIER MANAGEMENT CORP, INC 23-2209439 PO BOX 310 SAYRE, PA 18840	MANAGEMENT CO	PA	N/A	C CORP					X
(2) CORNING PROPERTIES, INC 38-3977095 1 GUTHRIE DRIVE CORNING, NY 14830	REAL ESTATE HOLD	NY	N/A	C CORP	-934,275	1,028,734	100 0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
b Gift, grant, or capital contribution to related organization(s)	1b			X
c Gift, grant, or capital contribution from related organization(s)	1c			X
d Loans or loan guarantees to or for related organization(s)	1d			X
e Loans or loan guarantees by related organization(s)	1e			X
f Dividends from related organization(s)	1f			X
g Sale of assets to related organization(s)	1g			X
h Purchase of assets from related organization(s)	1h			X
i Exchange of assets with related organization(s)	1i			X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			X
o Sharing of paid employees with related organization(s)	1o		X	
p Reimbursement paid to related organization(s) for expenses	1p			X
q Reimbursement paid by related organization(s) for expenses	1q			X
r Other transfer of cash or property to related organization(s)	1r		X	
s Other transfer of cash or property from related organization(s)	1s			X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CORNING PROPERTIES, INC.	R	4,644,053.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)