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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE GUTHRIE CLINIC

% MICHELE SISTO

Doing business as

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

GUTHRIE SQUARE

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

SAYRE, PA 18840

F Name and address of principal officer

JOSEPH SCOPELLITI MD

GUTHRIE SQUARE

SAYRE, PA 18840

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 ▶

D Employer identification number

23-3055017

E Telephone number

(570) 887-4625

G Gross receipts \$ 121,145,072

I Tax-exempt status

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

J Website: ▶ WWW.GUTHRIE.ORG

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

L Year of formation 2000

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE GUTHRIE CLINIC IS DEDICATED TO PROVIDING ACCESSIBLE HEALTH CARE THAT MEETS THE NEEDS OF THE PEOPLE AND COMMUNITIES IT SERVES

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

726,853

Current Year

3,045,570

63,848,095

74,055,752

1,400,561

781,864

930,350

2,243,272

66,905,859

80,126,458

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶996,250

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

0

26,093,217

0

0

33,769,561

36,985,373

0

0

27,940,227

36,151,049

61,709,788

99,229,639

5,196,071

-19,103,181

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

477,716,261

516,620,815

302,491,937

293,274,358

175,224,324

223,346,457

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

2019-05-15

Date

JOSEPH SCOPELLITI CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ANTONIO C RUSSO

Preparer's signature

ANTONIO C RUSSO

Date

2019-05-14

Check ☐ if self-employed

PTIN

P00858539

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE GUTHRIE CLINIC IS DEDICATED TO PROVIDING ACCESSIBLE HEALTH CARE THAT MEETS THE NEEDS OF THE PEOPLE AND COMMUNITIES IT SERVES

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 \$ 92,375,433	including grants of \$ 26,093,217)	(Revenue \$ 74,715,437)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	92,375,433
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	211	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	518
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶MICHELE SISTO ONE GUTHRIE SQUARE SAYRE, PA 18840 (570) 887-4625

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

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

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

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

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

[illegible]

[illegible]

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 ▶ 52

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
WELLIVER MCGUIRE INCORPORATED, 250 NORTH GENESEE STREET MONTAUR FALLS, NY 14865	CONTRACTOR SERVICES	1,583,276
EPIC SYSTEMS CORPORATION, BOX 88314 MILWAUKEE, IL 53288	CONSULTING/SOFTWARE	1,270,576
GRANT THORTON LLP, 201 S COLLEGE STREET SUITE 2500 CHARLOTTE, NC 28244	CONSULTING SERVICES	1,193,620
MAYO CLINIC, 200 FIRST STREET SW ROCHESTER, MN 55905	CONSULTING SERVICES	952,764
MEDASSETS INC., PO BOX 405652 ATLANTA, GA 30384	CONSULTING SERVICES	649,396

Form 990 (2017)

Part VIII Statement of RevenueCheck 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	9,147			
	d Related organizations	1d	15,319			
	e Government grants (contributions)	1e	137,912			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,883,192			
	g Noncash contributions included in lines 1a-1f \$ _____		15,619			
	h Total. Add lines 1a-1f ▶		3,045,570			
Program Service Revenue			Business Code			
	2a OPERATING REVENUES AND SUPPORT		541610	74,055,752	74,055,752	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		74,055,752			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		171,647			171,647
	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)	0	0			
	d Net rental income or (loss) ▶		0			
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		38,461,177	3,162,182		
	b Less cost or other basis and sales expenses		37,852,326	3,160,816		
	c Gain or (loss)		608,851	1,366		
	d Net gain or (loss) ▶		610,217			610,217
	8a Gross income from fundraising events (not including \$ <u>9,147</u> of contributions reported on line 1c) See Part IV, line 18 a			4,756		
	b Less direct expenses b			5,472		
	c Net income or (loss) from fundraising events . . . ▶			-716		-716
	9a Gross income from gaming activities See Part IV, line 19 a			0		
	b Less direct expenses b			0		
	c Net income or (loss) from gaming activities . . . ▶			0		
	10a Gross sales of inventory, less returns and allowances a			0		
b Less cost of goods sold b			0			
c Net income or (loss) from sales of inventory . . . ▶			0			
Miscellaneous Revenue		Business Code				
11a PURCHASE DISCOUNTS		900099	659,685	659,685		
b BOOKKEEPING SERVICES		541200	1,101		1,101	
c ALL OTHER REVENUE (MAINLY DISCONTINUED OPERATIONS)		900099	1,583,202		1,583,202	
d All other revenue						
e Total. Add lines 11a-11d ▶			2,243,988			
12 Total revenue. See Instructions ▶			80,126,458	74,715,437	1,101	2,364,350

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	26,093,217	26,093,217		
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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,178,298	1,998,371	179,927	
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.	27,809,144	25,103,903	2,249,822	455,419
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,296,993	1,175,582	105,870	15,541
9 Other employee benefits.	3,661,060	3,320,442	299,030	41,588
10 Payroll taxes.	2,039,878	1,840,421	165,742	33,715
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	92,381	84,749	7,632	
c Accounting.	195,464	179,315	16,149	
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).	8,886,270	7,936,381	714,275	235,614
12 Advertising and promotion.	2,489,989	2,283,438	205,640	911
13 Office expenses.	4,183,070	3,774,652	335,051	73,367
14 Information technology.	3,981,712	3,652,755	328,957	
15 Royalties.	0			
16 Occupancy.	2,250,227	2,052,422	184,835	12,970
17 Travel.	248,963	219,798	19,794	9,371
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	307,085	278,180	25,052	3,853
20 Interest.	3,001,075	2,753,135	247,940	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	7,657,224	7,001,947	630,576	24,701
23 Insurance.	198,838	182,411	16,427	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	175,894	161,362	14,532	
b CAFETERIA/CATERING	166,725	143,650	12,802	10,273
c OTHER	1,263,954	1,087,124	97,903	78,927
d MERGER AND ACQUISITION COSTS	1,052,178	1,052,178		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	99,229,639	92,375,433	5,857,956	996,250
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,926,731	1	16,149,578
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	186,215
	4	Accounts receivable, net		0	4	0
	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		306,357,464	7	335,695,925
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,827,081	9	4,985,004
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	138,488,538		
	b	Less: accumulated depreciation	10b	79,867,167		
				58,272,135	10c	58,621,371
	11	Investments—publicly traded securities		78,896,424	11	72,623,016
	12	Investments—other securities. See Part IV, line 11		6,921,465	12	7,382,665
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		17,514,961	15	20,977,041	
16	Total assets. Add lines 1 through 15 (must equal line 34)		477,716,261	16	516,620,815	
Liabilities	17	Accounts payable and accrued expenses		37,223,475	17	37,070,526
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		256,756,274	20	248,807,582
	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		8,512,188	25	7,396,250
	26	Total liabilities. Add lines 17 through 25		302,491,937	26	293,274,358
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		145,073,157	27	191,311,040
	28	Temporarily restricted net assets		29,943,920	28	31,778,170
	29	Permanently restricted net assets		207,247	29	257,247
	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		175,224,324	33	223,346,457
34	Total liabilities and net assets/fund balances		477,716,261	34	516,620,815	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,126,458
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,229,639
3	Revenue less expenses Subtract line 2 from line 1	3	-19,103,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	175,224,324
5	Net unrealized gains (losses) on investments	5	3,085,645
6	Donated services and use of facilities	6	
7	Investment expenses	7	-177,046
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	64,316,715
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	223,346,457

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-3055017

Name: THE GUTHRIE CLINIC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL W DONNELLY MD CHAIRMAN - BOD	1 0 1 0	X		X				0	0	0
TERENCE M DEVINE MD VICE CHAIRMAN - BOD	1 0 39 0	X		X				0	781,901	29,404
FREDERICK J BLOOM JR MD MEMBER - BOD	1 0 39 0	X						0	491,310	34,450
JOSEPH A SCOPELLITI MD CEO	35 8 4 2	X		X				0	790,898	29,404
PHILLIP J ROCHE THRU 92517 MEMBER - BOD	1 0 2 0	X						0	0	0
KAREN KIM MD MEMBER - BOD	1 0 39 0	X						0	297,228	14,175
H EUGENE LINDSEY MD MEMBER - BOD	1 0 1 0	X						0	0	0
KENNETH R LEVITZKY ESQ SECRETARY - BOD	1 0 4 0	X		X				0	0	0
DONALD HARTMAN MEMBER - BOD	1 0 1 0	X						0	0	0
DAVID PFISTERER MD MEMBER - BOD	1 0 39 0	X						0	365,337	34,450

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS TROSTLE MD MEMBER - BOD	1 0 39 0	X						0	688,539	29,404
ETHAN ARNOLD MPH MEMBER - BOD	1 0 1 0	X						0	0	0
JOAN M MARREN RN MEMBER - BOD	1 0 1 0	X						0	0	0
DOUGLAS HASTINGS THRU 111717 MEMBER - BOD	1 0 1 0	X						0	0	0
KATHERINE P DOUGLAS EDD MEMBER - BOD	1 0 1 0	X						0	0	0
DANIEL BROWN MD MEMBER - BOD	1 0 39 0	X						0	511,916	29,404
NADER MEHRAVARI PhD MEMBER - BOD	1 0 1 0	X						0	0	0
PHILIP RYAN CPA TREASURER	39 0 1 0			X				493,242	0	29,888
PAUL VERVALIN EVP-COO	38 8 1 2				X			447,016	0	35,971
FRANCIS PINKOSKY EVP - CHIEF HR OFFICER	40 0 0 0				X			276,525	0	22,656

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD SKERPON EVP - CHIEF STRATEGY OFFCR-COS	40 0 0 0				X			211,798	0	18,791
NORBERTO ROBLES CIO, INFORMATION SERVICES	40 0 0 0				X			342,108	0	23,510
CATHERINE MOHR EVP-CHIEF NURSING OFFICER	40 0 0 0				X			246,423	0	30,370
SCOTT SILVESTRI VP, HOSPITAL FINANCIAL OPS	40 0 0 0					X		268,627	0	34,368
STACI COVEY SVP POST ACUTE	40 0 0 0					X		216,814	0	27,098
ANN PARIS OF COUNSEL	40 0 0 0					X		214,278	0	19,613
LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	40 0 0 0					X		214,277	0	32,159
ANITA KINGBAUER VP, PLANNING & CONSTRUCTION	40 0 0 0					X		204,360	0	24,023

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

THE GUTHRIE CLINIC

Employer identification number

23-3055017

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

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

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☒

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

☐

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

☐

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

☐

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

Enter the number of supported organizations

10
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	10				26,093,217	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

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

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)		
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	Yes	No
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.	Yes	No
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 1	THE LANGUAGE OF THE ORGANIZATIONS BYLAWS PROVIDE THAT THE GUTHRIE CLINIC'S ("TGC") PURPOSE IS TO ACT AS THE PARENT OF AN INTEGRATED SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM, WHICH PRESENTLY CONSISTS OF TGC AND ALL OTHER ENTITIES THAT ARE DIRECTLY OR INDIRECTLY CONTROLLED BY TGC, INCLUDING THOSE ENTITIES SPECIFICALLY LISTED HEREIN AND SUCH ADDITIONAL ENTITIES THAT ARE OR BECOME PART OF SUCH INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE FOLLOWING SUPPORTED ENTITIES, WHICH ARE PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM, ARE NOT SPECIFICALLY LISTED IN TGCS GOVERNING DOCUMENTS: TIOGA HEALTHCARE FACILITY, TIOGA NURSING FACILITY, GUTHRIE TOWANDA MEMORIAL HOSPITAL. ALL OF THE ABOVE SUPPORTED ORGANIZATIONS NOT LISTED BY NAME IN TGCS GOVERNING DOCUMENTS ARE PART OF TGCS INTEGRATED HEALTH CARE DELIVERY SYSTEM. ACCORDINGLY, THEY ARE DESIGNATED BY CLASS BECAUSE THEY ARE PART OF TGCS INTEGRATED HEALTH CARE DELIVERY SYSTEM AND ARE DIRECTLY CONTROLLED BY TGC. FORM 990, SCHEDULE A, PART IV, SECTION C, LINE 1: DETAIL OF POWER TO APPOINT A MAJORITY OF THE OFFICERS, DIRECTORS, OR TRUSTEES OF EACH SUPPORTED ORGANIZATION: THE BOARD OF DIRECTORS OF THE GUTHRIE CLINIC, ACTING AS SOLE MEMBER OF THE CORPORATIONS, SHALL HAVE AND EXERCISE FINAL AUTHORITY WITH RESPECT TO APPOINTMENT OF ALL INDIVIDUALS WHO SERVE THE CORPORATIONS AS MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, AS TRUSTEES, AND AS MEMBERS OF OTHER BOARDS AND COMMITTEES.

990 Schedule A, Supplemental Information

Return Reference	Explanation
ADDITIONALLY, THE BOARD OF DIRECTORS OF TGC, ACTING AS SOLE MEMBER	OF THE CORPORATIONS, SHALL HAVE AND EXERCISE FINAL AUTHORITY WITH RESPECT TO (A) APPROVAL OF FINANCIAL MATTERS INCLUDING THE ANNUAL OPERATING AND CAPITAL BUDGET OF EACH SUPPORTING CORPORATION, THE CORPORATION'S STRATEGIC PLAN, INCURRENCE OF DEBT, TRANSFER OF ASSETS, SELECTION, RETENTION, AND TERMINATION OF EXTERNAL AUDITORS, AND PARTICIPATION IN KEY STRATEGIC ALLIANCES, AFFILIATIONS, AND OTHER KEY RELATIONSHIPS WITH THIRD PARTIES, (B) ESTABLISHING EACH SUPPORTING CORPORATION'S MISSION, VISION AND VALUES, AND (C) APPROVAL OF ANY AMENDMENT TO THE ARTICLES OF INCORPORATION, BYLAWS OR OTHER GOVERNING INSTRUMENTS, MERGER, CONSOLIDATION, DIVISION, LIQUIDATION, DISSOLUTION, CONVERSION, DISPOSITION OF SUBSTANTIALLY ALL ASSETS AND ALL OTHER TRANSACTIONS OF THE SUPPORTING CORPORATIONS, AS DESCRIBED IN NONPROFIT CORPORATION LAW OF 1988, 15 PA C S A 5901 ET SEQ

Additional Data

Software ID:
Software Version:
EIN: 23-3055017
Name: THE GUTHRIE CLINIC

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ROBERT PACKER HOSPITAL	240795463	3	Yes		0	0
(A) DONALD GUTHRIE FOUNDATION	246022957	4	Yes		0	0
(B) TIOGA HEALTHCARE FACILITY	150532257	3	Yes		0	0
(C) TIOGA NURSING FACILITY	222979677	3	Yes		0	0
(D) GUTHRIE HOME CARE	232394345	4	Yes		0	0
(E) TROY COMMUNITY HOSPITAL	240800337	3	Yes		0	0
(F) CORNING HOSPITAL	160393490	3	Yes		0	0
(G) GUTHRIE MEDICAL GROUP PC	250815795	4	Yes		26,093,217	0
(H) SAYRE HOUSE OF HOPE	203979472	3	Yes		0	0
(I) GUTHRIE TOWANDA MEMORIAL HOSPITAL	240786657	3	Yes		0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

Employer identification number
23-3055017

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,461,201		4,461,201
b Buildings		37,005,453	17,297,350	19,708,103
c Leasehold improvements		9,311,989	4,539,024	4,772,965
d Equipment		81,497,644	58,030,793	23,466,851
e Other		6,212,251		6,212,251
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				58,621,371

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	0
SWAP CONTRACT PAYABLE 2007	986,816
DEFERRED REVENUE FINANCING COS	607,940
DEFERRED LIABILITY CAP INTERES	1,131,396
SWAP CONTRACT PAYABLE 2007 PAS	1,590,634
ACCD EXP WORKERS COMP LT	1,297,497
ACCD EXP PROF LIABILITY LT	1,443,191
OTHER LIABILITIES	338,776
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,396,250

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

☒

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-3055017
Name: THE GUTHRIE CLINIC

Supplemental Information

Return Reference	Explanation
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 CORPORATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE THE CORPORATION HAS CONCLUDED THAT AS OF JUNE 30, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GUTHRIE CLINIC

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-3055017

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		112,247,571
(2)					
(3)					
(4)					
(5)					
3a Sub-total					112,247,571
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					112,247,571

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F), ITEM #1	DETAIL OF INVESTMENTS THE GUTHRIE CLINIC ("TGC") SERVES AS THE PARENT OF AN INTEGRATED IRC SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM THE INVESTMENT AMOUNT REPORTED IN COLUMN (F) REPRESENTS THE TOTAL POOLED INVESTMENT FUNDS OF TGC AND ITS AFFILIATES TGC ALLOCATES SUCH INVESTMENT AMONG ITS AFFILIATES PURSUANT TO AN INVESTMENT POOLING ARRANGEMENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GUTHRIE CLINIC

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-3055017

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GUTHRIE MEDICAL GROUP PC ONE GUTHRIE SQUARE SAYRE, PA 18840	25-0815795	501(C)(3)	26,093,217				SUPPORT

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

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

0

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF GRANT PROGRAMS THE GUTHRIE CLINIC ("TGC") PERFORMS ACTIVITIES FOR THE EXCLUSIVE SUPPORT AND BENEFIT OF THE SUPPORTED ORGANIZATIONS LISTED ON FORM 990, SCHEDULE A ALL GRANTS WERE MADE EXCLUSIVELY TO TGC'S SUPPORTED ORGANIZATIONS IN DIRECT SUPPORT OF THEIR CHARITABLE MISSIONS

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2017 Open to Public Inspection	
	Department of the Treasury Internal Revenue Service	Name of the organization THE GUTHRIE CLINIC	Employer identification number 23-3055017

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

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

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

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE GUTHRIE CLINIC ("TGC") MAY PROVIDE TAX GROSS-UP PAYMENTS UNDER CERTAIN CIRCUMSTANCES WITH APPROPRIATE APPROVAL. TGC DOES NOT GENERALLY PROVIDE TAX INDEMNIFICATIONS. HOUSING ALLOWANCES DURING THE TAX YEAR, TGC PROVIDED A HOUSING ALLOWANCE IN THE AMOUNT OF \$10,963 TO PHILIP RYAN, WHICH IS INCLUDED IN BASE COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN (B)(I) -----
FORM 990, SCHEDULE J, PART I, LINE 3	TOP MANAGEMENT COMPENSATION THE ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF THE METHODS DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIALS' COMPENSATION. EXECUTIVE COMPENSATION IS GENERALLY ESTABLISHED WITHIN A WRITTEN EMPLOYMENT AGREEMENT. COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC COMPENSATION COMMITTEE AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS. FOR NON-PHYSICIAN OFFICERS OF THE ORGANIZATION, COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC COMPENSATION COMMITTEE, AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS. THE PHYSICIAN OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE COMPENSATED BY GUTHRIE MEDICAL GROUP P C. COMPENSATION FOR THOSE INDIVIDUALS IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC PHYSICIAN MANAGEMENT COUNCIL AND THE GUTHRIE CLINIC COMPENSATION COMMITTEE, AND SUBSEQUENTLY APPROVED BY THE GUTHRIE CLINIC BOARD OF DIRECTORS. ALSO, AN ANNUAL REVIEW OF GUTHRIE MEDICAL GROUP P C 'S EXECUTIVE OFFICER AND PHYSICIAN COMPENSATION IS CONDUCTED BY AN OUTSIDE CONSULTING FIRM -----
FORM 990, SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION THE GUTHRIE CLINIC ("TGC") HAS ESTABLISHED AN EMPLOYEE BENEFIT PLAN KNOWN AS THE GUTHRIE CLINIC 457(F) DEFERRED COMPENSATION PLAN (THE "PLAN") WHICH IS DESIGNED TO PROVIDE ELIGIBLE EMPLOYEES WITH DEFERRED COMPENSATION BENEFITS IN RECOGNITION OF THEIR DEDICATED AND VALUABLE SERVICE TO TGC. THE PLAN IS INTENDED TO BE AN INELIGIBLE DEFERRED COMPENSATION PLAN AS DESCRIBED IN SECTION 457(F) OF THE INTERNAL REVENUE CODE. EACH CONTRIBUTION VESTS AFTER THREE YEARS OF EMPLOYMENT PROVIDED THE PARTICIPANT REMAINS CONTINUOUSLY EMPLOYED. A PARTICIPANT SHALL BECOME FULLY VESTED IN THE PARTICIPANTS 457(F) ACCOUNT BENEFIT UPON ATTAINING AGE 62, WITH 5 YEARS OF SERVICE. TGC SHALL DISTRIBUTE THE PARTICIPANTS 457(F) ACCOUNT BENEFIT, LESS TAXES WITHHELD, THIRTY DAYS AFTER THE PARTICIPANT FIRST BECOMES VESTED IN THE PLAN. FOR YEARS SUBSEQUENT TO A PARTICIPANT ATTAINING AGE 62, THE PARTICIPANT SHALL BE ENTITLED TO THE PARTICIPANTS DEFERRED COMPENSATION AMOUNT AS OF JULY 1ST IMMEDIATELY SUBSEQUENT TO THE DATE WHEN CREDITED. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE PLAN DURING THE YEAR AND/OR RECEIVED DISTRIBUTIONS DURING THE YEAR: JOSEPH SCOPELLITI - \$62,115 FREDRICK BLOOM NO DISTRIBUTION PHILIP RYAN NO DISTRIBUTION PAUL VERVALIN NO DISTRIBUTION FRANCIS PINKOSKY NO DISTRIBUTION CATHERINE MOHR NO DISTRIBUTION DONALD SKERPON NO DISTRIBUTION NORBERTO ROBLES NO DISTRIBUTION

Additional Data

Software ID:

Software Version:

EIN: 23-3055017

Name: THE GUTHRIE CLINIC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TERENCE M DEVINE MD VICE CHAIRMAN - BOD	(i)	0	0	0	0	0	0	0
	(ii)	781,901	0	0	17,550	11,854	811,305	0
1FREDERICK J BLOOM JR MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	472,721	18,589	0	16,200	18,250	525,760	0
2JOSEPH A SCOPELLITI MD CEO	(i)	0	0	0	0	0	0	0
	(ii)	734,132	55,236	1,530	17,550	11,854	820,302	0
3KAREN KIM MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	287,853	9,375	0	14,175	0	311,403	0
4DAVID PFISTERER MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	339,635	25,702	0	16,200	18,250	399,787	0
5DOUGLAS TROSTLE MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	612,779	75,760	0	17,550	11,854	717,943	0
6PAUL VERVALIN EVP-COO	(i)	429,675	17,156	185	16,200	19,771	482,987	0
	(ii)	0	0	0	0	0	0	0
7FRANCIS PINKOSKY EVP - CHIEF HR OFFICER	(i)	265,731	10,419	375	16,200	6,456	299,181	0
	(ii)	0	0	0	0	0	0	0
8DONALD SKERPON EVP - CHIEF STRATEGY OFFCR-COS	(i)	204,609	7,189	0	12,708	6,083	230,589	0
	(ii)	0	0	0	0	0	0	0
9NORBERTO ROBLES CIO, INFORMATION SERVICES	(i)	330,733	11,375	0	17,550	5,960	365,618	0
	(ii)	0	0	0	0	0	0	0
10DANIEL BROWN MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	491,916	20,000	0	17,550	11,854	541,320	0
11SCOTT SILVESTRI VP, HOSPITAL FINANCIAL OPS	(i)	257,067	11,560	0	16,118	18,250	302,995	0
	(ii)	0	0	0	0	0	0	0
12STACI COVEY SVP POST ACUTE	(i)	210,927	5,887	0	15,244	11,854	243,912	0
	(ii)	0	0	0	0	0	0	0
13ANN PARIS OF COUNSEL	(i)	130,240	10,576	73,462	16,137	3,476	233,891	0
	(ii)	0	0	0	0	0	0	0
14LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	(i)	207,286	6,421	570	13,909	18,250	246,436	0
	(ii)	0	0	0	0	0	0	0
15ANITA KINGBAUER VP, PLANNING & CONSTRUCTION	(i)	193,063	9,748	1,549	12,169	11,854	228,383	0
	(ii)	0	0	0	0	0	0	0
16CATHERINE MOHR EVP-CHIEF NURSING OFFICER	(i)	237,898	8,525	0	14,785	15,585	276,793	0
	(ii)	0	0	0	0	0	0	0
17PHILIP RYAN CPA TREASURER	(i)	449,420	14,244	29,578	16,200	13,688	523,130	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
THE GUTHRIE CLINIC

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-3055017

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH CARE FACILITIES AUTH OF SAYRE	23-6633733	805777JA8	04-03-2007	187,455,000	REFUND BONDS - 2/02 & 3/02		X		X		X
B CENTRAL BRADFORD PROGRESS AUTHORITY	23-2735865	152691AP6	09-08-2011	103,722,134	CONSTRUCT FACILITIES & REFUND 2/02		X		X		X
C CENTRAL BRADFORD PROGRESS AUTHORITY	23-2375865	XXXXXXXXXX	10-18-2012	50,000,000	CONSTRUCT FACILITIES		X		X		X
D CENTRAL BRADFORD PROGRESS AUTHORITY	23-2735865	XXXXXXXXXX	12-20-2016	47,235,000	REFUND BONDS DATED 09/01/2011		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				135,315,000		1,855,000		0		880,000	
2	Amount of bonds legally defeased				0		0		0		0	
3	Total proceeds of issue				222,433,593		103,792,613		50,000,000		47,235,000	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				9,954		12,320,595		0		0	
6	Proceeds in refunding escrows				0		0		0		0	
7	Issuance costs from proceeds				1,727,367		1,692,392		352,500		201,773	
8	Credit enhancement from proceeds				0		0		0		0	
9	Working capital expenditures from proceeds				0		40,800		0		0	
10	Capital expenditures from proceeds				0		78,217,249		49,640,000		0	
11	Other spent proceeds				220,696,271		11,521,578		0		47,015,000	
12	Other unspent proceeds				0		0		7,500		18,227	
13	Year of substantial completion				2007		2014		2015		2016	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?				X			X		X		X
16	Has the final allocation of proceeds been made?				X			X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X				X	
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 020 %		0 %		0 020 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 020 %		0 %		0 020 %	
7 Does the bond issue meet the private security or payment test? . . .				X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 %		0 %		0 %		0 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	JP MORGAN CHASE		0		0		0	
c Term of hedge	2470 %							
d Was the hedge superintegrated?		X						X
e Was the hedge terminated?		X						X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II, LINE 3 COLUMNS A&B THE TOTAL PROCEEDS FROM ISSUE THE TOTAL PROCEEDS OF ISSUE REPORTED EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS NOTE FOR COLUMN A THESE INVESTMENT EARNINGS MATCHED THE GUIDELINES OF THE VERIFICATION REPORT COMPLETED AT ISSUANCE ----- - PART II, LINE 11, COLUMNS A&B DETAIL OF OTHER SPENT PROCEEDS AMOUNTS INCLUDED IN OTHER SPENT PROCEEDS REPRESENT ANY REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER HELD IN ESCROW ----- ----- PART IV, LINE 2(C) REBATE CALCULATION DATE COLUMN A A REBATE CALCULATION WAS PERFORMED ON 12/1/2011 THIS WAS THE FINAL ARBITRAGE REBATE CALCULATION, AS WELL PROCEEDS WERE SPENT AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS COLUMN B A REBATE CALCULATION WAS PERFORMED ON 8/31/2016

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

Employer identification number

23-3055017

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ETHAN ARNOLD	MEMBER-BOARD OF DIRECTORS	158,615	STRGIC PLAN ENGAG-CHARTIS GRP		No
(2) DOUGLAS A HASTINGS	MEMBER-BOARD OF DIRECTORS	68,551	LEGAL WORK-EPSTEIN BECKER & GR		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493135030439
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization THE GUTHRIE CLINIC	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
		Employer identification number 23-3055017	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE GUTHRIE CLINIC IS A NONPROFIT HEALTH CARE ORGANIZATION INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES THE GUTHRIE CLINIC (TGC) ACTS AS THE PARENT OF AN INTEGRATED SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM, CONSISTING OF THE CORPORATION AND OTHER DIRECTLY AND INDIRECTLY CONTROLLED ENTITIES (SEE FORM 990, SCHEDULE R, FOR A LISTING OF THE AFFILIATES OF TGC) INCLUDING BUT NOT LIMITED TO GUTHRIE MEDICAL GROUP, P C (GMG) AND ROBERT PACKER HOSPITAL (RPH) THROUGH THE ACTIVITIES OF GMG, RPH AND ITS OTHER AFFILIATES (COLLECTIVELY REFERRED TO AS "GUTHRIE"), THE GUTHRIE CLINIC PROVIDES CHARITABLE COMMUNITY-BASED HEALTH CARE SERVICES AND PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES SERVED BY ITS FACILITIES AND PROVIDERS THESE CHARITABLE ACTIVITIES INCLUDE PROVIDING PRIMARY CARE AND SPECIALTY PHYSICIAN SERVICES, AS WELL AS OPERATING A TERTIARY CARE TEACHING HOSPITAL, COMMUNITY HOSPITALS, A RESEARCH INSTITUTE, HOME CARE, AND HOSPICE CARE THE GUTHRIE RESEARCH INSTITUTE AND GUTHRIE CLINICAL RESEARCH FUNCTIONS OF THE DONALD GUTHRIE FOUNDATION, A SUBSIDIARY OF TGC, FURTHERS THESE CHARITABLE ACTIVITIES THROUGH PROVIDING PATIENT ACCESS TO THE REGION'S LARGEST PANEL OF CLINICAL TRIALS THE FACILITIES AND PROVIDER OFFICES OF GUTHRIE ARE LOCATED IN 23 COMMUNITIES THROUGHOUT THE NORTHERN TIER OF PENNSYLVANIA AND SOUTHERN TIER OF NEW YORK, WITH THE GREATEST CONCENTRATION OF SERVICES PROVIDED PRINCIPALLY IN BRADFORD COUNTY, PENNSYLVANIA AND CHEMUNG AND STEUBEN COUNTIES, NEW YORK THE VISION OF GUTHRIE IS TO HELP SHAPE THE DELIVERY OF HEALTH CARE IN THE REGION THROUGH WORKING COLLABORATIVELY WITH PHYSICIANS AND OTHER PROVIDERS, AND BY DISTRIBUTING ITS SERVICES THROUGHOUT THE REGION BASED ON COMMUNITY NEEDS GUTHRIE SEEKS TO BE THE PROVIDER OF CHOICE FOR PATIENTS IN THE TWIN TIER REGION, AND TO BE RECOGNIZED FOR ITS SUPERIOR QUALITY AND SERVICE IT ALSO STRIVES TO ADVANCE THE PRACTICE OF MEDICINE THROUGH ITS COMMITMENT TO TEACHING AND RESEARCH IN KEEPING WITH THIS VISION, THE CORE VALUES OF THE GUTHRIE CLINIC ARE AS FOLLOWS PATIENT-CENTEREDNESS, EXCELLENCE, AND TEAMWORK GUTHRIE PROVIDERS AND FACILITIES PROVIDE CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE IT DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE ON THE FINANCIAL STATEMENTS OF GUTHRIE ENTITIES COSTS FOR SERVICES AND SUPPLIES FURNISHED UNDER GUTHRIE'S CHARITY CARE POLICY AMOUNTED TO APPROXIMATELY \$121 MILLION IN 2018 AND \$135 MILLION IN 2017 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	F COVERAGE OR A REQUIREMENT FOR PREPAYMENT OR DEPOSIT AS A RESULT OF THIS POLICY, GUTHRIE EXPERIENCED APPROXIMATELY \$2 16 MILLION AND \$2 56 MILLION IN BAD DEBTS FOR 2018 AND 2017, RESPECTIVELY IN ADDITION TO THE CHARITY CARE PROGRAM AND THE EMERGENCY DEPARTMENT BAD DEBTS DISCUSSED ABOVE, GUTHRIE SUPPORTS NUMEROUS OTHER CHARITABLE COMMUNITY ACTIVITIES. EXAMPLES OF THESE ACTIVITIES INCLUDE MEDICAL EDUCATION FOR PHYSICIANS AND NURSES, THE TRAUMA PROGRAM, AND MEDICAL RESEARCH. THE ESTIMATED COST, NET OF REIMBURSEMENT, FOR THESE PROGRAMS WAS \$16 2 MILLION AND \$16 4 MILLION IN 2018 AND 2017, RESPECTIVELY. GUTHRIE ALSO PROVIDES SERVICES TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAMS. REVENUES GENERATED FROM PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM ARE SUBJECT TO SUBSTANTIAL DISCOUNTS THAT RESULT IN REIMBURSEMENT FOR SERVICES RENDERED BELOW THE COST OF PROVIDING SUCH SERVICES. IN ORDER FOR PATIENTS TO MEET THE GUIDELINES FOR THE MEDICAID PROGRAM, VARIOUS INCOME-BASED CRITERIA MUST BE MET THAT VALIDATE PATIENTS' INABILITY TO PAY FOR SERVICES AND INELIGIBILITY UNDER OTHER PROGRAMS. THE ESTIMATED LOSS INCURRED BY GUTHRIE FROM PROVIDING SERVICES TO MEDICAID PATIENTS AMOUNTED TO \$52 15 MILLION AND \$43 12 MILLION IN 2018 AND 2017, RESPECTIVELY. THE TOTAL COST TO GUTHRIE IN SUPPORTING THESE CHARITABLE MISSION PROGRAMS WAS APPROXIMATELY \$71 72 MILLION AND \$63 42 MILLION IN 2018 AND 2017, RESPECTIVELY. AS DISCUSSED, RPH AND THE GMG WORK CLOSELY TOGETHER IN FULFILLING GUTHRIE'S CHARITABLE MISSION. A REGIONAL LEVEL II TRAUMA CENTER, RPH IS A TERTIARY CARE TEACHING HOSPITAL, LOCATED IN SAYRE, PENNSYLVANIA, SERVING THE SOUTHERN TIER OF NEW YORK AND THE NORTHERN TIER OF PENNSYLVANIA. IT ALSO PROVIDES RESIDENCY PROGRAMS IN FAMILY PRACTICE, INTERNAL MEDICINE, AND GENERAL SURGERY AS WELL AS A FELLOWSHIP PROGRAM IN VASCULAR SURGERY AND CARDIOVASCULAR DISEASE. MEDICAL STUDENT TRAINING IS PROVIDED FOR STUDENTS FROM AFFILIATED MEDICAL SCHOOLS. ALLIED HEALTH EDUCATION IS ALSO PROVIDED FOR RESPIRATORY THERAPY, NURSING, LABORATORY SCIENCE, AND RADIOLOGIC TECHNOLOGY FOR STUDENTS FROM PENNSYLVANIA AND NEW YORK COLLEGES AND UNIVERSITIES. CENTERS OF EXCELLENCE WITHIN RPH INCLUDE THE FOLLOWING: ADVANCED & MINIMALLY INVASIVE SURGERY, BEHAVIORAL HEALTH SERVICES, BREAST AND IMAGING CENTER, COMPREHENSIVE CANCER CENTER, CARDIOVASCULAR CARE CENTER, THE CENTER FOR WOUND CARE AND HYPERBARIC MEDICINE, DIALYSIS CENTERS, JOINT CAMP PROGRAM FOR ORTHOPEDIC SURGERY, SPORTS MEDICINE, KIDNEY STONE TREATMENT CENTER, FIRST IMPRESSIONS BIRTHING CENTER, SLEEP DISORDERS TESTING, 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 WO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	RKS CLOSELY WITH THE GMG TO ENSURE THAT THE SKILLS AND KNOWLEDGE OF THE MEDICAL STAFF PROD UCE THE MAXIMUM COMMUNITY HEALTH BENEFIT AS A MEMBER OF GUTHRIE, RPH INTEGRATES ITS PROGR AMS 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 LEAD ERSHIP ROLE IN THE DEVELOPMENT AND PROVISION OF TERTIARY-LEVEL ACUTE CARE SERVICES EVIDEN CE THAT RPH IS SUCCESSFULLY FULFILLING THIS ROLE CAN BE SEEN IN ITS CONTINUED ACCOMPLISHME NTS HIGHLIGHTS OF THOSE ACHIEVEMENTS INCLUDE CONTINUED ACCREDITATION BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION BOARD AS A LEVEL II TRAUMA CENTER AND RECEIPT OF FULL CHEST PAIN CENTER ACCREDITATION WITH PCI (PERCUTANEOUS CORONARY INTERVENTION) FROM THE SOCIETY OF CA RDIOVASCULAR PATIENT CARE GUTHRIE WEIGHT LOSS CENTER HAS BEEN ACCREDITED AS A LEVEL 1 FAC ILITY UNDER THE BARIATRIC SURGERY CENTER NETWORK (BSCN) ACCREDITATION PROGRAM OF THE AMERI CAN COLLEGE OF SURGEONS (ACS) AS PART OF A FULLY-INTEGRATED HEALTH DELIVERY SYSTEM THAT O RGANIZES ITS SERVICES ON A REGIONAL BASIS AND IS ACCOUNTABLE FOR IMPROVING THE HEALTH OF T HE POPULATION IT SERVES, RPH ACCEPTS RESPONSIBILITY FOR MEETING THE HEALTH CARE NEEDS OF T HE COMMUNITY AND IS ABLE TO DOCUMENT THE COST EFFECTIVENESS AND QUALITY OF SERVICES PROVID ED CORNING HOSPITAL BREAST CARE CENTER WAS AWARDED A FULL THREE-YEAR ACCREDITATION IN STE REOTACTIC BREAST BIOPSY BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) AND RECEIVED THE AMERIC AN 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 NE ARLY 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 U SING ADVANCED TECHNOLOGIES AND METHODOLOGIES FOR BOTH DIAGNOSIS AND TREATMENT FURTHER, TH E 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 CONTRIBU TES TO RECRUITING AND RETAINING PHYSICIAN SPECIALISTS TO SERVE THE REGION AND SUSTAINING P ROFICIENT MEDICAL PRACTICES THE GMG IS COMMITTED TO THE ADVANCEMENT OF MEDICAL KNOWLEDGE AND SKILLS, AND EVERY EFFORT IS MADE TO PROVIDE PERSONAL, COMPASSIONATE MEDICAL CARE THE GMG OPERATES A REGIONAL OFFICE NETWORK IN 23 COMMUNITIES IN PENNSYLVANIA AND NEW YORK, ENC OMPASSING ALL OF THE MAJOR POPULATION CENTERS IN THE TWIN TIERS AREA MAJOR POPULATION CEN TERS IN THE TWIN TIERS AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III (CONTINUED)	THE GUTHRIE CLINIC HAS DEVELOPED CERTAIN GUIDING PRINCIPLES FOR THE PROVISION OF PATIENT CARE, WHICH INCLUDE A COMMITMENT THE FOLLOWING * PRACTICE OF CLINICAL EXCELLENCE, * UTILIZATION OF THE SYNERGY OF A MULTI-SPECIALTY MEDICAL GROUP PRACTICE, * DEVELOPMENT OF AN INTEGRATED SYSTEM THAT PROVIDES A CONTINUUM OF CARE, * PROVISION OF LOCAL ACCESS TO CARE THROUGH SUPPORT OF A REGIONAL MEDICAL OFFICE NETWORK, * PROVISION OF SERVICES TO A DISTINCT GEOGRAPHIC REGION, AND * PROACTIVE OPERATIONS THE 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 IV, LINE 12B DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC'S AFFILIATES ----- -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6 & 7A	MEMBERSHIP INFORMATION THE GUTHRIE CLINIC IS A NON-MEMBER CORPORATION GOVERNED BY A SELF-PERPETUATING BOARD OF DIRECTORS THE GUTHRIE CLINIC BOARD OF DIRECTORS ARE APPOINTED BY EXISTING MEMBERS OF THE BOARD -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS THE FORM 990 OF THE ORGANIZATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND IS ALSO REVIEWED BY THE ORGANIZATION'S FINANCE PERSONNEL AND AN INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE IRS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST DISCLOSURE POLICY SETS FORTH THAT ALL PERSONS, INCLUDING EMPLOYEES, AGENTS AND BOARD/COMMITTEE MEMBERS, PARTICULARLY THOSE INVOLVED IN DECISION-MAKING FOR THE GUTHRIE CLINIC (TGC) , ACT IN AN APPROPRIATE MANNER AND WILL NOT PARTICIPATE IN ANY ACTIONS THAT MIGHT CREATE A PERSONAL OR PROFESSIONAL CONFLICT OF INTEREST AND/OR NOT BE IN THE BEST INTEREST OF TGC ALL MEMBERS OF ANY TGC BOARD/COMMITTEE AND TGC SENIOR MANAGEMENT MUST MAKE FULL DISCLOSURE OF ANY POSSIBLE CONFLICT OF INTEREST THROUGH THE USE OF THE CONFLICT OF INTEREST DISCLOSURE FORM AND REFRAIN FROM VOTING OR PARTICIPATING IN DECISION-MAKING INVOLVING ANY POSSIBLE CONFLICT OF INTEREST THE FORM IS DISTRIBUTED TO ALL BOARD/COMMITTEE MEMBERS AND EMPLOYEES (WHEN APPLICABLE) ANNUALLY BY THE TGC ADMINISTRATION OFFICE TGC BOARD/COMMITTEE MEMBERS OR EMPLOYEES MUST COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM THIS FORM SHOULD BE COMPLETED WHEN THERE IS ANY SITUATION WHERE A POSSIBLE CONFLICT OF INTEREST EXISTS, AND/OR ON AN ANNUAL BASIS AND/OR AT THE TIME OF APPOINTMENT OR ELECTION OF NEW BOARD/COMMITTEE MEMBERS IF THE FORM IS NOT COMPLETED WITHIN 13 MONTHS OF THE LAST SIGNING, THE TGC BOARD CHAIRMAN WILL BE ADVISED ANY INDIVIDUAL HAVING A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD EXCUSE THEMSELVES FROM THE PORTION OF THE MEETING OR MEETINGS WHERE THE MATTER IS DISCUSSED AND NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER THE MINUTES OF THE MEETING OR MEETINGS SHOULD REFLECT THE DISCLOSURE, THE ABSTENTION FROM VOTING, AND ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTED -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL EXECUTIVE COMPENSATION IS GENERALLY ESTABLISHED WITHIN A WRITTEN EMPLOYMENT AGREEMENT COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC COMPENSATION COMMITTEE, AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS -----

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY TRANSFER TO/FROM AFFILIATES \$ 63,708,950 PENSION ADJUSTMENT (747,574) INTEREST/DIVIDEND ON INVESTMENT 327,634 EARNINGS DISTRIBUTION (575,423) NET REALIZED GAINS AND LOSSES ON RESTRICTED INVESTMENT 1,416,914 PLEDGES 186,214 ----- TOTAL \$ 64,316,715 -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC'S AFFILIATES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I	ALLOCATION OF PROCEEDS A PORTION OF THE HEALTH CARE FACILITIES AUTHORITY OF SAYRE, HEALTH CARE REVENUE BONDS, SERIES 2007, HAS BEEN ALLOCATED TO ROBERT PACKER HOSPITAL (EIN 24-0795463) AND GUTHRIE MEDICAL GROUP, P C (EIN 25-0815795), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL ALLOCATED OUTSTANDING BALANCE WAS \$39,380,287 FOR ROBERT PACKER HOSPITAL AND \$4,438,918 FOR GUTHRIE MEDICAL GROUP, P C AS OF JUNE 30, 2017 A PORTION OF THE CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2012, HAS BEEN ALLOCATED TO ROBERT PACKER HOSPITAL (EIN 24-0795463) AND CORNING HOSPITAL (EIN 16-0393490), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL ALLOCATED OUTSTANDING BALANCE WAS \$7,500,000 FOR ROBERT PACKER HOSPITAL AND \$42,500,000 FOR CORNING HOSPITAL AS OF JUNE 30, 2017 A PORTION OF THE CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2011, HAS BEEN ALLOCATED TO ROBERT PACKER HOSPITAL (EIN 24-0795463), GUTHRIE MEDICAL GROUP, P C (EIN 25-0815795), TROY COMMUNITY HOSPITAL (24-0800337), AND CORNING HOSPITAL (EIN 16-0393490), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL ALLOCATED OUTSTANDING BALANCE WAS \$31,343,272 FOR ROBERT PACKER HOSPITAL, \$15,861,523 FOR GUTHRIE MEDICAL GROUP, P C , \$27,067,166 FOR TROY COMMUNITY HOSPITAL, AND \$5,816,026 FOR CORNING HOSPITAL AS OF JUNE 30, 2017 -----

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As Filed Data -

DLN: 93493135030439

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GUTHRIE CLINIC

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-3055017

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) TWIN TIER MANAGEMENT CORP INC PO BOX 310 SAYRE, PA 18840 23-2209439	MANAGEMENT CORP	PA	TGC	C CORP	-782,317	3,591,645	100.000 %	Yes	
(2) CORNING PROPERTIES INC 1 GUTHRIE DRIVE CORNING, NY 14830 38-3977095	REAL ESTATE HOLD	NY	CH	C CORP					No

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

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

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

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

1a Yes

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

1b Yes

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

1c Yes

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j Yes

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

1k Yes

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

1l Yes

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 23-3055017
Name: THE GUTHRIE CLINIC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
GUTHRIE SQUARE SAYRE, PA 18840 25-0815795	HEALTHCARE	PA	501(c)(3)	3	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 24-0795463	HEALTHCARE	PA	501(c)(3)	3	TGC	Yes	
200 SOUTH WILBUR AVENUE SAYRE, PA 18840 24-6022957	MED RESEARCH	PA	501(c)(3)	4	TGC	Yes	
275 GUTHRIE DRIVE TROY, PA 16947 24-0800337	HEALTHCARE	PA	501(c)(3)	3	TGC	Yes	
421 TOMAHAWK RD TOWANDA, PA 18848 23-2394345	HOME HEALTH	PA	501(c)(3)	10	TGC	Yes	
151 MEETING STREET CHARLESTON, SC 29401 20-1090801	SUPPORTING	SC	501(c)(3)	12A,I	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 22-2979677	NURSING FAC	NY	501(c)(3)	3	TGC	Yes	
176 DENISON PARKWAY E CORNING, NY 14830 16-0393490	HEALTHCARE	NY	501(c)(3)	3	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 20-3979472	HEALTHCARE	PA	501(c)(3)	7	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 15-0532257	HOUSING	NY	501(C)(3)	3	TGC	Yes	
91 HOSPITAL DRIVE TOWANDA, PA 18848 24-0786657	HEALTHCARE	PA	501(C)(3)	3	TGC	Yes	
91 HOSPITAL DRIVE TOWANDA, PA 18848 65-1160811	SUPPORTING	PA	501(C)(3)	12A,I	GTMH		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CORNING HOSPITAL	A	1,923,538	PER AGREEMENT
GUTHRIE MEDICAL GROUP PC	A	10,541,203	PER AGREEMENT
GUTHRIE MEDICAL GROUP PC	B	26,093,217	PER AGREEMENT
ROBERT PACKER HOSPITAL	L	28,832,131	ACTUAL COST
TWIN TIER MANAGEMENT CORP INC	L	549,147	ACTUAL COST
DONALD GUTHRIE FOUNDATION	L	145,142	ACTUAL COST
TROY COMMUNITY HOSPITAL	L	1,839,743	ACTUAL COST
GUTHRIE HOME CARE	L	687,350	ACTUAL COST
CORNING HOSPITAL	L	9,342,489	ACTUAL COST
GUTHRIE MEDICAL GROUP PC	L	15,692,570	ACTUAL COST
ROBERT PACKER HOSPITAL	K	909,799	PER AGREEMENT
SAYRE HOUSE OF HOPE	L	85,048	ACTUAL COST
DONALD GUTHRIE FOUNDATION	K	804,997	PER AGREEMENT
ROBERT PACKER HOSPITAL	C	54,708,950	PER AGREEMENT
GUTHRIE MEDICAL GROUP PC	O	1,587,205	ACTUAL COST
ROBERT PACKER HOSPITAL	A	1,160,697	PER AGREEMENT
ROBERT PACKER HOSPITAL	M	163,919	PER AGREEMENT
GUTHRIE MEDICAL GROUP PC	M	197,016	PER AGREEMENT
TOWANDA MEMORIAL HOSPITAL	L	2,770,029	ACTUAL COST
TOWANDA MEMORIAL HOSPITAL	A	16,944	PER AGREEMENT
TWIN TIER MANAGEMENT CORPINC	A	1,258	PER AGREEMENT
CORNING HOSPITAL	C	9,000,000	PER AGREEMENT