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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number
23-3055017

E Telephone number
(570) 887-4625

G Gross receipts $ 181,218,810

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 ▶

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

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)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	692
6	Total number of volunteers (estimate if necessary)	**6**	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,631
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,045,570	1,064,000
9	Program service revenue (Part VIII, line 2g)	74,055,752	98,899,491
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	781,864	3,839,944
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,243,272	965,077
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,126,458	104,768,512
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,093,217	177,061,645
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,985,373	51,986,633
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶938,035		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,151,049	43,616,802
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	99,229,639	272,665,080
19	Revenue less expenses. Subtract line 18 from line 12	-19,103,181	-167,896,568

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	516,620,815	398,735,323
21	Total liabilities (Part X, line 26)	293,274,358	284,744,922
22	Net assets or fund balances. Subtract line 21 from line 20	223,346,457	113,990,401

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-07-15

JOSEPH SCOPELLITI CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-07-14		P00858539

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

Phone no. (267) 330-3000

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

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 $ 262,900,691 including grants of $ 177,061,645) (Revenue $ 99,408,186)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 262,900,691

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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	214		
b	Enter the number of Forms W-2G included in line 1a. *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	692		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?				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?				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?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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-A 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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,653,457	4,323,445	738,735

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 ▶ 57

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WELLIVER MCGUIRE INCORPORATED, 250 NORTH GENESEE STREET MONTOUR FALLS, NY 14865	CONTRACTOR SERVICES	13,823,650
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	CONSULTING/SOFTWARE	1,696,517
NAVIGANT CONSULTINGINC, 150 N RIVERSIDE PLAZA CHICAGO, IL 60606	CONSULTING SERVICES	1,322,563
CHANGE HEALTHCARE, PO BOX 572490 MURRAY, UT 85157	CONSULTING SERVICES	1,252,842
CIELO INC, 200 EXECUTIVE DRIVE BROOKFIELD, WI 53005	CONSULTING SERVICES	1,182,008

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 34

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 44,128			
	d Related organizations	1d 5,000			
	e Government grants (contributions)	1e 166,308			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 848,564			
	g Noncash contributions included in lines 1a - 1f: $ 4,742				
	h Total. Add lines 1a-1f . . . . . ▶	1,064,000			
Program Service Revenue		Business Code			
	2a OPERATING REVENUES AND SUPPORT	541610	98,899,491	98,899,491	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f . . . . ▶	98,899,491			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	319,118			319,118
	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	76,497,581 / 3,446,681			
	b Less: cost or other basis and sales expenses	73,051,969 / 3,371,467			
	c Gain or (loss)	3,445,612 / 75,214			
	d Net gain or (loss) . . . . . ▶	3,520,826			3,520,826
	8a Gross income from fundraising events (not including $ 44,128 of contributions reported on line 1c). See Part IV, line 18 . . . . **a** 10,033				
	b Less: direct expenses . . . **b** 26,862				
	c Net income or (loss) from fundraising events . . ▶	-16,829			-16,829
	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	508,695	508,695	
	b BOOKKEEPING SERVICES	541200	1,631	1,631	
	c ALL OTHER REVENUE	900099	471,580		471,580
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	981,906			
	12 Total revenue. See Instructions. . . . . ▶	104,768,512	99,408,186	1,631	4,294,695

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	177,061,645	177,061,645		
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	3,443,814	3,119,407	324,407	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	37,349,520	33,448,365	3,478,512	422,643
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,290,700	2,056,160	213,833	20,707
9 Other employee benefits	6,302,036	5,652,597	587,850	61,589
10 Payroll taxes	2,600,563	2,329,044	242,212	29,307
11 Fees for services (non-employees):				
a Management	0			
b Legal	192,507	174,373	18,134	
c Accounting	207,456	187,914	19,542	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,715,693	10,460,466	1,081,937	173,290
12 Advertising and promotion	2,682,728	2,422,274	249,033	11,421
13 Office expenses	5,011,254	4,494,152	449,892	67,210
14 Information technology	6,201,758	5,617,451	584,195	112
15 Royalties	0			
16 Occupancy	2,539,782	2,288,596	238,006	13,180
17 Travel	431,128	378,693	39,383	13,052
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	281,365	251,117	26,115	4,133
20 Interest	3,582,979	3,245,462	337,517	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,679,340	7,838,137	815,138	26,065
23 Insurance	-463,513	-419,850	-43,663	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLY EXPENSE	224,904	203,718	21,186	
b CAFETERIA/CATERING	204,722	173,105	17,415	14,202
c OTHER	1,410,339	1,204,003	125,212	81,124
d MERGER AND ACQUISITION COSTS	709,071	709,071		
e All other expenses	5,289	4,791	498	
25 **Total functional expenses.** Add lines 1 through 24e	272,665,080	262,900,691	8,826,354	938,035
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	16,149,578	1	19,922,269
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	186,215	3	915,665
	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	335,695,925	7	221,435,010
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	4,985,004	9	2,555,121
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 164,881,523			
	b	Less: accumulated depreciation — 10b: 90,506,136	58,621,371	10c	74,375,387
	11	Investments—publicly traded securities	72,623,016	11	59,153,811
	12	Investments—other securities. See Part IV, line 11	7,382,665	12	2,610,010
	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	20,977,041	15	17,768,050
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	516,620,815	16	398,735,323
Liabilities	17	Accounts payable and accrued expenses	37,070,526	17	36,077,475
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	248,807,582	20	240,625,709
	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	7,396,250	25	8,041,738
	26	**Total liabilities.** Add lines 17 through 25	293,274,358	26	284,744,922
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	191,311,040	27	81,372,801
	28	Temporarily restricted net assets	31,778,170	28	32,359,353
	29	Permanently restricted net assets	257,247	29	258,247
		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	223,346,457	33	113,990,401
	34	Total liabilities and net assets/fund balances	516,620,815	34	398,735,323

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,768,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	272,665,080
3	Revenue less expenses. Subtract line 2 from line 1	3	-167,896,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,346,457
5	Net unrealized gains (losses) on investments	5	-4,861,978
6	Donated services and use of facilities	6	
7	Investment expenses	7	-129,145
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	63,531,635
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	113,990,401

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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.	3b		

Additional Data

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

Form 990 (2018)

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 (THRU 11/16/18)	1.0 1.0	X		X				0	0	0
TERENCE M DEVINE MD VICE CHAIRMAN - BOD	1.0 39.0	X		X				0	799,752	30,884
FREDERICK J BLOOM JR MD MEMBER - BOD	1.0 39.0	X						0	561,277	76,951
JOSEPH A SCOPELLITI MD CEO	35.8 4.2	X		X				0	995,515	30,884
KAREN KIM MD MEMBER - BOD	1.0 39.0	X						0	350,223	14,438
H EUGENE LINDSEY MD MEMBER - BOD	1.0 1.0	X						0	0	0
KENNETH R LEVITZKY ESQ CHAIRMAN - BOD (AS OF 1/1/19)	1.0 4.0	X		X				0	0	0
DONALD HARTMAN SECRETARY - BOD (AS OF 1/1/19)	1.0 1.0	X						0	0	0
DAVID PFISTERER MD MEMBER - BOD	1.0 39.0	X						0	377,701	36,529
DOUGLAS TROSTLE MD MEMBER - BOD	1.0 39.0	X						0	710,652	30,884

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			
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
KATHERINE P DOUGLAS EDD MEMBER - BOD (THRU 6/30/19)	1.0 1.0	X						0	0	0
DANIEL BROWN MD MEMBER - BOD	1.0 39.0	X						0	528,325	30,884
NADER MEHRAVARI PhD MEMBER - BOD	1.0 1.0	X						0	0	0
JOHN BAYNE MEMBER - BOD (AS OF 2/21/19)	1.0 1.0	X						0	0	0
SUSAN FREEMAN MEMBER - BOD	1.0 1.0	X						0	0	0
JOHANNA AMES MEMBER - BOD	1.0 1.0	X						0	0	0
PHILIP RYAN CPA TREASURER	39.0 1.0			X				642,903	0	69,871
PAUL VERVALIN EVP - COO	38.8 1.2				X			505,067	0	73,195

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			
FRANCIS PINKOSKY EVP - CHIEF HR OFFICER	40.0 0.0				X			314,670	0	45,524
DONALD SKERPON EVP - CHIEF STRATEGY OFFCR-COS	40.0 0.0				X			299,597	0	38,233
NORBERTO ROBLES CIO, INFORMATION SERVICES	40.0 0.0				X			394,883	0	52,354
CATHERINE MOHR EVP - CHIEF NURSING OFFICER	40.0 0.0				X			291,179	0	50,496
SCOTT SILVESTRI VP, HOSPITAL FINANCIAL OPS	40.0 0.0					X		300,668	0	36,529
STACI COVEY SVP POST ACUTE	40.0 0.0					X		243,887	0	30,092
LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	40.0 0.0					X		230,893	0	33,883
TERRI COUTS VP, EPIC APPLCATIONS PROGRAM	40.0 0.0					X		217,252	0	31,435
ANITA KINGBAUER VP, PLANNING & CONSTRUCTION	40.0 0.0					X		212,458	0	25,669

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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 331/3% 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 331/3% 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 11

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 11					177,061,645	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a	Yes	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Yes	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE A, PART IV, SECTION A, LINES 1, 5A AND 5B	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, W HICH PRESENTLY CONSISTS OF TGC AND ALL OTHER ENTITIES THAT ARE DIRECTLY OR INDIRECTLY CONT ROLLED BY TGC, INCLUDING THOSE ENTITIES SPECIFICALLY LISTED HEREIN AND SUCH ADDITIONAL ENT ITIES THAT ARE OR BECOME PART OF SUCH INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE FOLLOWIN G SUPPORTED ENTITIES, WHICH ARE PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM, ARE NO T SPECIFICALLY LISTED IN TGCS GOVERNING DOCUMENTS: GUTHRIE CORTLAND MEDICAL CENTER - EIN: 15-0532079 CORTLAND MEMORIAL FOUNDATION, INC. - EIN: 22-2230692 REGIONAL MEDICAL PRACTICE - EIN: 20-4848729 ALL OF THE ABOVE SUPPORTED ORGANIZATIONS NOT LISTED BY NAME IN TGCS GOVE RNING 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 SYS TEM 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 TRU STEES 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 T O 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; SE LECTION, RETENTION, AND TERMINATION OF EXTERNAL AUDITORS; AND PARTICIPATION IN KEY STRATEG IC ALLIANCES, AFFILIATIONS, AND OTHER KEY RELATIONSHIPS WITH THIRD PARTIES; (B) ESTABLISHI NG EACH SUPPORTING CORPORATION'S MISSION, VISION AND VALUES; AND (C)APPROVAL OF ANY AMENDM ENT TO THE ARTICLES OF INCORPORATION, BYLAWS OR OTHER GOVERNING INSTRUMENTS, MERGER, CONSO LIDATION, DIVISION, LIQUIDATION, DISSOLUTION, CONVERSION, DISPOSITION OF SUBSTANTIALLY ALL ASSETS AND ALL OTHER TRANSACTIONS OF THE SUPPORTING CORPORATIONS, AS DESCRIBED IN NONPROF IT 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) GUTHRIE TOWANDA MEMORIAL HOSPITAL	240786657	3	Yes		0	0
(C) SAYRE HOUSE OF HOPE	203979472	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		177,061,645	0
(H) GUTHRIE CORTLAND MEDICAL CENTER	150532079	3	Yes		0	0
(I) CORTLAND MEMORIAL FOUNDATION INC	222230692	4	Yes		0	0
(J) REGIONAL MEDICAL PRACTICE	204848729	4	Yes		0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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:

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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		6,151,265		6,151,265
b Buildings		54,002,091	19,767,870	34,234,221
c Leasehold improvements		9,495,729	5,176,639	4,319,090
d Equipment		89,046,882	65,561,627	23,485,255
e Other		6,185,556		6,185,556
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				74,375,387

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	1,214,910
DEFERRED REVENUE FINANCING COS	583,042
DEFERRED LIABILITY CAP INTERES	1,088,096
SWAP CONTRACT PAYABLE 2007 PAS	2,123,966
ACCD EXP WORKERS COMP LT	1,237,680
ACCD EXP PROF LIABILITY LT	1,171,423
OTHER LIABILITIES	622,621
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,041,738

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 RE COGNIZE 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, 2019 AND 2018, THERE ARE NO UNCERTAIN P OSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR A SSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

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 Activites 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
Central America and the Caribbean			Investments		64,664,521
3a Sub-total					64,664,521
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)					64,664,521

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)

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)

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; don't 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; don't 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).

990 Schedule F, Supplemental Information

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 INVESTMENTS AMONG ITS AFFILIATES PURSUANT TO AN INVESTMENT POOLING ARRANGEMENT.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

Employer identification number
23-3055017

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 TURKEY TROT (event type)	(b) Event #2 GALLOP (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	34,145	20,016		54,161
	2 Less: Contributions	30,765	13,363		44,128
	3 Gross income (line 1 minus line 2)	3,380	6,653		10,033
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes	553	330		883
	6 Rent/facility costs				
	7 Food and beverages	146	441		587
	8 Entertainment				
	9 Other direct expenses	16,176	8,216		24,392
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				26,862
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-16,829

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶

----

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

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)	177,061,645				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 . . . . . ▶

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.

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 APPOROPRIATE APPROVAL. TGC DOES NOT GENERALLY PROVIDE TAX INDEMNIFICATIONS. HOUSING ALLOWANCES DURING THE TAX YEAR, TGC PROVIDED A HOUSING ALLOWANCE IN THE AMOUNT OF $15,002 TO PHILIP RYAN, WHICH IS INCLUDED IN BASE COMPENSATION REPORTED ON SCHEDULE J,PART II, COLUMN (B)(I). ----------

Return Reference	Explanation
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 DETERINED 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. ----------

Return Reference	Explanation
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 (MARCH 2018 - NO ADDITIONAL DISTRIBUTION UNTIL JULY 2019) 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				
TERENCE M DEVINE MD VICE CHAIRMAN - BOD	(i)	0	0	0	0	0	0	0
	(ii)	799,752	0	0	17,875	13,009	830,636	0
FREDERICK J BLOOM JR MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	484,708	76,569	0	56,922	20,029	638,228	0
JOSEPH A SCOPELLITI MD CEO	(i)	0	0	0	0	0	0	0
	(ii)	813,067	182,448	0	17,875	13,009	1,026,399	0
KAREN KIM MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	349,887	0	336	14,438	0	364,661	0
DAVID PFISTERER MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	357,259	20,442	0	16,500	20,029	414,230	0
DOUGLAS TROSTLE MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	637,558	73,094	0	17,875	13,009	741,536	0
PAUL VERVALIN EVP - COO	(i)	438,255	66,812	0	53,166	20,029	578,262	0
	(ii)	0	0	0	0	0	0	0
FRANCIS PINKOSKY EVP - CHIEF HR OFFICER	(i)	273,825	40,845	0	38,983	6,541	360,194	0
	(ii)	0	0	0	0	0	0	0
DONALD SKERPON EVP - CHIEF STRATEGY OFFCR-COS	(i)	263,046	36,551	0	38,233	0	337,830	0
	(ii)	0	0	0	0	0	0	0
NORBERTO ROBLES CIO, INFORMATION SERVICES	(i)	344,351	50,357	175	45,813	6,541	447,237	0
	(ii)	0	0	0	0	0	0	0
DANIEL BROWN MD MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	508,325	20,000	0	17,875	13,009	559,209	0
SCOTT SILVESTRI VP, HOSPITAL FINANCIAL OPS	(i)	262,527	38,141	0	16,500	20,029	337,197	0
	(ii)	0	0	0	0	0	0	0
STACI COVEY SVP POST ACUTE	(i)	218,168	25,719	0	17,083	13,009	273,979	0
	(ii)	0	0	0	0	0	0	0
LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	(i)	212,976	17,917	0	13,854	20,029	264,776	0
	(ii)	0	0	0	0	0	0	0
TERRI COUTS VP, EPIC APPLCATIONS PROGRAM	(i)	200,290	16,962	0	11,406	20,029	248,687	0
	(ii)	0	0	0	0	0	0	0
ANITA KINGBAUER VP, PLANNING & CONSTRUCTION	(i)	197,059	13,948	1,451	12,660	13,009	238,127	0
	(ii)	0	0	0	0	0	0	0
CATHERINE MOHR EVP - CHIEF NURSING OFFICER	(i)	253,724	37,455	0	37,487	13,009	341,675	0
	(ii)	0	0	0	0	0	0	0
PHILIP RYAN CPA TREASURER	(i)	475,235	137,664	30,004	56,277	13,594	712,774	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

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	23-2735865	XXXXXXXXX	10-18-2012	50,000,000	CONSTRUCT FACILITIES		X		X		X
D	CENTRAL BRADFORD PROGRESS AUTHORITY	23-2735865	XXXXXXXXX	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	140,465,000	2,975,000	0	2,800,000
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	7,500	18,227
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	0	0
13	Year of substantial completion	2007	2014	2015	2016

		A		B		C		D	
		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 %		
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						
e	Was the hedge terminated?		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. COLUMN C: A REBATE CALCULATION WAS PREFORMED ON 9/13/2016.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

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, SCIENTIFI C 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 DI RECTLY 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 ROBE RT PACKER HOSPITAL (RPH). THROUGH THE ACTIVITIES OF GMG, RPH AND ITS OTHER AFFILIATES (COL LECTIVELY REFERRED TO AS "GUTHRIE"), THE GUTHRIE CLINIC PROVIDES CHARITABLE COMMUNITY-BASE D 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 P ROVIDING PRIMARY CARE AND SPECIALTY PHYSICIAN SERVICES, AS WELL AS OPERATING A TERTIARY CA RE TEACHING HOSPITAL, COMMUNITY HOSPITALS, A RESEARCH INSTITUTE, HOME CARE, AND HOSPICE CA RE. THE GUTHRIE RESEARCH INSTITUTE AND GUTHRIE CLINICAL RESEARCH FUNCTIONS OF THE DONALD G UTHRIE FOUNDATION, A SUBSIDIARY OF TGC, FURTHERS THESE CHARITABLE ACTIVITIES THROUGH PROVI DING PATIENT ACCESS TO THE REGION'S LARGEST PANEL OF CLINICAL TRIALS. GUTHRIE IS COMPRISED OF A RESEARCH INSTITUTE, HOMECARE/HOSPICE, HOSPITALS IN SAYRE, PA, CORNING, NY, TOWANDA, PA, TROY, PA, AND CORTLAND, NY, AS WELL AS A MULTI-SPECIALTY GROUP PRACTICE OF MORE THAN 3 25 PHYSICIANS AND 210 ADVANCED PRACTICE PROVIDERS OFFERING 47 SPECIALITIES THROUGH A REGIO NAL OFFICE NETWORK PROVIDING PRIMARY AND SPECIALTY CARE IN 33 COMMUNITIES IN PENNSYLVANIA AND NEW YORK. THE VISION OF GUTHRIE IS TO HELP SHAPE THE DELIVERY OF HEALTH CARE IN THE RE GION THROUGH WORKING COLLABORATIVELY WITH PHYSICIANS AND OTHER PROVIDERS, AND BY DISTRIBUT ING ITS SERVICES THROUGHOUT THE REGION BASED ON COMMUNITY NEEDS. GUTHRIE SEEKS TO BE THE P ROVIDER OF CHOICE FOR PATIENTS IN THE REGION IT SERVES, AND TO BE RECOGNIZED FOR ITS SUPER IOR QUALITY AND SERVICE. IT ALSO STRIVES TO ADVANCE THE PRACTICE OF MEDICINE THROUGH ITS C OMMITMENT TO TEACHING AND RESEARCH. IN KEEPING WITH THIS VISION, THE CORE VALUES OF THE GU THRIE CLINIC ARE AS FOLLOWS: PATIENT-CENTEREDNESS, EXCELLENCE, AND TEAMWORK. GUTHRIE PROVI DERS AND FACILITIES PROVIDE CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY C ARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. BECAUSE IT DOES N OT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORT ED AS REVENUE ON THE FINANCIAL STATEMENTS OF GUTHRIE ENTITIES. COSTS FOR SERVICES AND SUPP LIES FURNISHED UNDER GUTHRIE'S CHARITY CARE POLICY AMOUNTED TO APPROXIMATELY $2.32 MILLION IN 2019 AND $1.21 MILLION IN 2018 WHEN MEASURED AT THE APPROPRIATE ENTITY'S ESTIMATED COS T. AS PART OF ITS CHARITABLE MISSION, GUTHRIE PROVIDES CARE THROUGH ITS HOSPITAL EMERGENCY DEPARTMENTS. IT ENSURES THAT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	AN EMERGENCY-BASED TREATMENT OR HOSPITAL ADMISSION IS NOT DELAYED OR DENIED PENDING DETERM INATION OF COVERAGE OR A REQUIREMENT FOR PREPAYMENT OR DEPOSIT. AS A RESULT OF THIS POLICY , GUTHRIE EXPERIENCED APPROXIMATELY $3.84 MILLION AND $2.16 MILLION IN BAD DEBTS FOR 2019 AND 2018, RESPECTIVELY. IN ADDITION TO THE CHARITY CARE PROGRAM AND THE EMERGENCY DEPARTME NT BAD DEBTS DISCUSSED ABOVE, GUTHRIE SUPPORTS NUMEROUS OTHER CHARITABLE COMMUNITY ACTIVIT IES. 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 $20.5 MILLION AND $16.2 MILLION IN 2019 AND 2018, RESPECTIVELY. GUTHRIE ALSO PROVIDES SERVICES TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAMS. REVENUES GENERATE D FROM PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM ARE SUBJECT TO SUBSTANTIAL DISCOUN TS THAT RESULT IN REIMBURSEMENT FOR SERVICES RENDERED BELOW THE COST OF PROVIDING SUCH SER VICES. IN ORDER FOR PATIENTS TO MEET THE GUIDELINES FOR THE MEDICAID PROGRAM, VARIOUS INCO ME-BASED CRITERIA MUST BE MET THAT VALIDATE PATIENTS' INABILITY TO PAY FOR SERVICES AND IN ELIGIBILITY UNDER OTHER PROGRAMS. THE ESTIMATED LOSS INCURRED BY GUTHRIE FROM PROVIDING SE RVICES TO MEDICAID PATIENTS AMOUNTED TO $53.63 MILLION AND $52.15 MILLION IN 2019 AND 2018 , RESPECTIVELY. THE TOTAL COST TO GUTHRIE IN SUPPORTING THESE CHARITABLE MISSION PROGRAMS WAS APPROXIMATELY $80.32 MILLION AND $71.72 MILLION IN 2019 AND 2018, RESPECTIVELY. AS DIS CUSSED, 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 SA YRE, PENNSYLVANIA, SERVING THE SOUTHERN TIER OF NEW YORK AND THE NORTHERN TIER OF PENNSYLV ANIA. GUTHRIE ALSO OFFERS RESIDENCY PROGRAMS IN FAMILY PRACTICE, INTERNAL MEDICINE, GENERA L SURGERY, EMERGENCY MEDICINE, AS WELL AS A NURSE RESIDENCY AND PHARMACY RESIDENCY. FELLOW SHIP PROGRAM ARE OFFERED IN CARDIOVASCULAR DISESASE, GASTROENTEROLOGY AND PULMONARY DISEAS E/CRITICAL CARE. MEDICAL STUDENT TRAINING IS PROVIDED FOR STUDENTS FROM AFFILIATED MEDICAL SCHOOLS. ALLIED HEALTH EDUCATION IS ALSO PROVIDED FOR RESPIRATORY THERAPY, NURSING, LABOR ATORY SCIENCE, AND RADIOLOGIC TECHNOLOGY FOR STUDENTS FROM PENNSYLVANIA AND NEW YORK COLLE GES AND UNIVERSITIES. RPH OFFERS A FULL RANGE OF DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES , INCLUDING THE FOLLOWING: GUTHRIE BREAST CARE CENTER; GUTHRIE CANCER CENTER; GUTHRIE CARD IAC AND VASCULAR CENTER; GUTHRIE MUSCULOSKELETAL SERVICES; GUTHRIE IMAGING SERVICES; GUTHR IE SPECIALTY EYE CARE; GUTHRIE SURGICAL SERVICES; WEIGHT LOSS CENTER; LEVEL II TRAUMA CENT ER; AND MEDICAL/SURGICAL AND INTENSIVE CARE SERVICES. RPH STRIVES TO ENHANCE THE QUALITY O F LIFE IN THE COMMUNITIES IT SERVES BY PROVIDING SUPERIOR HEALTH CARE SERVICES AND BY LEAD ING CONTINUOUS IMPROVEMENT OF COMMUNITY HEALTH. IT ACHIEVES THIS MISSION BY ORGANIZING SER VICES AND DIRECTING RESOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	TOWARD MEETING COMMUNITY HEALTH NEEDS THROUGH COLLABORATION WITH COMMUNITY AGENCIES AND BY COMPASSIONATE, EFFECTIVE, AND AFFORDABLE MEANS. RPH WORKS CLOSELY WITH THE GMG TO ENSURE THAT THE SKILLS AND KNOWLEDGE OF THE MEDICAL STAFF PRODUCE THE MAXIMUM COMMUNITY HEALTH BE NEFIT. AS A MEMBER OF GUTHRIE, RPH INTEGRATES ITS PROGRAMS AND ACTIVITIES WITH THOSE OF TH E LONG-TERM CARE AND EDUCATION AND RESEARCH DIVISIONS, SO THAT CONTINUITY AND SYNERGY RESU LT. AS PART OF TGC, THE VISION OF RPH IS TO PLAY A LEADERSHIP ROLE IN THE DEVELOPMENT AND PROVISION OF TERTIARY-LEVEL ACUTE CARE SERVICES. EVIDENCE THAT RPH IS SUCCESSFULLY FULFILL ING THIS ROLE CAN BE SEEN IN ITS CONTINUED ACCOMPLISHMENTS. HIGHLIGHTS OF THOSE ACHIEVEMEN TS 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 (PER CUTANEOUS CORONARY INTERVENTION) FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE; NATIONAL ACCREDITATION FOR TWO NEW EDUCATIONAL PROGRAMS: EMERGENCY MEDICINE RESIDENCY AND PULMONAR ABD CRITICAL CARE FOLLOWSHIP; NAMED TO AMERICA'S 100 BEST FOR CORONARY INTERVENTION; RECE IPT OF CCAP ACCREDITATION FOR GUTHRIE LAB; AWARDED ADVANCED CERTIFICATION FOR PRIMARY STRO KE CENTER; GUTHRIE ROBERT PACKER HOSPITAL RECEIVED GET WIT THE GUIDELINES STROKE PLUS QUAL IRY ACHIEVEMNET AWARD AND GUTHRIE RECEIVES BRONZE RECOGNITION FOR AMERICAN HEART ASSOCIATI ON WORKPLACE HEALTH ACHIEVEMENT INDEX. GUTHRIE WEIGHT LOSS CENTER HAS BEEN ACCREDITED AS A LEVEL 1 FACILITY UNDER THE BARIATRIC SURGERY CENTER NETWORK (BSCN) ACCREDITATION PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (ACS). AS PART OF A FULLY-INTEGRATED HEALTH DELIVERY S YSTEM THAT ORGANIZES ITS SERVICES ON A REGIONAL BASIS AND IS ACCOUNTABLE FOR IMPROVING THE HEALTH OF THE POPULATION IT SERVES, RPH ACCEPTS RESPONSIBILITY FOR MEETING THE HEALTH CAR E NEEDS OF THE COMMUNITY AND IS ABLE TO DOCUMENT THE COST EFFECTIVENESS AND QUALITY OF SER VICES PROVIDED. CORNING HOSPITAL BREAST CARE CENTER WAS AWARDED A FULL THREE-YEAR ACCREDIT ATION IN STEREOTACTIC BREAST BIOPSY BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) AND RECEIVE D THE AMERICAN HEART ASSOCIATION/AMERICAN STOKE ASSOCIATION'S GET WITH THE GUIDELINES STRO KE GOLD PLUS ACHIEVEMENT AWARD. THE GMG IS A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE THAT INCLUDES NEARLY 500 SPECIALIST AND PRIMARY CARE PHYSICIANS AND ADVANCE PRACTICE PROVIDERS , HEADQUARTERED IN A FACILITY ADJACENT TO RPH. PHYSICIANS WITHIN THE GMG PROVIDE COMPREHEN SIVE MEDICAL CARE USING ADVANCED TECHNOLOGIES AND METHODOLOGIES FOR BOTH DIAGNOSIS AND TRE ATMENT. FURTHER, THE GMG PROVIDES A BROAD RANGE OF EDUCATIONAL OPPORTUNITIES FOR PHYSICIAN S AND OTHER HEALTH CARE PROVIDERS. IT ALSO WORKS CLOSELY WITH THE RESEARCH INSTITUTE, WHER E RESEARCH CONTRIBUTES TO RECRUITING AND RETAINING PHYSICIAN SPECIALISTS TO SERVE THE REGI ON AND SUSTAINING PROFICIENT MEDICAL PRACTICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III (CONTINUED)	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 22 COMMUNITIES IN PENNSYLVANIA AND NEW YORK, ENCOMPASSING ALL OF THE MAJOR POPULATION CENTERS IN THE TWIN TIERS AREA. 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 4	CHANGES TO GOVERNING DOCUMENTS SINCE PRIOR YEAR FORM 990 WAS FILED THE ORGANIZATIONS BYLAWS WERE AMENDED TO ADD GUTHRIE TOWANDA MEMORIAL HOSPITAL AS A SUPPORTED ORGANIZATION. ADDITIONALLY, THE BYLAWS WERE AMENDED TO INDICATE THAT THE GOVERNANCE OF THE ORGANIZATION AND THE MANAGEMENT OF ITS AFFAIRS SHALL BE VESTED IN THE BOARD OF DIRECTORS COMPOSED OF NOT LESS THAN TWELVE (12) NOR MORE THAN EIGHTEEN (18) DIRECTORS AND NO FEWER THAN FIVE (5) DIRECTORS SHALL BE MEDICAL, ADMINISTRATIVE AND OTHER PROFESSIONAL MEMBERS AND NO FEWER THAN SEVEN (7) DIRECTORS SHALL BE INDEPENDENT INDIVIDUALS WHO GENERALLY REPRESENT THE BROAD INTEREST OF THE PUBLIC. ---------- 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 18	GOVERNING DOCUMENTS THE ORGANIZATION'S FORM 1023, 990, AND 990-T ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. ---------- FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION DOES NOT ROUTINELY MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. ---------- FORM 990 PART VII, SECTION B, LINE 1 THE AMOUNT REPORTED INCLUDES SUB-CONTRACTOR PAYMENTS AND AMOUNTS PAID FOR TIME AND MATERIALS. ---------- FORM 990 PART IX, LINE 23 DETAIL OF NEGATIVE INSURANCE EXPENSE DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE GUTHRIE CLINIC ELECTED TO CHANGE ITS METHOD OF EVALUATION FOR PROFESSIONAL AND GENERAL LIABILITY BASED ON POSITIVE CLAIM EXPERIENCE, RESULTING IN A FAVORABLE ADJUSTMENT TO EXISTING RESERVES. THE NEW METHOD OF ACCOUNTING FOR THESE RESERVES WAS ADOPTED BECAUSE MANAGEMENT BELIEVES THE NEW METHODOLOGY PROVIDES A MORE MEANINGFUL PRESENTATION OF ITS FINANCIAL POSITION BECAUSE IT REFLECTS MORE ACCURATE ESTIMATES FOR INCURRED BUT NOT REPORTED CLAIMS IN THE BALANCE SHEET. ----------

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 $ 64,153,595 PENSION ADJUSTMENT (2,544,525) INTEREST/DIVIDEND ON INVESTMENT 375,802 EARNINGS DISTRIBUTION (493,726) NET REALIZED GAINS AND LOSSES ON RESTRICTED INVESTMENT 1,311,039 PLEDGES 729,450 ---------- TOTAL $ 63,531,635 ----------

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 $30,874,363 FOR ROBERT PACKER HOSPITAL AND $16,115,637 FOR GUTHRIE MEDICAL GROUP, P.C. AS OF JUNE 30, 2019. 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, 2019. 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 $31,078,810 FOR ROBERT PACKER HOSPITAL, $16,068,917 FOR GUTHRIE MEDICAL GROUP, P.C., $27,063,759 FOR TROY COMMUNITY HOSPITAL, AND $5,798,524 FOR CORNING HOSPITAL AS OF JUNE 30, 2019. ----------

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

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	(g) Section 512(b)(13) controlled entity? No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)TWIN TIER MANAGEMENT CORP INC PO BOX 310 SAYRE, PA 18840 23-2209439	MANAGEMENT CORP	PA	TGC	C CORP	-246,533	4,192,662	100.000 %	Yes	
(2)CORNING PROPERTIES INC 1 GUTHRIE DRIVE CORNING, NY 14830 38-3977095	REAL ESTATE HOLD	NY	CH	C CORP					No
(3)CMH SERVICES INC 160 HOMER AVENUE CORTLAND, NY 13045 16-1370440	DURABLE MED EQUIP	NY	GCMC	C CORP					No
(4)CORTLAND MEMORIAL PROPERTIES INC 134 HOMER AVENUE CORTLAND, NY 13045 16-1266826	INCOME ALLOCATION	NY	GCMC	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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

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	
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	
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
134 HOMER AVENUE CORTLAND, NY 13045 15-0532079	HEALTHCARE	NY	501 (c)(3)	3	TGC	Yes	
134 HOMER AVENUE CORTLAND, NY 13045 22-2230692	SUPPORTING	NY	501(c)(3)	7	GCMC		No
134 HOMER AVENUE CORTLAND, NY 13045 20-4848729	HEALTHCARE	NY	501(c)(3)	3	TGC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CORNING HOSPITAL	A	1,917,476	PER AGREEMENT
(1)	GUTHRIE MEDICAL GROUP PC	A	10,799,538	PER AGREEMENT
(2)	GUTHRIE MEDICAL GROUP PC	B	177,061,645	PER AGREEMENT
(3)	ROBERT PACKER HOSPITAL	L	40,701,683	ACTUAL COST
(4)	TWIN TIER MANAGEMENT CORP INC	L	529,685	ACTUAL COST
(5)	DONALD GUTHRIE FOUNDATION	L	177,197	ACTUAL COST
(6)	TROY COMMUNITY HOSPITAL	L	2,738,480	ACTUAL COST
(7)	GUTHRIE HOME CARE	L	832,114	ACTUAL COST
(8)	CORNING HOSPITAL	L	12,621,165	ACTUAL COST
(9)	GUTHRIE MEDICAL GROUP PC	L	22,170,219	ACTUAL COST
(10)	ROBERT PACKER HOSPITAL	K	910,767	PER AGREEMENT
(11)	SAYRE HOUSE OF HOPE	L	113,176	ACTUAL COST
(12)	DONALD GUTHRIE FOUNDATION	K	826,934	PER AGREEMENT
(13)	ROBERT PACKER HOSPITAL	B,C	55,354,475	PER AGREEMENT
(14)	GUTHRIE MEDICAL GROUP PC	O	1,800,014	ACTUAL COST
(15)	ROBERT PACKER HOSPITAL	A	1,401,003	PER AGREEMENT
(16)	ROBERT PACKER HOSPITAL	M	199,137	PER AGREEMENT
(17)	GUTHRIE MEDICAL GROUP PC	M	126,857	PER AGREEMENT
(18)	TOWANDA MEMORIAL HOSPITAL	L	3,894,798	ACTUAL COST
(19)	TOWANDA MEMORIAL HOSPITAL	A	257,751	PER AGREEMENT
(20)	TWIN TIER MANAGEMENT CORPINC	A	25,626	PER AGREEMENT
(21)	CORNING HOSPITAL	B,C	8,799,119	PER AGREEMENT
(22)	CORNING HOSPITAL	L	12,621,165	PER AGREEMENT