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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 $ 176,657,410

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	772
6	Total number of volunteers (estimate if necessary)	**6**	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,623
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,064,000	480,305
9	Program service revenue (Part VIII, line 2g)	98,899,491	103,442,178
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,839,944	11,552,720
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	965,077	773,883
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,768,512	116,249,086
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	177,061,645	75,365,531
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)	51,986,633	55,555,136
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶940,787		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,616,802	48,921,027
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	272,665,080	179,841,694
19	Revenue less expenses. Subtract line 18 from line 12	-167,896,568	-63,592,608

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	398,735,323	469,925,134
21	Total liabilities (Part X, line 26)	284,744,922	320,093,944
22	Net assets or fund balances. Subtract line 21 from line 20	113,990,401	149,831,190

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

****** 2021-05-17
Signature of officer Date

JOSEPH SCOPELLITI MD PRESIDENT/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
				P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 1835 MARKET STREET SUITE 1710
PHILADELPHIA, PA 19103 — Phone no. (215) 546-2140

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 $ 169,386,005 including grants of $ 75,265,031) (Revenue $ 103,444,801)

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** ▶ 169,386,005

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	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	Yes	
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	243		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 772			
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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **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**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								3,938,845	5,411,842	1,049,490

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 ▶ 74

			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	9,432,426
CROSS COUNTRY STAFFING, PO BOX 404674 ATLANTA, GA 303844674	STAFFING SERVICES	8,097,666
AVANT HEALTHCARE PROFESSIONALS LLC, PO BOX 744554 ATLANTA, GA 303744554	STAFFING SERVICES	5,064,239
NAVIGANT CONSULTING INC, 150 N RIVERSIDE PLAZA SUITE 2100 CHICAGO, IL 60606	CONSULTING SERVICES	3,804,682
WEATHERBY LOCUMS INC, PO BOX 972633 DALLAS, TX 753972633	STAFFING SERVICES	2,754,117

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 ▶ 97

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	16,270			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	464,035			
	g Noncash contributions included in lines 1a - 1f: $	1g	67,125			
	h **Total.** Add lines 1a-1f		480,305			
Program Service Revenue		Business Code				
	2a OTHER PROGRAM RELATED REVENUE	900099	96,319,561	96,319,561		
	b RENTAL INCOME FROM AFFILIATES	351190	7,122,617	7,122,617		
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.		103,442,178			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,877,261			5,877,261
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	66,042,208	23,700		
	b Less: cost or other basis and sales expenses	7b	60,289,357	101,092		
	c Gain or (loss)	7c	5,752,851	-77,392		
	d Net gain or (loss)			5,675,459		5,675,459
	8a Gross income from fundraising events (not including $ 16,270 of contributions reported on line 1c). See Part IV, line 18	8a	17,875			
	b Less: direct expenses	8b	17,875			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a	0			
	b Less: direct expenses	9b	0			
	c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	10a	0			
	b Less: cost of goods sold	10b	0			
	c Net income or (loss) from sales of inventory			0		
	Miscellaneous Revenue	Business Code				
	11a BOOKKEEPING SERVICES	541200	1,659		1,659	
	b ATM RENTAL FEES	532420	964		964	
	c SUPPLY REBATE	900099	771,260			771,260
	d All other revenue					
	e **Total.** Add lines 11a–11d		773,883			
	12 **Total revenue.** See instructions		116,249,086	103,442,178	2,623	12,323,980

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	75,364,881	75,364,881		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	650	650		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,129,170	2,841,599	287,571	
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	41,532,424	37,259,510	3,770,674	502,240
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,366,182	2,148,730	217,452	
9 Other employee benefits	5,136,542	4,591,873	464,699	79,970
10 Payroll taxes	3,390,818	3,045,237	308,179	37,402
11 Fees for services (non-employees):				
a Management	0			
b Legal	249,983	227,010	22,973	
c Accounting	217,166	197,208	19,958	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	157,293	142,838	14,455	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,445,179	11,168,752	1,130,281	146,146
12 Advertising and promotion	2,350,030	2,134,062	215,968	
13 Office expenses	6,290,193	5,669,546	573,760	46,887
14 Information technology	6,914,659	6,275,291	635,061	4,307
15 Royalties	0			
16 Occupancy	2,670,166	2,412,809	244,177	13,180
17 Travel	370,024	328,405	33,235	8,384
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	127,683	112,878	11,423	3,382
20 Interest	3,119,016	2,832,378	286,638	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,401,695	9,424,568	953,769	23,358
23 Insurance	223,082	202,581	20,501	
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 LOSS ON REFUNDING	1,285,109	1,167,007	118,102	0
b DUES & SUBSCRIPTIONS	796,240	720,895	72,955	2,390
c OTHER EXPENSES	1,303,509	1,117,297	113,071	73,141
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	179,841,694	169,386,005	9,514,902	940,787
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		100	1	100
	2	Savings and temporary cash investments		19,922,169	2	69,589,280
	3	Pledges and grants receivable, net		915,665	3	851,211
	4	Accounts receivable, net		0	4	0
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,555,121	9	7,170,052
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 180,837,720			
	b	Less: accumulated depreciation	10b 100,321,389	74,375,387	10c	80,516,331
	11	Investments—publicly traded securities		59,153,811	11	66,581,574
	12	Investments—other securities. See Part IV, line 11		2,610,010	12	3,574,107
	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		239,203,060	15	241,642,479
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		398,735,323	16	469,925,134
Liabilities	17	Accounts payable and accrued expenses		22,381,212	17	22,682,706
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		240,625,709	20	136,051,212
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	103,957,165
	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		21,738,001	25	57,402,861
	26	**Total liabilities.** Add lines 17 through 25		284,744,922	26	320,093,944
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		81,372,801	27	118,090,672
	28	Net assets with donor restrictions		32,617,600	28	31,740,518
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		113,990,401	32	149,831,190
	33	Total liabilities and net assets/fund balances		398,735,323	33	469,925,134

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	116,249,086
2	Total expenses (must equal Part IX, column (A), line 25)	2	179,841,694
3	Revenue less expenses. Subtract line 2 from line 1	3	-63,592,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,990,401
5	Net unrealized gains (losses) on investments	5	-2,288,736
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	101,722,133
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,831,190

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 (2019)

Form 990, Part III, Line 4a:

The Guthrie Clinic operates as the parent entity of a tax-exempt multi-entity healthcare system. The organization coordinates, supervises and ensures the continuation and improvement of the quality of healthcare services in a cost effective manner provided by its qualifying affiliates to the community in furtherance of its charitable tax-exempt purposes.

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			
JOSEPH A SCOPELLITI MD DIRECTOR - PRESIDENT/CEO	55.0 0.0	X		X				0	1,009,233	100,731
TERENCE M DEVINE MD VICE CHAIR-DIR(TERMED 11/2019)	55.0 0.0	X		X				0	713,186	32,367
DOUGLAS TROSTLE MD DIRECTOR (TERMED 11/2019)	55.0 0.0	X						0	700,897	38,677
PHILIP RYAN CPA TREASURER - CFO	55.0 0.0			X				582,526	0	80,037
FREDERICK J BLOOM MD DIRECTOR - PRESIDENT GMG	55.0 0.0	X						0	578,092	81,093
PAUL G VERVALIN EVP/COO	55.0 0.0			X				524,916	0	86,038
JOSEPH RONSIVALLE MD DIRECTOR	55.0 0.0	X						0	562,591	45,182
DANIEL BROWN MD DIRECTOR	55.0 0.0	X						0	546,298	36,507
J MICHAEL SCALZONE MD EVP/CHIEF QUALITY OFFICER	55.0 0.0				X			0	446,740	80,557
NORBERTO ROBLES EVP/CIO	55.0 0.0				X			413,422	0	60,203

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			
KAREN KIM MD DIRECTOR	55.0 0.0	X						0	443,054	14,700
DAVID PFISTERER MD DIRECTOR	55.0 0.0	X						0	411,751	43,479
FRANCIS PINKOSKY EVP/CHIEF HR OFFICER	55.0 0.0				X			325,835	0	52,402
CATHERINE MOHR EVP/CNO	55.0 0.0				X			314,848	0	58,889
DONALD F SKERPON EVP/CHIEF STRATEGY OFFICER	55.0 0.0				X			316,453	0	43,737
TERRI COUTS VP, EPIC APPLICATIONS PROGRAM	55.0 0.0					X		249,342	0	41,722
LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	55.0 0.0					X		240,207	0	43,059
FRANCIS MACAFEE CFO CH	55.0 0.0					X		243,252	0	34,922
MARY ANN DOUGHERTY SVP STRATEGY & GROWTH	55.0 0.0				X			251,853	0	18,011
PAUL CONTINO VP, IT	55.0 0.0					X		225,533	0	41,164

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			
EDWARD MATTISON VP, IT INFRASTRUCTURE	55.0 0.0					X		250,658	0	16,013
KENNETH R LEVITZKY ESQ CHAIRMAN - DIRECTOR	1.0 0.0	X		X				0	0	0
DONALD HARTMAN SECRETARY - DIRECTOR	1.0 0.0	X		X				0	0	0
ETHAN ARNOLD MPH DIRECTOR	1.0 0.0	X						0	0	0
JOHANNA AMES DIRECTOR	1.0 0.0	X						0	0	0
JOHN BAYNE DIRECTOR	1.0 0.0	X						0	0	0
H EUGENE LINDSEY MD DIRECTOR	1.0 0.0	X						0	0	0
JOAN M MARREN RN DIRECTOR	1.0 0.0	X						0	0	0
NADER MEHRAVARI PHD DIRECTOR	1.0 0.0	X						0	0	0
BRUCE PLUMMER DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN FREEMAN MD DIRECTOR (TERMED 1/2020)	1.0 0.0	X						0	0	0

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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 instructions and the latest information.**

OMB No. 1545-0047

2019

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					75,364,881	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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, LINE 1	THE LANGUAGE OF THE ORGANIZATIONS BYLAWS PROVIDE THAT THE GUTHRIE CLINIC'S ("TGC") PURPOSE IS TO ACT AS THE PARENT OF AN INTEGRATED SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM, 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		
ROBERT PACKER HOSPITAL	240795463	3	Yes		0	0
DONALD GUTHRIE FOUNDATION	246022957	4	Yes		0	0
GUTHRIE TOWANDA MEMORIAL HOSPITAL	240786657	3	Yes		0	0
SAYRE HOUSE OF HOPE	203979472	3	Yes		0	0
GUTHRIE HOME CARE	232394345	4	Yes		0	0
TROY COMMUNITY HOSPITAL	240800337	3	Yes		0	0
CORNING HOSPITAL	160393490	3	Yes		0	0
GUTHRIE MEDICAL GROUP PC	250815795	4	Yes		75,364,881	0
GUTHRIE CORTLAND MEDICAL CENTER	150532079	3	Yes		0	0
CORTLAND MEMORIAL FOUNDATION INC	222230692	4	Yes		0	0
REGIONAL MEDICAL PRACTICE PC	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 instructions and the latest information.

OMB No. 1545-0047

2019

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		6,301,345		6,301,345
b Buildings		50,471,553	19,761,367	30,710,186
c Leasehold improvements		9,559,323	5,760,114	3,799,209
d Equipment		97,304,223	73,300,772	24,003,451
e Other		17,201,276	1,499,136	15,702,140
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				80,516,331

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)DUE FROM AFFILIATES	220,174,927
(2)DEFINED PENSION BENEFIT	17,856,579
(3)OTHER ASSETS	3,610,973
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	241,642,479

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
(2) DUE TO AFFILIATES	49,379,551
(3) SWAP CONTRACT PAYABLE 2007	1,520,350
(4) DEFERRED REVENUE FINANCING COSTS	558,143
(5) DEFERRED LIABILITY CAP INTEREST	1,044,796
(6) SWAP CONTRACT PAYABLE 2007 PAS	2,780,862
(7) ACCRUED WORKERS COMP LIABILITY	318,997
(8) ACCRUED EXP PROF. LIABILITY	1,283,568
(9) OTHER LIABILITIES	516,594
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	57,402,861

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	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TA X-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FO R THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; INCLUDING THIS ORGANIZATION; RESPECTIVE LY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONS OLIDATED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX PR OVISIONS UNDER FIN 48 (ASC 740): ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED ST ATES OF AMERICA REQUIRE THE CORPORATION TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE CORPORATION HAS TAKEN AN UNCERTAIN POSITI ON THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE S ERVICE. THE CORPORATION HAS CONCLUDED THAT AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCE RTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILIT Y (OR ASSET) 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

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Investments		69,897,729
3a Sub-total	0	0			69,897,729
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	0	0			69,897,729

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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" on 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 noncash assistance	(g) Description of noncash 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	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE INVESTMENT AMOUNT REPORTED IN SCHEDULE F, PART I, LINE 3; COLUMN F REPRESENTS THE TOTAL POOLED INVESTMENT FUNDS OF THE SYSTEM. THE POOLED INVESTMENT FUNDS ARE ALLOCATED AMONG THE SYSTEM 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

2019

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 10 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? Yes	No	**(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
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 (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	34,145			34,145
	2 Less: Contributions	16,270			16,270
	3 Gross income (line 1 minus line 2)	17,875			17,875
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes	345			345
	6 Rent/facility costs				
	7 Food and beverages	146			146
	8 Entertainment				
	9 Other direct expenses	16,384			16,384
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				17,875
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

2019

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)	75,364,881				SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I; QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

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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

2019

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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**	Yes	
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
PART VII AND SCHEDULE J	IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2019 FORMS W-2 AND FORMS 1099 (IF APPLICABLE).
FORM 990, SCHEDULE J, PART I, LINE 1	THE ORGANIZATION PROVIDED MR. RYAN, CHIEF FINANCIAL OFFICER, WITH A HOUSING ALLOWANCE AND TRAVEL PAY WHICH TOTALED $30,004 WHICH WAS INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.
SCHEDULE J, PART I; QUESTION 4B	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 PARTICIPANT'S 457(F) ACCOUNT BENEFIT UPON ATTAINING AGE 62, WITH 5 YEARS OF SERVICE. TGC SHALL DISTRIBUTE THE PARTICIPANT'S 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 PARTICIPANT'S DEFERRED COMPENSATION AMOUNT AS OF JULY 1ST IMMEDIATELY SUBSEQUENT TO THE DATE WHEN CREDITED. THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2019 FORM W-2 AS TAXABLE WAGES: JOSEPH SCOPELLITI, M.D., $64,704. THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH SCOPELLITI, M.D., $64,704; PHILIP RYAN, CPA, $43,410; FREDERICK BLOOM, M.D., $44,093; PAUL G. VERVALIN, $40,006; J. MICHAEL SCALZONE, M.D., $34,625; NORBERTO ROBLES, $30,456; FRANCIS PINKOSKY, $24,525; CATHERINE MOHR, $22,862 AND DONALD SKERPON, $23,563.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

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				
1JOSEPH A SCOPELLITI MD DIRECTOR - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	767,736	170,853	70,644	82,904	17,827	1,109,964	0
1TERENCE M DEVINE MD VICE CHAIR-DIR(TERMED 11/2019)	(i)	0	0	0	0	0	0	0
	(ii)	713,186	0	0	18,200	14,167	745,553	0
2DOUGLAS TROSTLE MD DIRECTOR (TERMED 11/2019)	(i)	0	0	0	0	0	0	0
	(ii)	665,520	35,377	0	18,200	20,477	739,574	0
3PHILIP RYAN CPA TREASURER - CFO	(i)	476,584	75,938	30,004	60,210	19,827	662,563	0
	(ii)	0	0	0	0	0	0	0
4FREDERICK J BLOOM MD DIRECTOR - PRESIDENT GMG	(i)	0	0	0	0	0	0	0
	(ii)	500,447	71,705	5,940	62,293	18,800	659,185	0
5PAUL G VERVALIN EVP/COO	(i)	444,351	71,040	9,525	56,806	29,232	610,954	0
	(ii)	0	0	0	0	0	0	0
6JOSEPH RONSIVALLE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	518,591	44,000	0	16,800	28,382	607,773	0
7DANIEL BROWN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	508,241	20,000	18,057	18,200	18,307	582,805	0
8J MICHAEL SCALZONE MD EVP/CHIEF QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	386,602	56,309	3,829	51,425	29,132	527,297	0
9NORBERTO ROBLES EVP/CIO	(i)	329,912	54,500	29,010	48,656	11,547	473,625	0
	(ii)	0	0	0	0	0	0	0
10KAREN KIM MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	421,179	21,875	0	14,700	0	457,754	0
11DAVID PFISTERER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	383,159	28,145	447	16,800	26,679	455,230	0
12FRANCIS PINKOSKY EVP/CHIEF HR OFFICER	(i)	259,224	43,561	23,050	42,725	9,677	378,237	0
	(ii)	0	0	0	0	0	0	0
13CATHERINE MOHR EVP/CNO	(i)	270,231	40,662	3,955	41,062	17,827	373,737	0
	(ii)	0	0	0	0	0	0	0
14DONALD F SKERPON EVP/CHIEF STRATEGY OFFICER	(i)	251,437	42,108	22,908	41,763	1,974	360,190	0
	(ii)	0	0	0	0	0	0	0
15TERRI COUTS VP, EPIC APPLICATIONS PROGRAM	(i)	230,778	18,564	0	13,090	28,632	291,064	0
	(ii)	0	0	0	0	0	0	0
16LUCIA SAGGIOMO VP, CORPORATE REVENUE CYCLE	(i)	221,735	18,472	0	14,412	28,647	283,266	0
	(ii)	0	0	0	0	0	0	0
17FRANCIS MACAFEE CFO CH	(i)	214,327	28,925	0	14,595	20,327	278,174	0
	(ii)	0	0	0	0	0	0	0
18MARY ANN DOUGHERTY SVP STRATEGY & GROWTH	(i)	220,276	31,577	0	15,111	2,900	269,864	0
	(ii)	0	0	0	0	0	0	0
19PAUL CONTINO VP, IT	(i)	200,235	25,298	0	13,532	27,632	266,697	0
	(ii)	0	0	0	0	0	0	0

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				
21 EDWARD MATTISON VP, IT INFRASTRUCTURE	(i)	233,339	17,319	0	15,039	974	266,671	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 instructions and the latest information.

OMB No. 1545-0047

2019

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	04-02-2007	187,455,000	REFUND BONDS - 2/02 & 3/02		X		X		X
B	CENTRAL BRADFORD PROGRESS AUTHORITY	23-2735865	152691AP6	09-08-2011	103,722,134	CONSTRUCT FACILITIES & REFUND 2/02		X		X		X
C	CENTRAL BRADFORD PROGRESS AUTHORITY	23-2375865		10-18-2012	50,000,000	CONSTRUCT FACILITIES		X		X		X
D	CENTRAL BRADFORD PROGRESS AUTHORITY	23-2735865		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	145,810,000	100,845,000	0	4,095,000
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %
6	Total of lines 4 and 5				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.								
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
TAX-EXEMPT BOND ISSUES - SCHEDULE J; PART I	PART II, LINE 3, COLUMNS A & B: 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, & D: THE AMOUNTS INCLUDED IN OTHER SPENT PROCEEDS REPRESENT THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART III, COLUMN A: THE SERIES 2007 BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING ISSUES DATED PRIOR TO DECEMBER 31, 2002 AND, THEREFORE, THIS ISSUE IS EXEMPT FROM PART III REPORTING. PART IV, LINE 2(C), COLUMN A: A REBATE CALCULATION WAS PERFORMED ON 12/1/2011 PART IV, LINE 2(C), COLUMN B: A REBATE CALCULATION WAS PERFORMED ON 8/31/2016 PART IV, LINE 2(C), COLUMN C: A REBATE CALCULATION WAS PERFORMED ON 9/13/2016

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

Employer identification number
23-3055017

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDICAL PPE & misc items)	X	107	67,125	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
Schedule M, Part I; Question 32A	THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

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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

2019

Open to Public Inspection

Name of the organization
THE GUTHRIE CLINIC

Employer identification number
23-3055017

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE GUTHRIE CLINIC IS A TAX-EXEMPT NONPROFIT HEALTH CARE ORGANIZATION INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES. THE GUTHRIE CLINIC ("TGC") ACTS AS THE TAX-EXEMPT PARENT OF THE SYSTEM ("GUTHRIE"), A TAX-EXEM PT SECTION 501(C)(3) INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE SOLE MEMBER OF EACH ENTIT Y IS EITHER TGC OR ANOTHER GUTHRIE SYSTEM AFFILIATE CONTROLLED OR OWNED BY TGC. GUTHRIE OF FERS PATIENTS A FULL-SPECTRUM OF HEALTH SERVICES INCORPORATING PRIMARY CARE, COMPLEX SPECI ALTY CARE, BEHAVIORAL HEALTH SERVICES, SURGICAL SERVICES, INPATIENT CARE, DURABLE MEDICAL EQUIPMENT SERVICES, HOME HEALTH, LONG-TERM CARE, PALLIATIVE CARE AND HOSPICE CARE. OUR INT EGRATED APPROACH CREATES A BETTER EXPERIENCE FOR OUR PATIENTS AND IS WORKING TO DECREASE T HE COST OF THE DELIVERY OF HEALTH CARE. GUTHRIE SERVES A LARGE POPULATION OF PEOPLE OVER A WIDE GEOGRAPHIC AREA. REGARDLESS OF HOW PATIENTS ENTER THE GUTHRIE SYSTEM, OUR ELECTRONIC HEALTH RECORD, ENABLES OUR SPECIALISTS AND PRIMARY CARE PHYSICIANS TO ACTIVELY COLLABORAT E - LITERALLY AND VIRTUALLY - TO COORDINATE PATIENT CARE. OUR ROBUST ELECTRONIC HEALTH REC ORD ENABLES GUTHRIE PHYSICIANS AND CLINICIANS TO QUICKLY GAIN A COMPREHENSIVE UNDERSTANDIN G OF PATIENTS' HEALTH NEEDS AND OUR PATIENT PORTAL, EGUTHRIE, ALLOWS PATIENTS TO ACCESS TH EIR HEALTH INFORMATION EASILY ON A COMPUTER, TABLET OR SMART PHONE. GUTHRIE MISSION & VALU ES ========== AS A NON-PROFIT TAX-EXEMPT HEALTH CARE SYSTEM, GUTHRIE, ITS PH YSICIANS AND EMPLOYEES ARE FOCUSED ON IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITI ES IT SERVES. GUTHRIE'S MISSION, VISION AND VALUES STATEMENTS ARTICULATE THE PRINCIPLES ON WHICH THE ORGANIZATION WAS FOUNDED AND EXISTS TODAY. MISSION ------- GUTHRIE WORKS WITH T HE COMMUNITIES WE SERVE TO HELP EACH PERSON ATTAIN OPTIMAL, LIFE-LONG HEALTH AND WELL-BEIN G. WE WILL DO SO BY PROVIDING INTEGRATED, CLINICALLY-ADVANCED SERVICES THAT PREVENT, DIAGN OSE, AND TREAT DISEASE, WITHIN AN ENVIRONMENT OF COMPASSION, LEARNING, AND DISCOVERY. VISI ON ------ IMPROVING HEALTH THROUGH CLINICAL EXCELLENCE AND COMPASSION; EVERY PATIENT; EVER Y TIME. VALUES ------ - PATIENT-CENTEREDNESS - TEAMWORK - EXCELLENCE A LONG HISTORY OF SER VICE AND GROWTH ========== GUTHRIE MEDICAL GROUP ---------- ------ GUTHRIE MEDICAL GROUP IS TAX-EXEMPT MULTISPECIALTY GROUP PRACTICE THAT WAS FOUNDED IN 1910 BY DR. DONALD GUTHRIE. WITHIN A YEAR OF HIS ARRIVAL, DR. GUTHRIE EXPANDED SERVICES AT GUTHRIE ROBERT PACKER HOSPITAL AS HE RECRUITED PHYSICIAN SPECIALISTS TO JOIN GUTHRIE, WHICH HE INTENDED TO MODEL AFTER THE MAYO CLINIC WHERE HE HAD JUST COMPLETED HIS RESIDENCY . LEARNING AND EDUCATION ---------- ACADEMICS ARE A DISTINGUISHING CHARACTERIS TIC OF THE GUTHRIE ORGANIZATION, WHICH DATE BACK TO 1901 WHEN THE SCHOOL OF NURSING WAS FO UNDED. THE DONALD GUTHRIE RESEARCH FOUNDATION STARTED IN 1942 AND WITH FUNDS FROM THE EMIL Y GUTHRIE ESTATE THE GUTHRIE R

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ESEARCH INSTITUTE WAS FORMED IN 1980. GUTHRIE'S COMMITMENT TO LEARNING AND EDUCATION INCLU DES THE INTERNAL MEDICINE RESIDENCY PROGRAM IN 1958, GENERAL SURGERY RESIDENCY PROGRAM IN 1959, AND THE FAMILY PRACTICE RESIDENCY PROGRAM IN 1993. REGIONAL OFFICES ---------- GUTHRIE HAS GROWN IN SIZE AND CAPABILITY IN THE LAST CENTURY, AND NOW SERVES AS A MAJOR R EGIONAL REFERRAL CENTER WHERE MORE THAN 1,600 PHYSICIANS SEND THEIR PATIENTS. IN 1977, GUT HRIE OPENED ITS FIRST REGIONAL OFFICE IN TROY, PA. TODAY GUTHRIE HAS 32 REGIONAL OFFICES L OCATED THROUGHOUT THE REGION TO PROVIDE PRIMARY CARE AND OUTREACH SPECIALTY CARE AND TESTI NG TO ITS PATIENTS CLOSE TO WHERE THEY LIVE. FIVE HOSPITALS ---------- IN ADDITION TO ITS LONGSTANDING RELATIONSHIP WITH ROBERT PACKER HOSPITAL, GUTHRIE ACQUIRED TROY COMMUNITY HOSPITAL IN 1985, CORNING HOSPITAL IN 1999, TOWANDA MEMORIAL HOSPITAL IN 2015 AND CORTLAN D MEDICAL CENTER IN 2019. GUTHRIE TODAY ---------- TODAY, ONE OF THE LONGEST ESTABLISHE D GROUP PRACTICES IN THE COUNTRY, GUTHRIE HAS MORE THAN 325 PRIMARY AND SPECIALTY CARE PHY SICIANS AND 210 ADVANCE PRACTICE PRACTITIONERS AND HAS MORE THAN 1,000,000 PATIENT VISITS EACH YEAR IN 22 COMMUNITIES IN PENNSYLVANIA AND NEW YORK. GUTHRIE'S COMMITMENT TO ITS CORE VALUES OF PATIENT CENTEREDNESS, TEAMWORK AND EXCELLENCE - THE DEFINING VALUES UPON WHICH GUTHRIE CLINIC WAS FOUNDED - REMAINS ROBUST AND UNCHANGING. GUTHRIE SERVICES ========== === GUTHRIE HOSPITALS ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS INTERNAL R EVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. PURSUANT TO ITS CHARITABLE PURPOSE S, THE GUTHRIE HOSPITALS PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL S IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, S EXUAL ORIENTATION, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, THE GUTHRIE HOSPITALS OPER ATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. PRO VIDED MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. OPERATES AN ACTI VE EMERGENCY DEPARTMENTS FOR ALL PERSONS THAT ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIF IED PHYSICIANS; 4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF TGC; THE TAX-EXEMPT PARENT ORGANIZATION OF GUTHRIE. BOTH BOARDS ARE COMPRI SED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE REPRESENTED COMMUNITIE S; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVA TE FACILITIES/EQUIPMENT AND ADVANCE AND IMPROVE MEDICAL CARE, PROGRAMS AND ACTIVITIES THRO UGH PATIENT CARE AND MEDICAL TRAINING, EDUCATION AND RESEARCH. THE OPERATIONS OF EACH HOSP ITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE U

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE I NCOME OR NET EARNINGS OF THE ORGANIZATIONS INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL , NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. GUTHRIE ROBERT PACKER HOSPITAL ========== A 267-BED TERTIARY CARE REFERRAL CENTER, GUTHRIE R OBERT PACKER HOSPITAL, SAYRE, PA., IS THE RECIPIENT OF NUMEROUS NATIONAL AWARDS FOR THE HI GH QUALITY CARE IT PROVIDES TO PATIENTS. THE HOSPITAL IS A REGIONAL LEVEL II TRAUMA CENTER , ACCREDITED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION, AND IS SERVED BY GUTHRIE AIR, A REGIONAL AEROMEDICAL HELICOPTER PROGRAM. GUTHRIE ROBERT PACKER HOSPITAL OFFERS A FULL RA NGE OF DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES, INCLUDING: - GUTHRIE BREAST CARE CENTER - GUTHRIE CANCER CENTER - GUTHRIE CARDIAC AND VASCULAR CENTER - GUTHRIE MUSCULOSKELETAL SE RVICES - GUTHRIE IMAGING SERVICES - GUTHRIE SPECIALTY EYE CARE - GUTHRIE SURGICAL SERVICES - GUTHRIE WEIGHT LOSS CENTER - LEVEL II TRAUMA CENTER - MEDICAL/SURGICAL AND INTENSIVE CA RE SERVICES GUTHRIE CORNING HOSPITAL ========== GUTHRIE CORNING HOSPITAL, LO CATED IN CORNING, N.Y., OPENED A NEW 65-BED HOSPITAL AND REGIONAL CANCER CENTER IN 2014. T HE NEW FACILITY PROVIDES THE REGION EMERGENCY, ICU, LABOR AND DELIVERY, SURGICAL, INPATIEN T AND OUTPATIENT SERVICES INCLUDING WOUND CARE, CARDIOLOGY, MEDICAL IMAGING AND CANCER CAR E SERVICES, INCLUDING: - 24-HOUR EMERGENCY SERVICES WITH 24-HOUR LABORATORY, RADIOLOGY AND ULTRASOUND SUPPORT - AMBULATORY SURGERY - BREAST CARE CENTER - CANCER CENTER - CORONARY C ARE, CARDIOLOGY STRESS TESTING AND OUTPATIENT REHABILITATION - ENDOSCOPY - LABORATORY SERV ICES - LABOR AND DELIVERY CARE - MEDICAL/SURGICAL AND INTENSIVE CARE SERVICES - IMAGING SE RVICES - MUSCULOSKELETAL SERVICES GUTHRIE CORTLAND MEDICAL CENTER ========== ======= GUTHRIE CORTLAND MEDICAL CENTER, AN INDEPENDENT, NONPROFIT, 144-BED ACUTE CARE FAC ILITY WITH AN ATTACHED 80-BED RESIDENTIAL CARE FACILITY, JOINED THE GUTHRIE HEALTHCARE SYS TEM IN JANUARY 2019. FOR OVER 125 YEARS, THE PEOPLE OF CORTLAND HAVE TURNED TO US FIRST FO R THE BEST IN MEDICAL CARE. - ACUTE AND INPATIENT CARE - CANCER CARE - EMERGENCY CARE - IN FUSION SERVICES - LABOR AND DELIVERY CARE - LABORATORY SERVICES - IMAGING AND RADIOLOGY - MENTAL HEALTH SERVICE - OUTPATIENT THERAPY SERVICES - RESPIRATORY SERVICES - SURGICAL SERV ICES

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	GUTHRIE TOWANDA MEMORIAL HOSPITAL ========== GUTHRIE TOWANDA MEMORI AL HOSPITAL A 35-BED COMMUNITY HOSPITAL IN TOWANDA, PA., JOINED GUTHRIE IN APRIL 2015. GUT HRIE TOWANDA MEMORIAL HOSPITAL SERVES BRADFORD AND SULLIVAN COUNTIES AS WELL AS THE SURROU NDING COMMUNITIES AND OFFERS ADDITIONAL SPECIALTY CARE SERVICES INCLUDING PAIN MANAGEMENT AND HAND SURGERY. LONG-TERM CARE SERVICES ARE PROVIDED FOR PATIENTS AT GUTHRIE TOWANDA MEM ORIAL HOSPITAL WITH A SKILLED NURSING UNIT AND 94-BED PERSONAL CARE HOME. - IMAGING SERVIC ES - MEDICAL/SURGICAL SERVICES - ORTHOPEDIC SURGERY - 24-HOUR EMERGENCY SERVICES WITH 24-H OUR LABORATORY, RADIOLOGY AND ULTRASOUND SUPPORT - AMBULATORY SURGERY - CARDIOLOGY STRESS TESTING - LABORATORY SERVICES - REHABILITATION - PHYSICAL AND OCCUPATIONAL THERAPY - SUB-A CUTE CARE - EMS SERVICES GUTHRIE TROY COMMUNITY HOSPITAL ========== L OCATED IN TROY, PA., GUTHRIE TROY COMMUNITY HOSPITAL IS 25-BED, CRITICAL ACCESS HOSPITAL. A NEW FACILITY WAS BUILT IN 2013 AND OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVI CES INCLUDING SUB-ACUTE AND VENTILATOR MANAGEMENT PROGRAMS AND IS A LEVEL IV TRAUMA CENTER . - IMAGING SERVICES - MEDICAL/SURGICAL SERVICES - ORTHOPEDIC SURGERY - 24-HOUR EMERGENCY SERVICES WITH 24-HOUR LABORATORY, RADIOLOGY AND ULTRASOUND SUPPORT - AMBULATORY SURGERY - CORONARY CARE, CARDIOLOGY STRESS TESTING - REHABILITATION - SUB-ACUTE CARE - VENTILATOR MA NAGEMENT PROGRAM GUTHRIE MEDICAL GROUP ========== GUTHRIE VALUES ARE FOUNDED ON THE LIFE AND WORK OF DONALD GUTHRIE, MD, WHO CAME TO THE BOOMING RAILROAD TOWN OF SAYRE, PA. IN 1910. AFTER A THREE-YEAR SURGICAL RESIDENCY UNDER THE EXACTING TUTELAGE OF DRS. CHA RLES A AND WILLIAM MAYO OF THE MAYO CLINIC, DR. GUTHRIE BEGAN TO REPLICATE THE MAYO'S MULT I-SPECIALTY GROUP PRACTICE MODEL TO CREATE THE ORGANIZATION THAT NOW BEARS HIS NAME. GUTHR IE MEDICAL GROUP IS A MULTI-SPECIALTY GROUP PRACTICE OF MORE THAN 325 PHYSICIANS AND 210 A DVANCED PRACTICE PROVIDERS HAVE MORE THAN 1,000,000 PATIENT VISITS EACH YEAR. WITH ITS HEA DQUARTERS IN A LARGE MEDICAL OFFICE COMPLEX ADJACENT TO GUTHRIE ROBERT PACKER HOSPITAL IN SAYRE, PA., THE REGIONAL OFFICE NETWORK ENCOMPASSES 32 SUBSPECIALTY AND PRIMARY SITES IN 2 2 COMMUNITIES THROUGHOUT PENNSYLVANIA AND NEW YORK. GUTHRIE'S PRIMARY CARE NETWORK ENCOMPA SSES ALL OF THE MAJOR POPULATION CENTERS IN THE TWIN TIERS AND PROVIDES EASY AND CONVENIEN T ACCESS TO THE BEST MEDICAL CARE AVAILABLE IN THE REGION. GUTHRIE FOUNDATION FOR EDUCATIO N AND RESEARCH ========== THE GUTHRIE FOUNDATION FOR ED UCATION AND RESEARCH IS A 501(C)(3) AND SEPARATE ENTITY WITHIN THE GUTHRIE CLINIC. THE FOU NDATION WAS ESTABLISHED IN 1942 WITH AN INITIAL GIFT OF $25,000 FROM DR. GUTHRIE. THIS WAS PRIOR TO GOVERNMENTAL FUNDED RESEARCH AND THE ORIGINAL CHARTER SPECIFIED THAT THESE FUNDS WERE TO BE USED TO "FOSTER EDUCATION AND RESEARCH ON THE CAMPUS OF THE ROBERT PACKER HOSP ITAL". SINCE THE INITIAL INCEP

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TION, THE FOUNDATION HAS GROWN AND EVOLVED HOWEVER, STILL MAINTAINS A SIMILAR VISION TO DE VELOP, GROW AND CONDUCT MEANINGFUL QUALITY RESEARCH TO IMPROVE THE LIVES OF PATIENTS IN TH E TWIN TIERS COMMUNITY. IN 2014, UNDER A BROADER ORGANIZATIONAL RE-STRUCTURE THE FOUNDATIO N WAS RE-NAMED THE DONALD GUTHRIE FOUNDATION HOWEVER, STILL MAINTAINED ITS SAME MISSION ST ATEMENT. WITH THE RE-STRUCTURE THE FOUNDATION IS NOW COMPRISED OF THE THREE RESEARCH DEPAR TMENTS OF CLINICAL RESEARCH, LEAP TESTING SERVICE AND THE INSTITUTIONAL REVIEW BOARD. MEDI CAL EDUCATION ========== INCLUDES THE MANSFIELD UNIVERSITY/ROBERT PACKER DEPARTMENT OF HEALTH SCIENCES -- NURSING PROGRAM, THE RADIOLOGY TECHNOLOGY PROGRAM AND THE RESPIRATO RY THERAPY PROGRAM. THESE EDUCATION PROGRAMS ARE ALL CO-SPONSORED BY MANSFIELD UNIVERSITY. OTHER EDUCATIONAL PROGRAMS INCLUDE THE MEDICAL TECHNOLOGY/MEDICAL LABORATORY SCIENCE PROG RAM, AND THE MEDICAL EDUCATION DEPARTMENT. THE GUTHRIE/ROBERT PACKER HOSPITAL MEDICAL EDUC ATION DEPARTMENT OFFERS RESIDENCY PROGRAMS IN FAMILY MEDICINE, INTERNAL MEDICINE, PHARMACY , GENERAL SURGERY, NURSING, EMERGENCY MEDICINE AND ANESTHESIOLOGY. MEDICAL STUDENT TRAININ G IS PROVIDED FOR STUDENTS FROM AFFILIATED MEDICAL SCHOOLS (SUNY UPSTATE MEDICAL UNIVERSIT Y, DREXEL MEDICAL COLLEGE, LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE AND JEFFERSON). THE D EPARTMENT ALSO OFFERS A THREE YEAR CARDIOVASCULAR DISEASE FELLOWSHIP, A GASTROENTEROLOGY F ELLOWSHIP AND A PULMONARY DISEASE AND CRITICAL CARE MEDICINE FELLOWSHIP. MEDICAL EDUCATION ALSO OFFERS CONTINUING MEDICAL EDUCATION COURSES, SPONSORS MEDICAL GRAND ROUNDS EACH WEEK , AND SUPPORTS THE GUTHRIE SCHOLARS PROGRAM, WHICH OFFERS EARLY ACCEPTANCE TO MEDICAL SCHO OL FOR EXCEPTIONAL STUDENTS FROM SURROUNDING COMMUNITIES. OTHER SERVICES ========== GU THRIE HOME CARE, HOME HEALTH IS LICENSED IN BOTH PENNSYLVANIA AND NEW YORK AND HOSPICE IS LICENSED IN PENNSYLVANIA. HOME CARE PROVIDES VARIOUS LEVELS OF CARE IN THE HOME, BASED ON PATIENT NEED, INCLUDING: - NURSING CARE - PERSONAL CARE - PHYSICAL, OCCUPATIONAL AND SPEEC H THERAPIES - HOMMED MONITORING SYSTEM FOR PATIENTS WITH CHRONIC CONDITIONS - HOSPICE CARE FOR TERMINALLY ILL PATIENTS QUALITY AND AWARDS ========== QUALITY DATA ---------- -- GUTHRIE PHYSICIANS, ADVANCED PRACTITIONERS AND STAFF ARE DEDICATED TO PROVIDING OUR PAT IENTS QUALITY HEALTH CARE. BY MEASURING OUTCOMES DATA AND CREATING AN ENVIRONMENT IN WHICH QUALITY IMPROVEMENT IS PART OF THE HEALTH CARE TEAM'S EVERY DAY WORK, GUTHRIE ENSURES PAT IENTS RECEIVE THE LEVEL OF CARE AND COMPASSION THEY DESERVE. AWARDS ------ GUTHRIE HAS REC EIVED NUMEROUS INDEPENDENT AWARDS FOR CLINICAL EXCELLENCE, QUALITY PATIENT CARE AND HOSPIT AL PERFORMANCE. THE AWARDS SPAN THE ENTIRE SPECTRUM OF CARE, FROM EXCELLENCE IN NURSING TO RECOGNITION FOR SPECIALIZED AREAS OF CARE. GUTHRIE TAX-EXEMPT HOSPITALS PROVIDE SIGNIFICA NT COMMUNITY BENEFIT FOR PURPOSES OF FORM 990 SCHEDULE H PART I REPORTING. SCHEDULE H PART I FOLLOWS THE CATHOLIC HEALTH

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ASSOCIATION ("CHA") MODEL WHEN QUANTIFYING COMMUNITY BENEFIT COSTS. UNDER THE CHA METHODO LOGY GUTHRIE HOSPITALS REPORTED A TOTAL OF NET COMMUNITY BENEFIT COSTS OF $97,096,688; WHI CH REPRESENTED A COMMUNITY BENEFIT PERCENTAGE OF 15.42%. MOST RECENT INFORMATION PUBLISHED BY IRS (2017 YEAR REPORTING) SHOWS AN OVERALL COMMUNITY BENEFIT AVERAGE NATIONWIDE OF APP ROXIMATELY 10.3%. THE IRS AND CHA METHODOLOGY DOES NOT INCLUDE COMMUNITY BUILDING ACTIVITI ES, ESTIMATED CHARITY CARE AMOUNTS INCLUDED IN BAD DEBT NOR MEDICARE SHORTFALL FOR THE YEA R ENDING JUNE 30, 2020. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") DISAGREES WITH IRS AND C HA AND BELIEVES THAT A TAX-EXEMPT ORGANIZATION SHOULD INCLUDE COMMUNITY BUILDING ACTIVITIE S, ESTIMATED CHARITY CARE AMOUNTS INCLUDED IN BAD DEBT AND MEDICARE SHORTFALL IN COMMUNITY BENEFIT REPORTING. AHA CALLS THIS METHODOLOGY "TOTAL BENEFITS TO THE COMMUNITY". USING TH IS METHODOLOGY GUTHRIE HOSPITALS REPORTED A TOTAL OF NET COMMUNITY BENEFIT COSTS OF $110,2 86,351; WHICH REPRESENTED A COMMUNITY BENEFIT PERCENTAGE OF 17.43% FOR THE YEAR ENDING JUN E 30, 2020. MOST RECENT INFORMATION PUBLISHED BY AHA (2017 YEAR REPORTING BASED UPON ALL S CHEDULE H'S FILED) SHOWS AN OVERALL TOTAL BENEFITS TO THE COMMUNITY AVERAGE NATIONWIDE OF APPROXIMATELY 13.8%.

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CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE SYSTEM. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT.

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CORE FORM, PART VI, SECTION B; QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

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CORE FORM, PART VI, SECTION B; QUESTION 12	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.

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CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE GUTHRIE CLINIC AND AFFILIATES; A T AX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S BOARD OF DIRECTORS MAI NTAINS THE GUTHRIE CLINIC COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE GUTHRIE CLINIC'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF THE GUTH RIE CLINIC AND AFFILIATES; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE GUTHRIE CLINIC AND AFFILIATES HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS R EQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT DIRECTORS, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COM MITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BO TH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUA LIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "T OTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAK EN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASO NABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COM PENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST B E SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLO WING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF TH E APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORI ZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING I TS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETE RMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMB ERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY, THE COMM ITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOU T THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INC LUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSE D BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION CO MMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUB SEQUENTLY APPROVED. THE ACTION

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	S OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRE SUMPTION OF REASONABLENESS APPLIES TO CERTAIN THE GUTHRIE CLINIC SENIOR MANAGEMENT PERSONN EL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIEWED ANNUALLY BY THE GUTHRIE CLINIC AND AFFILIATES PRESIDENT/CH IEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT I N CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHE R OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPAR ABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVAL UATIONS AND PERFORMANCE FEEDBACK MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION HAS ISSUED TAX EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE IS NOT OPEN FOR PUBLIC INSPECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION AND/OR RELATED ORGANIZATIONS. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE GUTHRIE CLINIC; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF DIRECTORS MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES ENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE GUTHRIE CLINIC AND AFFILIATES; NOT SOLELY THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES: - EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS - $104,454,671; - MINIMUM PENSION LIABILITY ADJUSTMENT - $155,037; - CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENT - ($252,952); - LOSS ON DERIVATIVE INSTRUMENT - ($1,133,320); - RESTRUCTURING EXPENSE - ($502,816); - MERGER ACQUISITION COSTS - ($33,808); - OTHER GAINS - $13,100; - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR THE PURCHASE OF PROPERTY, PLANT AND EQUIPMENT - $645,525; - TEMPORARILY RESTRICTED NET ASSETS NPV FUTURE INSTALLMENTS - $7,824; - TEMPORARILY RESTRICTED NET ASSETS EARNINGS DISTRIBUTION - ($590,747); - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION - ($913,666); - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM GRANTS - ($39,050); AND - TEMPORARILY RESTRICTED PLEDGES - ($87,665).

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I	THE ORGANIZATION IS A MEMBER OF THE GUTHRIE CLINIC; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - HEALTH CARE FACILITIES AUTHORITY OF SAYRE, HEALTH CARE REVENUE BONDS, SERIES 2007; - CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2011; - CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2012; AND - CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2016. THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THE GUTHRIE CLINIC ("TGC"); THE TAX-EXEMPT PARENT OF THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TGC OBLIGATED GROUP LIABILITY. ACCORDINGLY, THIS TGC OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS: - CORNING HOSPITAL, EIN: 16-0393490 - GUTHRIE MEDICAL GROUP, P.C., EIN: 25-0815795 - ROBERT PACKER HOSPITAL, EIN: 24-0795463 - TROY COMMUNITY HOSPITAL, EIN: 24-0800337 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THE GUTHRIE CLINIC, EIN: 23-3055017.

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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

2019

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	6,894,582	3,934,804	100.000 %	Yes	
(2)CORNING PROPERTIES INC 1 GUTHRIE DRIVE CORNING, NY 14830 38-3977095	REAL ESTATE HOLD	NY	na	C CORP					No
(3)CMH SERVICES INC 160 HOMER AVENUE CORTLAND, NY 13045 16-1370440	DURABLE MED EQUIP	NY	na	C CORP					No
(4)CORTLAND MEMORIAL PROPERTIES INC 134 HOMER AVENUE CORTLAND, NY 13045 16-1266826	INCOME ALLOCATION	NY	NA	C CORP.					No

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

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

		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		No
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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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
SCHEDULE R, PART V	THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENITY OF THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE GUTHRIE CLINIC AND AFFILIATES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

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
ONE GUTHRIE SQUARE SAYRE, PA 18840 25-0815795	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 24-0795463	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC	Yes	
200 S WILBUR AVE SAYRE, PA 18840 24-6022957	MED RESEARCH	PA	501(c)(3)	509(A)(1)	TGC	Yes	
275 GUTHRIE DRIVE TROY, PA 16947 24-0800337	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC	Yes	
421 TOMAHAWK ROAD TOWANDA, PA 18848 23-2394345	HOME HEALTH	PA	501(c)(3)	509(A)(2)	TGC	Yes	
ONE GUTHRIE SQUARE SAYRE, PA 18840 20-3979472	HEALTHCARE	PA	501(c)(3)	509(A)(1)	TGC	Yes	
ONE GUTHRIE DRIVE CORNING, NY 14830 16-0393490	HEALTHCARE	NY	501(c)(3)	HOSPITAL	TGC	Yes	
151 MEETING STREET CHARLESTON, SC 29401 20-1090801	SUPPORTING	SC	501(c)(3)	509(A)(3)	TGC	Yes	
134 HOMER AVENUE CORTLAND, NY 13045 15-0532079	HEALTHCARE	NY	501(c)(3)	HOSPITAL	TGC	Yes	
91 HOSPITAL DRIVE TOWANDA, PA 18848 24-0786657	HEALTHCARE	PA	501(C)(3)	HOSPITAL	TGC	Yes	
134 HOMER AVENUE CORTLAND, NY 13045 22-2230692	SUPPORTING	NY	501(c)(3)	509(A)(1)	GCMC		No
134 HOMER AVENUE CORTLAND, NY 13045 20-4848729	HEALTHCARE	NY	501(c)(3)	HOSPITAL	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
CORNING HOSPITAL	A	1,915,745	COST
GUTHRIE MEDICAL GROUP PC	A	7,408,442	COST
GUTHRIE MEDICAL GROUP PC	B	75,364,881	COST
ROBERT PACKER HOSPITAL	L	46,669,193	COST
TWIN TIER MANAGEMENT CORP INC	L	711,466	COST
DONALD GUTHRIE FOUNDATION	L	157,704	COST
TROY COMMUNITY HOSPITAL	L	3,116,961	COST
GUTHRIE HOME CARE	L	1,173,607	COST
CORNING HOSPITAL	L	17,636,221	COST
GUTHRIE MEDICAL GROUP PC	L	21,856,445	COST
ROBERT PACKER HOSPITAL	K	970,500	COST
SAYRE HOUSE OF HOPE	L	55,552	COST
DONALD GUTHRIE FOUNDATION	K	826,934	COST
ROBERT PACKER HOSPITAL	S	69,000,000	COST
GUTHRIE MEDICAL GROUP PC	O	1,670,738	COST
ROBERT PACKER HOSPITAL	A	1,133,328	COST
ROBERT PACKER HOSPITAL	M	123,672	COST
GUTHRIE MEDICAL GROUP PC	M	161,208	COST
GUTHRIE TOWANDA MEMORIAL HOSPITAL	L	3,811,893	COST
GUTHRIE TOWANDA MEMORIAL HOSPITAL	K	96,840	COST
TWIN TIER MANAGEMENT CORPINC	O	88,841	COST
CORNING HOSPITAL	S	9,000,000	COST
CORNING HOSPITAL	K	54,652	COST
GUTHRIE HOME CARE	O	127,162	COST
GUTHRIE CORTLAND MEDICAL CENTER	O	408,812	COST

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
TROY COMMUNITY HOSPITAL	S	36,850,000	COST
GUTHRIE CORTLAND MEDICAL CENTER	S	7,052,056	COST
CORNING PROPERTIES INC	D	2,346,026	COST
REGIONAL MEDICAL PRACTICE PC	R	251,222	COST