efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
CORNING HOSPITAL
% MICHELE SISTO
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1 GUTHRIE DRIVE

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

D Employer identification number
16-0393490

E Telephone number
(607) 937-7200

G Gross receipts $ 207,856,846

F Name and address of principal officer:
FELISSA KOERNIG JD
1 GUTHRIE DRIVE
CORNING, NY 14830

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: 1900

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE MEDICAL CARE SERVICES TO THE PUBLIC. HELP EACH PERSON ATTAIN OPTIMAL, LIFE-LONG HEALTH AND WELL-BEING BY PROVIDING CLINICALLY-ADVANCED SERVICES.

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	795
6	Total number of volunteers (estimate if necessary)	**6**	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	116,578
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,009,456	2,577,677
9	Program service revenue (Part VIII, line 2g)	125,730,991	138,680,752
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,335,253	9,885,278
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,221,549	706,421
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,297,249	151,850,128
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,015,906	42,293,138
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	80,423,511	87,288,259
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	122,439,417	129,581,397
19	Revenue less expenses. Subtract line 18 from line 12	20,857,832	22,268,731

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	271,602,341	320,505,272
21	Total liabilities (Part X, line 26)	80,534,665	87,593,093
22	Net assets or fund balances. Subtract line 21 from line 20	191,067,676	232,912,179

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

****** 2022-05-10
Signature of officer Date

FRANCIS MACAFEE vp finance
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:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 90,499,467 including grants of $ 0) (Revenue $ 138,680,752)
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** ▶ 90,499,467

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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		No

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		
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**	795		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
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**	22		
	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**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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) ▶								822,128	2,603,872	407,607

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 ▶ 31

			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

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 ▶ 0

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	27,677			
d Related organizations	1d				
e Government grants (contributions)	1e	2,450,431			
f All other contributions, gifts, grants, and similar amounts not included above	1f	99,569			
g Noncash contributions included in lines 1a - 1f:$	1g	20,207			
h **Total.** Add lines 1a-1f		2,577,677			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621990	136,653,629	136,653,629		
b OTHER HEALTHCARE RELATED REVENUE	900099	1,752,004	1,635,426	116,578	
c RENTAL INCOME - AFFILIATES	531110	275,119	275,119		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	138,680,752				
3 Investment income (including dividends, interest, and other similar amounts)		2,501,647		0	2,501,647
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	63,375,353	12,173			
b Less: cost or other basis and sales expenses 7b	55,968,518	35,377			
c Gain or (loss) 7c	7,406,835	-23,204			
d Net gain or (loss)		7,383,631			7,383,631
Other Revenue 8a Gross income from fundraising events (not including $ 27,677 of contributions reported on line 1c). See Part IV, line 18 8a	2,823				
b Less: direct expenses 8b	2,823				
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 CAFETERIA/VENDING	722514	239,039			239,039
b HEALTHWORKS FITNESS FACILITY	713940	467,382			467,382
c					
d All other revenue					
e **Total.** Add lines 11a–11d		706,421			
12 **Total revenue.** See instructions		151,850,128	138,564,174	116,578	10,591,699

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	33,297,023	29,610,388	3,686,635	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,034,726	1,809,442	225,284	
9 Other employee benefits	5,167,171	4,595,064	572,107	
10 Payroll taxes	1,794,218	1,646,741	147,477	
11 Fees for services (non-employees):				
a Management	15,649,413		15,649,413	
b Legal	230,668		230,668	
c Accounting	1,211,010		1,211,010	
d Lobbying	20,044		20,044	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	295,140		295,140	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,459,613	17,002,319	2,457,294	0
12 Advertising and promotion	23,573	2,823	20,750	
13 Office expenses	2,593,273	1,823,330	769,943	
14 Information technology	1,782,457	728,681	1,053,776	
15 Royalties	0			
16 Occupancy	1,623,080	284,447	1,338,633	
17 Travel	20,232	15,735	4,497	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	13,372	6,700	6,672	
20 Interest	1,941,274	3,259	1,938,015	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,816,828	123,043	7,693,785	
23 Insurance	294,063	750	293,313	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	32,828,962	32,821,046	7,916	0
b NYS HOSPITAL ASSESSMENT	549,045	0	549,045	
c LOSS ON REFUNDING	528,213	0	528,213	
d OTHER EXPENSES	407,999	25,699	382,300	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	129,581,397	90,499,467	39,081,930	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,995	1	1,745
	2	Savings and temporary cash investments		3,022	2	185
	3	Pledges and grants receivable, net		19,000	3	0
	4	Accounts receivable, net		13,122,147	4	14,136,574
	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		70,833	7	0
	8	Inventories for sale or use		2,564,187	8	2,816,684
	9	Prepaid expenses and deferred charges		2,469,743	9	3,025,498
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 168,675,560			
	b	Less: accumulated depreciation	10b 75,206,081	99,140,264	10c	93,469,479
	11	Investments—publicly traded securities		128,837,326	11	160,676,995
	12	Investments—other securities. See Part IV, line 11		13,013,370	12	19,258,717
	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		12,360,454	15	27,119,395
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		271,602,341	16	320,505,272
Liabilities	17	Accounts payable and accrued expenses		19,670,353	17	25,163,187
	18	Grants payable		0	18	0
	19	Deferred revenue		92,295	19	90,319
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to 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	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		60,772,017	25	62,339,587
	26	**Total liabilities.** Add lines 17 through 25		80,534,665	26	87,593,093
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		190,107,132	27	231,883,791
	28	Net assets with donor restrictions		960,544	28	1,028,388
		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		191,067,676	32	232,912,179
	33	Total liabilities and net assets/fund balances		271,602,341	33	320,505,272

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	151,850,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,581,397
3	Revenue less expenses. Subtract line 2 from line 1	3	22,268,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	191,067,676
5	Net unrealized gains (losses) on investments	5	17,764,665
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,811,107
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	232,912,179

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	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 16-0393490

Name: CORNING HOSPITAL

Form 990 (2020)

Form 990, Part III, Line 4a:

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

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 DIR; EX-OFFICIO-PRES/CEO TGC	55.0 0.0	X						0	815,858	103,466
PAUL G VERVALIN DIRECTOR - EVP/COO TGC	55.0 0.0	X		X				0	467,174	89,572
RUSSELL C WOGLOM MD DIRECTOR	55.0 0.0	X						0	406,320	41,447
GENEVA BALLARD MD DIRECTOR - MED STAFF PRESIDENT	55.0 0.0	X						0	432,716	14,963
FRANCIS MACAFEE VP FINANCE/CFO	55.0 0.0			X				0	248,137	36,925
FELISSA KOERNIG JD DIRECTOR-PRESIDENT/CEO	55.0 0.0	X		X				0	233,667	11,415
COLIN BAILEY RADIATION PHYSICIST	55.0 0.0					X		208,944	0	23,178
MARK HOPSON PHARMACY MANAGER	55.0 0.0					X		166,095	0	33,718
GREGORY KRIEL PHARMACIST	55.0 0.0					X		159,462	0	23,896
MARY OLIVER DIRECTOR, SURGICAL CLINICAL OP	55.0 0.0					X		142,332	0	16,953

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			
SCOTT STEVENS PHARMACIST	55.0 0.0					X		145,295	0	12,074
JACK E BENJAMIN CHAIRMAN - DIRECTOR	1.0 0.0	X		X				0	0	0
JEFFREY P KENEFICK 1ST VICE CHAIR - DIRECTOR	1.0 0.0	X		X				0	0	0
FRAN OLMSTEAD 2ND VICE CHAIR - DIRECTOR	1.0 0.0	X		X				0	0	0
ALAN D LEWIS SECRETARY - DIRECTOR	1.0 0.0	X		X				0	0	0
DAWN BURLEW TREASURER - DIRECTOR	1.0 0.0	X		X				0	0	0
DANIEL BOWER DIRECTOR	1.0 0.0	X						0	0	0
GARRET CALLAHAN DIRECTOR	1.0 0.0	X						0	0	0
JEFF EVANS DIRECTOR	1.0 0.0	X						0	0	0
ARTHUR D FIELD 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			
DAVID E IOCCO DIRECTOR	1.0 0.0	X						0	0	0
JAMES JOHNSON DIRECTOR	1.0 0.0	X						0	0	0
DANA MOSS DIRECTOR	1.0 0.0	X						0	0	0
WILLIAM MULLANEY DIRECTOR	1.0 0.0	X						0	0	0
THOMAS PISANO DIRECTOR	1.0 0.0	X						0	0	0
HOLLY SEGUR DIRECTOR	1.0 0.0	X						0	0	0
JOHN W VAN ZANTEN III DIRECTOR	1.0 0.0	X						0	0	0
CATHY WEIL DIRECTOR	1.0 0.0	X						0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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

The organization is not a private foundation because it is: (For lines 1 through 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 . . . . . _____

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)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		20,044
j	Total. Add lines 1c through 1i			20,044
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B; LINE 1I	THIS ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF NEW YORK STATE, AND ROCHESTER REGIONAL HEALTHCARE ASSOCIATES WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER ORGANIZATIONS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION DURING THE YEAR ENDED JUNE 30, 2021. THIS ALLOCATION AMOUNTED TO $20,044 DURING THE YEAR ENDED JUNE 30, 2021.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of 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 FASB 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 FASB 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 FASB 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	960,544	1,023,652	1,143,995	1,151,311	1,667,890
b Contributions	186,322	264,018	259,027	180,515	211,842
c Net investment earnings, gains, and losses	10,434	2,320	2,755	2,687	3,981
d Grants or scholarships					
e Other expenditures for facilities and programs	128,912	329,446	382,125	190,518	732,402
f Administrative expenses					
g End of year balance	1,028,388	960,544	1,023,652	1,143,995	1,151,311

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 ▶ 82.500 %
- c Term endowment ▶ 17.500 %

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		3,636,273		3,636,273
b Buildings		105,345,627	32,211,291	73,134,336
c Leasehold improvements		2,061,133	1,836,410	224,723
d Equipment		46,111,320	38,713,928	7,397,392
e Other		11,521,207	2,444,452	9,076,755
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				93,469,479

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) OTHER SECURITIES	19,258,717	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	19,258,717	

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)		
(10)		
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	3,764,995
(2)PREPAID PENSION COST	20,208,019
(3)OTHER ASSETS	1,043,958
(4)RIGHT OF USE ASSETS	2,102,423
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,119,395

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 THIRD PARTY PAYORS	1,694,202
(3) TGC - BOND PAYABLE	48,640,023
(4) CONTRACT LIABILITY - CMS	9,863,329
(5) RIGHT OF USE LIABILITY	2,142,033
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	62,339,587

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: 16-0393490
Name: CORNING HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FUTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S PARENT ENTITY IS THE GUTHRIE CLINIC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED JUNE 30, 2021 AND JUNE 30, 2020; INCLUDING THIS ORGANIZATION; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740): ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE CORPORATION TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE CORPORATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE CORPORATION HAS CONCLUDED THAT AS OF JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

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

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

Revenue / Direct Expenses		(a) Event #1 VALENTINES BALL (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	30,500			30,500
	2 Less: Contributions	27,677			27,677
	3 Gross income (line 1 minus line 2)	2,823			2,823
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,823			2,823
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,823
	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.

Revenue / Direct Expenses		(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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			953,758	-499,998	1,453,756	1.120 %
b Medicaid (from Worksheet 3, column a)			20,537,206	11,496,935	9,040,271	6.980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			21,490,964	10,996,937	10,494,027	8.100 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			2,720,773	0	2,720,773	2.100 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			2,720,773	0	2,720,773	2.100 %
k **Total.** Add lines 7d and 7j			24,211,737	10,996,937	13,214,800	10.200 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,354,412		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	235,441		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	24,618,896		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	26,753,965		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,135,069		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.GUTHRIE.ORG			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.GUTHRIE.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

CORNING HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. % and FPG family income limit for eligibility for discounted care of 400. %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.GUTHRIE.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.GUTHRIE.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.GUTHRIE.ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CORNING HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

CORNING HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	CORNING HOSPITAL FILES AN ANNUAL COMMUNITY SERVICE PLAN IN RESPONSE TO NEW YORK STATE DEPARTMENT OF HEALTH REQUIREMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	INFORMATION REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE WAS DERIVED UTILIZING THE RATIO OF COST TO CHARGES CALCULATED USING WORKSHEET 2, EXCEPT LINE 7B, WHICH WAS TAKEN FROM THE MEDICARE COST REPORT, AND LINE 7G, WHICH WAS CALCULATED BASED UPON AN INTERNAL COST ACCOUNTING SYSTEM. WITHIN THE COST ACCOUNTING SYSTEM, SOME PATIENT SEGMENTS WERE BASED ON A RATIO OF COST TO CHARGE - TOTAL DEPARTMENTAL EXPENSE PLUS ALLOCATED OVERHEAD SPREAD BASED ON CHARGES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER NEW ACCOUNTING PRONOUNCEMENT ASC 606). CORNING HOSPITAL PROVIDES CARE TO ALL PATIENTS WHO NEED IT, REGARDLESS OF THEIR ABILITY TO PAY. THIS IS PART OF THE HOSPITAL'S MISSION. THE HOSPITAL ESTIMATES THAT 10% OF THE BAD DEBT EXPENSE AT COST IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY THAT HAVE NOT FILLED OUT THE PROPER FORMS OR PROVIDED THE PROPER INFORMATION TO QUALIFY FOR THE PROGRAM. THE TEXT OF THE BAD DEBT FOOTNOTE CAN BE FOUND ON PAGE 13 OF THE ELECTONICALLY ATTACHED AUDITED FINANCIAL STATEMENTS FOR THE GUTHRIE CLINIC AND AFFILIATES.

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE 2020 MEDICARE COST REPORT. THE ORGANIZATION FEELS THA T MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMM UNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EX EMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDI VIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED B Y THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOG NITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501 (C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM " CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDA NCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACC EPTED LEGAL SENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE PO OR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, REL IGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN TH E ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT S TANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVEN UE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QU ALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE ST ANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILI TY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THA T EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON TH E FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREME NT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING A LSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOU LD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FO R PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED O N WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RU LING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL- TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED A S A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO T HE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMEN T OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGI BLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE CO MMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMAL L THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUN ITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO I MPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, A

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, QUESTION 8	ND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUST EES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WER E AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS T HAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDA BLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRS T PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INC ORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICA RE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. FROM THE LATEST DATA PROVIDED BY THE AHA, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLE." THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMI LARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO C ONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL CO ST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW- INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLIS H ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR THOSE WHO DO NOT PAY ALL, OR A PORTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY. A 2006 CONGRESSI ONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENE FITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE T O PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED T HAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER IN DUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, R EGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLI KE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDI TY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS A ROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE T HE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULDE R IN SERVING ALL PATIENTS RE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, QUESTION 9B	ONCE A PATIENT IS APPROVED FOR CHARITY CARE OR AN INSTALLMENT PLAN, THEIR ACCOUNT IS TRANSFERRED TO EITHER THE BUDGET OR CHARITY CARE FINANCIAL CLASS. ACCOUNTS IN THESE FINANCIAL CLASSES ARE NOT PLACED WITH COLLECTION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	THE CORNING HOSPITAL ("CH") COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN WITH A REVIEW OF PRIMARY DATA SOURCES, SPECIFICALLY SURVEY AND FOCUS GROUP DATA THAT HAD BEEN COLLECTED THROUGHOUT 2018 AND EARLY 2019. DUE TO THE LIMITATIONS SURROUNDING HEALTH NEEDS PERCEPTIONS CONTAINED IN THIS COLLECTED INFORMATION FROM THE THREE COUNTIES WE PRIMARLIY RELIED ON SECONDARY DATA SOURCES FOR THIS ASSESSMENT. THE SECONDARY DATA SOURCES INCLUDED THE MOST RECENT COUNTY HEALTH RANKINGS AND DATA COLLECTED THROUGH THE STRATEGIC MARKETING DEPARTMENT (DEMOGRAPHIC INFORMATION, DISCHARGE DATA, ETC.) RECENT INDICATORS OF HEALTH WERE COLLECTED FROM COMMUNITY COMMONS AND COMPARED TO COUNTY, STATE, NATIONAL AND HEALTHY PEOPLE 2020 REFERENCE DATA. ALL INFORMATION WAS ASSEMBLED AND A CHNA GROUP OF COMMUNITY MEMBERS, HEALTH CARE PROVIDERS (PHYSICIAN AND NURSES), ADMINISTRATORS, AND AN INDIVIDUAL WITH EXPERIENCE IN PUBLIC HEALTH WAS INVITED TO REVIEW THE FINDINGS. THE DATA WAS STRATIFIED INTO THREE CATEGORIES WHICH INCLUDED CLINICAL CARE, HEALTH BEHAVIORS AND HEALTH OUTCOMES. WITHIN THE THREE COUNTIES THAT COMPRISE THE PRIMARY SERVICE AREA FOR CH, THIRTY-ONE INDICATORS OF HEALTH WERE IDENTIFIED TO BE BELOW THE STATE, NATIONAL, OR HEALTHY PEOPLE 2020 GOAL. ONCE THE THIRTY-ONE INDICATORS WERE IDENTIFIED, THEY WERE PRIORITIZED BY EACH INDIVIDUAL OF THE CHNA GROUP USING THE HANLON METHOD. THE HANLON METHOD USES A TWO-STEP PROCESS TO SCORE INDICATORS OF HEALTH. THE FIRST STEP ENSURES THAT EACH NEEDS MEETS THE PEARL TEST WHICH INCLUDES: PROPRIETY - IS AN INTERVENTION SUITABLE?; ECONOMICS - DOES IT MAKE ECONOMIC SENSE TO ADDRESS THE NEED?; ACCEPTABILITY - IS THE COMMUNITY OPEN TO ADDRESSING THIS NEED AND WILL IT ACCEPT THE INTERVENTION?; RESOURCES - ARE RESOURCES AVAILABLE?; LEGALITY - IS THE INTERVENTION LAWFUL?. THE SECOND STEP OF THE HANLON METHOD INCLUDES ASSIGNING A SCORE FROM 0-10 FOR EACH NEED BASED REGARDING (1) THE SIZE OF THE PROBLEM (2) SERIOUSNESS OF THE PROBLEM AND (3) EFFECTIVENESS POTENTIAL OF AN INTERVENTION. USING THIS METHODOLOGY, THE CHNA GROUP SCORED EACH OF THE UNMET NEEDS FROM WHICH SEVERAL PRIORITY NEEDS WERE IDENTIFIED FOR THE PRIMARY SERVICE AREA OF CH. FURTHER, ONCE SCORED, THE RESULTS WERE SHARED WITH THE CHNA GROUP FOR DISCUSSION. THE GROUP WAS ALSO GIVEN THE OPPORTUNITY TO ADJUST ANY RANKINGS. THIS PROCESS OF PRIORITIZATION CLASSIFIED THREE AREAS OF UNMET HEALTH CARE NEEDS. IN SEQUENTIAL ORDER (HIGHEST TO LOWEST SCORE) THESE PRIORITY NEEDS INCLUDED: 1) ACCESS TO MENTAL HEALTH PROVIDERS (WITH SUBSET FOCUS OF OPIOID USAGE) 2) CANCER INCIDENCE - LUNG (WITH A SUBSET FOCUS OF TOBACCO USAGE) 3) OBESITY - (NOT ORIGINALLY RANKED IN TOP THREE NEEDS, HOWEVER UPON DISCUSSION IT WAS DETERMINED TO BE A TOP PRIORITY NEED - RANKINGS ADJUSTED ACCORDINGLY). IN ADDITION TO THE PRIORITIES SET BY THE CHNA GROUP TWO MORE UNMET COMMUNITY NEEDS WERE IDENTIFIED AND WILL BE DESCRIBED WITHIN THIS CHNA AS AREAS FOR POTENTIAL HEALTH IMPROVEMENT. HOWEVER, DUE TO AVAILABLE RESOURCES THESE NEEDS WILL NOT BE ADDRESSED THROUGH AN IMPLEMENTATON STRATEGY IN THE SUBSQUENT FISCAL YEARS. THESE NEEDS INCLUDE: - PREVENTABLE HOSPITAL EVENTS - HIV SCREENING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	PATIENTS ARE AWARE OF CHARITY CARE ASSISTANCE AND ELIGIBILITY THROUGH SIGNAGE, HANDOUT MATERIALS, AND THE SYSTEM'S WEBSITE: HTTPS://WWW.GUTHRIE.ORG/PATIENTS-VISITORS/PAY-MY-BILL/FINANCIAL-ASSISTANCE GUTHRIE HEALTH IS PROUD OF ITS MISSION TO PROVIDE QUALITY CARE TO ALL WHO NEED IT. IF YOU DO NOT HAVE HEALTH INSURANCE OR WORRY THAT YOU MAY NOT BE ABLE TO PAY FOR PART OR ALL OF YOUR CARE, WE MAY BE ABLE TO HELP. GUTHRIE PROVIDES FINANCIAL AID TO PATIENTS BASED ON THEIR INCOME, ASSETS, AND FINANCIAL NEEDS. IN ADDITION, WE MAY BE ABLE TO HELP YOU GET FREE OR LOW-COST HEALTH INSURANCE OR WORK WITH YOU TO ARRANGE A MANAGEABLE PAYMENT PLAN. FOR MORE INFORMATION, PLEASE CONTACT OUR PATIENT FINANCIAL SERVICES OFFICE AT 570-887-2051. WE WILL TREAT YOUR QUESTIONS AND ANY INFORMATION YOU PROVIDE US WITH CONFIDENTIALITY AND COURTESY. THE GUTHRIE CLINIC FINANCIAL ASSISTANCE SUMMARY - THE FINANCIAL ASSISTANCE POLICY ("FAP") OF THE GUTHRIE CLINIC, WHICH INCLUDES GUTHRIE MEDICAL GROUP, P.C, ROBERT PACKER HOSPITAL, CORNING HOSPITAL, TROY COMMUNITY HOSPITAL, ROBERT PACKER HOSPITAL AT TOWANDA CAMPUS, GUTHRIE CORTLAND MEDICAL CENTER AND GUTHRIE HOME HEALTH (COLLECTIVELY "THE GUTHRIE CLINIC") EXISTS TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR OTHER GOVERMENT ASSISTANCE, OR ARE OTHERWISE UNABLE TO PAY FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. PATIENTS SEEKING FINANCIAL ASSISTANCE MUST APPLY FOR THE PROGRAM. HOW TO APPLY: -DOWNLOAD THE DOCUMENTS FROM THE FOLLOWING WEBSITE: HTTPS://WWW.GUTHRIE.ORG/PATIENTS-VISITORS/PAY-MY-BILL/FINANCIAL-ASSISTANCE -REQUEST DOCUMENTS BE MAILED TO YOU, BY CALLING THE FINANCIAL COUNSELING OFFICE AT (570) 887-2051 -PAPER COPIES ARE AVAILABLE WITHIN VARIOUS AREAS THROUGHOUT THE GUTHRIE CLINIC HOSPITAL FACILITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, EMERGENCY ROOMS, PATIENT REGISTRATION CHECK-IN AREAS AND THE FINANCIAL COUNSLEING OFFICE WITHIN EACH HOSPITAL FACILITY. -FINANCIAL REPRESENTATIVES ARE ON-SITE TO ASSIST INDIVIDUALS WITH THE FAP APPLICATION, IF NEEDED. -COMPLETED APPLICATIONS (WITH ALL REQUIRED SUPPORTING DOCUMENTATION) SHOULD BE MAILED TO: ATTENTION: FINANCIAL COUNSELORS, THE GUTHRIE CLINIC, PATIENT FINANCIAL SERVICES DEPARTMENT, ONE GUTHRIE SQUARE, SAYRE, PA 18840. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE PATIENTS WITH LIMITED INCOMES, AND WHO DO NOT HAVE HEALTH INSURANCE AND ARE WORRIED ABOUT PAYING FOR PART OR ALL OF THEIR CARE. EVERYONE IN NEW YORK STATE WHO NEEDS EMERGENCY SERVICES CAN RECEIVE CARE AND GET A DISCOUNT IF THEY MEET THE INCOME LIMITS. EVERYONE WHO LIVES IN BRADFORD, SULLIVAN, AND TIOGA COUNTIES IN PENNSYLVANIA, AND ALLEGANY, CHEMUNG, LIVINGSTON, ONTARIO, SCHUYLER, STEUBEN, TIOGA, TOMPKINS, AND YATES COUNTIES IN NEW YORK MAY RECEIVE A DISCOUNT, BY COMPLETING AN APPLICATION FOR MEDICALLY NECESSARY SERVICES AT CORNING HOSPITAL IF THEY MEET THE INCOME LIMITS. YOU CANNOT BE DENIED MEDICALLY NECESSARY CARE BECAUSE YOU NEED FINANCIAL ASSISTANCE. FREE, CONFIDENTIAL HELP IS AVAILABLE. OUR CORNING HOSPITAL FINANCIAL COUNSELOR IS AVAILABLE AT (607) 937-7518 OR OUR PATIENT FINANCIAL SERVICES OFFICE AT (570) 887-2051 TO ASSIST YOU AND/OR ANSWER ANY QUESTIONS YOU MAY HAVE. THE FINANCIAL COUNSELOR CAN TELL YOU IF YOU QUALIFY FOR FREE OR LOW-COST INSURANCE, SUCH AS MEDICAID, CHILD HEALTH PLUS AND FAMILY HEALTH PLUS. IF THE FINANCIAL COUNSELOR FINDS THAT YOU DON'T QUALIFY FOR LOW-COST INSURANCE, THEY WILL HELP YOU APPLY FOR A DISCOUNT. THE COUNSELOR WILL HELP YOU FILL OUT ALL THE FORMS AND TELL YOU WHAT DOCUMENTS YOU NEED TO BRING. SEND THE COMPLETED FORM TO: GUTHRIE CLINIC PATIENT FINANCIAL SERVICE DEPARTMENT, ONE GUTHRIE SQUARE, SAYRE, PA 18840 ATTN: PATIENT REPRESENTATIVE-CHARITY CARE OFFICE; OR DELIVER TO THE CORNING HOSPITAL FINANCIAL COUNSELOR'S OFFICE LOCATED ON THE 1ST LEVEL OF CORNING HOSPITAL. YOU CANNOT BE REQUIRED TO PAY A HOSPITAL BILL WHILE YOUR APPLICATION FOR A DISCOUNT IS BEING CONSIDERED. IF YOUR APPLICATION IS TURNED DOWN, THE HOSPITAL MUST TELL YOU WHY IN WRITING AND MUST PROVIDE YOU WITH A WAY TO APPEAL THIS DECISION TO A HIGHER LEVEL WITHIN THE HOSPITAL. IF YOU HAVE A PROBLEM THAT CANNOT RESOLVED WITH THE HOSPITAL YOU MAY CALL THE NEW YORK STATE DEPARTMENT OF HEALTH COMPLIANCE HOTLINE AT 1-800-804-5447.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	CORNING HOSPITAL ("CH") IS A FULL-SERVICE, 65 BED COMMUNITY HOSPITAL LOCATED IN CORNING, NY. CH IS A 501(C)(3) NOT-FOR PROFIT ORGANIZATION AND A MEMBER OF THE GUTHRIE CLINIC (TGC). CH PROVIDES CARE FOR THOSE LIVING IN THE SOUTHERN TIER REGION OF NEW YORK. THE PRIMARY SERVICE AREA FOR CH INCLUDES CHEMUNG, STEUBEN, AND SCHUYLER COUNTIES IN NY. IN FISCAL YEAR 2018, CH HAD OVER 5,000 INPATIENT ADMISSIONS, PERFORMED MORE THAN 11,000 OUTPATIENT PROCEDURES, AND COMPLETED OVER 1,244 INPATIENT SURGERIES. THE EMERGENCY DEPARTMENT HAD OVER 28,400 VISITS. FURTHER, ON AN ANNUAL BASIS THE HOSPITAL HAD APPROXIMATELY 557 BIRTHS AND OVER 54,815 OUTPATIENT VISITS. CH WAS REGCOGNIZED IN THE 2016 EXCELLUS BLUECROSS BLUESHIELD HOSPITAL PERFORMANCE INCENTIVE PROGRAM FOR DELIVERING QUAILITY HEALTH OUTCOMES FOR ITS PATIENTS. CH WAS ALSO A RECIPIENT OF THE WOMEN'S CHOICE AWARD RECOGNIZING AMERICA'S BEST HOSPITALS FOR PATIENT SAFETY IN 2017 AND 2018. A NY STATE DESIGNATED STROKE CENTER, THE HOSPITAL OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, INCLULDING ADVANCED CARE DELIVERED IN COLLABORATION WITH GUTHRIE PHYSICIANS AND SPECIALISTS. IN 2014, CH OPENED A FACILITY WITH THE FOLLOWING SERVICES: AMBULATORY SURGERY SERVICES, GUTHRIE BREAST CARE CENTER, GUTHRIE CANCER CENTER, CORONARY CARE, CARDIOLOGY STRESS TESTING AND OUTPATIENT REHABILITATION. ADDITIONAL SERVICES INCLUDE ENDOSCOPY PROCEDURES, LABORATORY SERVICES, LABOR AND DELIVERY CARE, IMAGING SERVICES, MUSCULOSKELETAL SERVICES AND INTENSIVE CARE SERVICES. CH SERVES A PREDOMINANTLY RURAL POPULATION OVER A LARGE GEOGRAPHIC AREA COMPRISED OF THREE COUNTIES LOCATED IN THE SOUTHER TIER OF NEW YORK. THE PRIMARY SERVICE AREA OF CH IS DEFINED AS 11 CONTIGUOUS ZIP CODES FROM WHICH OVER 75% OF THE INPATIENT POPULATION IS DERVIED. THE 11 CONTIGUOUS ZIP CODES INCLUDE 88,892 PEOPLE, THE MAJORITY OF WHICH ARE WHITE, NON-HISPANIC, BETWEEN THE AGES OF 35-54. IN THIS GEOGRAPHIC AREA, 33.8% OF INDIVIDUALS AGE 25 PLUS, HAVE AT LEAST A HIGH SCHOOL DEGREE WITH 29.1% AND 27.9% HAVING SOME COLLEGE AND A BACHELOR'S DEGREE/HIGHER, RESPECTIVELY. FROM 2010 UNTIL 2018 THERE WAS A 2.2% DECREASE IN THE OVERALL POPULATION SERVED BY CH. IT IS ANTICIPATED THAT BETWEEN 2018 AND 2023, A DECREASE OF 0.9% WILL BE OBSERVED IN THE OVERALL POPULATION SERVED BY CH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	THE FOLLOWING OVERVIEW PROVIDES EXAMPLES OF THE HOSPITAL'S SUCCESSES IN PROVIDING ACCESS TO HIGH QUALITY HEALTH CARE AS WELL AS OTHER SERVICE AND ACTIVITY BEYOND THE PROVISION OF DIRECT CARE. THE HOSPITAL HAS RECEIVED GOLD PLUS AND TARGET STROKE DESIGNATIONS BY THE AMERICAN HEART ASSOCIATION FOR STROKE CARE. THE HOSPITAL WAS RECOGNIZED IN 2016 EXCELLUS BLUECROSSS BLUESHIELD HOSPITAL PERFORMANCE INCENTIVE PROGRAM FOR DELIVERING QUALITY HEALTH OUTCOMES FOR ITS PATIENTS. CH WAS ALSO A RECIPIENT OF THE WOMEN'S CHOICE AWARD RECOGNIZING AMERICA'S BEST HOSPITALS FOR PATIENT SAFETY IN 2017 AND 2018. THE HOSPITAL CONTINUES TO USE THE ELECTRONIC HEALTH RECORD (EPIC). EPIC ALLOWS THE HOSPITAL TO PROVIDE SAFE AND EFFECTIVE PATIENT CARE AND IMPROVE COMMUNICATION AMONG PROVIDERS, USING A SECURE SYSTEM TO PUT IMPORTANT HEALTH INFORMATION ABOUT PATIENTS AT PROVIDERS' FINGERTIPS. THE HOSPITAL CONTINUES TO OFFER CANCER SCREENINGS IN COLLABORATION WITH THE CANCER SERVICE PARTNERSHIP OF STEUBEN COUNTY, PROVIDING LOW-COST MAMMOGRAMS TO WOMEN WHO MEET THE PROGRAM'S CRITERIA. THE HOSPITAL IS A PARTNER IN THE RED CROSS PROGRAM UNITE FOR LIFE PLUS. AT THE TIME OF THIS REPORT, THE HOSPITAL HAD 8 BLOOD DRIVES COLLECTING 148 UNITS OF BLOOD IN 2018, WITH A NUMBER OF NEW DONORS IDENTIFIED. THE HOSPITAL'S AUXILIARY HOLDS A NUMBER OF FUND RAISING EVENTS IN THE COMMUNITY THROUGHOUT THE YEAR TO SUPPORT THE HOSPITAL'S NEED FOR NEW EQUIPMENT. PROCEEDS FROM THE AUXILIARY'S PRIMARY EVENT HAVE AMOUNTED TO MORE THAN $1 MILLION SINCE ITS INCEPTION IN 1997. WELLNESS AND PREVENTION EDUCATION - HEALTHWORKS HOSTED SEVERAL COMMUNITY WELLNESS DAYS, OPEN TO THE PUBLIC, OFFERING FREE BLOOD PRESSURE SCREENINGS, BODY FAT ANALYSIS, AND INFORMATIONAL MATERIALS REGARDING DISEASE PREVENTION. THE HOSPITAL PROVIDED SEASONAL FLU SHOTS TO STAFF, VOLUNTEERS AND COMMUNITY MEMBERS. HEALTHWORKS CONTINUES TO PROVIDE A MONTHLY DIABETES SUPPORT GROUP OPEN TO THE PUBLIC IN WHICH GUEST SPEAKERS ARE AVAILABLE EACH MONTH TO DISCUSS TOPICS OF INTEREST FOR INDIVIDUALS WITH DIABETES TO HELP THEM BETTER UNDERSTAND AND MANAGE THEIR HEALTH NEEDS. THE HOSPITAL HAS TWO RNS TRAINED AS CERTIFIED CAR SEAT SAFETY INSTRUCTORS, WHICH ENABLES THE HOSPITAL TO PARTICIPATE IN HEALTH FAIRS/COMMUNITY EDUCATION DAYS THAT DEMONSTRATE THE CORRECT AGE/WEIGHT APPROPRIATE FOR CHILDREN USING CAR SEATS. GUTHRIE HOSTED A FREE COMMUNITY SEMINAR ON BREAST CANCER. TOPICS COVERED INCLUDED THE IMPORTANCE OF SCREENINGS, USE OF DIAGNOSTIC TOOLS TO MONITOR BREAST HEALTH AND THE VARIOUS OPTIONS AVAILABLE FOR TREATMENT OF BREAST CANCER. THE HOSPITAL OFFERS SEVERAL EDUCATION PROGRAMS DESIGNED TO EDUCATE THE GENERAL PUBLIC ABOUT HEALTHY EATING HABITS AND THE IMPACT NUTRITION HAS ON STAYING HEALTHY. SMOKING CESSATION: PATIENTS WHO SMOKE OR USE TOBACCO ARE ENCOURAGED TO PARTICIPATE IN SMOKING CESSATION PROGRAMS. PRESENTLY, PATIENTS WHO USE TOBACCO ARE PROVIDED INFORMATION ABOUT, AND ENCOURAGED TO CONTACT, THE SOUTHERN TIER TOBACCO AWARENESS COALITION OR THE NY QUIT LINE, WHICH OFFERS SMOKING CESSATION SERVICES. THE HOSPITAL INSTALLED A MEDSAFE MEDICATION DISPOSAL UNIT AT ITS FACILITY. LOCATED NEAR THE HOSPITAL PHARMACY, THE UNIT PROVIDES A WAY FOR PATIENTS, STAFF AND COMMUNITY MEMBERS TO SAFELY AND ANONYMOUSLY DISPOSE OF UNUSED OR EXPIRED MEDICINES AND CONTROLLED SUBSTANCES.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT IN TEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES IN A COST-EFFECTIVE MANNER AND REGARDLESS OF ABILITY TO PAY. THE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS BY EMPHASIZING COMMITMENT, COMPETENCE, COLLAB ORATION, COMMUNICATION AND COMPASSION. THE GUTHRIE CLINIC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AN D AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE GUTHRIE CL INIC OPERATES AS THE TAX-EXEMPT PARENT ENTITY OF A MULTI-CORPORATE HEALTHCARE SYSTEM. IT W AS CREATED TO COORDINATE, SUPERVISE AND ENSURE THE CONTINUATION AND IMPROVEMENT OF THE QUA LITY OF HEALTHCARE SERVICES PROVIDED BY ITS QUALIFYING AFFILIATES TO THE COMMUNITY. THE GU THRIE CLINIC ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO A LL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. T HE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY WITHIN THE SYSTEM IS EITHER THE GUTHRIE CLINI C OR ANOTHER SYSTEM AFFILIATE CONTROLLED OR OWNED BY THE GUTHRIE CLINIC. OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE SYSTEM. ACTIVE HOSPITAL LEGAL ENTITIES INCLU DE CORNING HOSPITAL, GUTHRIE CORTLAND MEDICAL CENTER, ROBERT PACKER HOSPITAL AND TROY COMM UNITY HOSPITAL, INC. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRIT ERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. EACH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PA Y, MEDICARE AND MEDICAID PATIENTS; 2. EACH ACUTE CARE HOSPITAL OPERATES AN ACTIVE EMERGENC Y DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YE AR; 3. EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PH YSICIANS; 4. CONTROL OF EACH RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF THE GUTHRIE CLINIC (BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PR OMINENT MEMBERS OF THE COMMUNITY); AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIV ITIES. AFFILIATED GUTHRIE CLINIC ENTITIES ARE AS FOLLOWS: CORNING HOSPITAL ("CH") IS A 65- BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN CORNING, NEW YORK. CH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATIO N. PURSUANT TO ITS CHARITABLE PURPOSES, CH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICE S TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CH OPERATES CONSISTENTLY WITH THE CRITERIA O UTLINED IN IRS REVENUE RULING 69-545. GUTHRIE CORTLAND MEDICAL CENTER ("GCMC") IS A 144-BE D NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN CORTLAND, NEW YORK. GCMC IS RECOGNIZED B Y THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATI ON. PURSUANT TO ITS CHARITABLE PURPOSES, GCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERV ICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, S EX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, GCMC OPERATES CONSISTENTLY WITH THE CRITE RIA OUTLINED IN IRS REVENUE RULING 69-545. GUTHRIE TOWANDA MEMORIAL HOSPITAL ("GTMH") WAS A 35-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN TOWANDA, PENNSYLVANIA THAT WAS ST ATUTORILY MERGED INTO ROBERT PACKER HOSPITAL ON 12/31/2020. GTMH WAS RECOGNIZED BY THE INT ERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSU ANT TO ITS CHARITABLE PURPOSES, GTMH PROVIDED MEDICALLY NECESSARY HEALTHCARE SERVICES TO A LL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIO NAL ORIGIN OR ABILITY TO PAY. MOREOVER, GTMH OPERATED CONSISTENTLY WITH THE CRITERIA OUTLI NED IN IRS REVENUE RULING 69-545. ROBERT PACKER HOSPITAL ("RPH") IS A 267-BED NON-PROFIT T ERTIARY CARE REFERRAL CENTER LOCATED IN SAYRE, PENNSYLVANIA THAT ALSO OPERATES ROBERT PACK ER HOSPITAL AT TOWANDA CAMPUS, A 35-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN TO WANDA, PENNSYLVANIA. RPH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVE NUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RPH PROVI DES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MAN NER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RP H OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. TROY COMM UNITY HOSPITAL, INC. ("TCH") IS A 25-BED NON-PROFIT CRITICAL ACCESS HOSPITAL LOCATED IN TR OY, PENNSYLVANIA. TCH IS RECOGNIZED BY THE INTERNA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	L REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, TCH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL IN DIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL O RIGIN OR ABILITY TO PAY. MOREOVER, TCH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. CORTLAND MEMORIAL FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZ ED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THROUGH FU NDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERV ICES OF GCMC; A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROV IDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MA NNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. DONALD GUTH RIE FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO I NTERNAL REVENUE CODE 509(A)(1). THE ORGANIZATION DEVELOPS, GROWS AND CONDUCTS MEANINGFUL Q UALITY RESEARCH TO IMPROVE THE LIVES OF PATIENTS AND IS COMPRISED OF THE THREE RESEARCH DE PARTMENTS OF CLINICAL RESEARCH, LEAP TESTING SERVICE AND THE INSTITUTIONAL REVIEW BOARD. T HE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; WHI CH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINA TORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. GUTH RIE HOME CARE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IN TERNAL REVENUE CODE 509(A)(2). THE ORGANIZATION'S MISSION IS TO ESTABLISH, MAINTAIN, AND S UPPORT HOME HEALTH AGENCY, PROVIDE FOR HOME HEALTH SERVICES, PROVIDE FOR HOSPICE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, N ATIONAL ORIGIN OR ABILITY TO PAY. GUTHRIE MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZE D BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE ORGANIZ ATION SUPPORTS THE HEALTH CARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHIC H PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATO RY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO P AY. GUTHRIE RISK RETENTION GROUP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SER VICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZ ATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE ORGANIZATION OPERATES AS A RISK RET ENTION GROUP UNDER THE FEDERAL LIABILITY RISK RETENTION ACT OF 1986 TO THE SYSTEM. THE ORG ANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; WHICH PRO VIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY M ANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. REGIONAL M EDICAL PRACTICE, PC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-E XEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE ORGANIZATION SUPPORTS GCMC, WHICH PROVIDES MEDICA LLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARD LESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. SAYRE HOUSE OF HOPE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUA NT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE ORGANIZATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW YORK.

Additional Data

Software ID:

Software Version:

EIN: 16-0393490

Name: CORNING HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	CORNING HOSPITAL 1 GUTHRIE DRIVE CORNING, NY 14830 GUTHRIE.ORG/LOCATION/CORNING-HOSPITAL 500100H	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 5	THE CORNING HOSPITAL ("CH") COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN WITH A REVIEW OF PRIMARY DATA SOURCES, SPECIFICALLY SURVEY AND FOCUS GROUP DATA THAT HAD BEEN COLLECTED THROUGHOUT 2018 AND EARLY 2019. DUE TO THE LIMITATIONS SURROUNDING HEALTH NEEDS PERCEPTIONS CONTAINED IN THIS COLLECTED INFORMATION FROM THE THREE COUNTIES WE PRIMARILY RELIED ON SECONDARY DATA SOURCES FOR THIS ASSESSMENT. THE SECONDARY DATA SOURCES INCLUDED THE MOST RECENT COUNTY HEALTH RANKINGS AND DATA COLLECTED THROUGH THE STRATEGIC MARKETING DEPARTMENT (DEMOGRAPHIC INFORMATION, DISCHARGE DATA, ETC). RECENT INDICATORS OF HEALTH WERE COLLECTED FROM COMMUNITY COMMONS AND COMPARED TO COUNTY, STATE, NATIONAL AND HEALTHY PEOPLE 2020 REFERENCE DATA. ALL INFORMATION WAS ASSEMBLED AND A CHNA GROUP CONSISTING OF COMMUNITY MEMBERS, HEALTH CARE PROVIDERS (PHYSICIANS AND NURSES), ADMINISTRATORS AND AN INDIVIDUAL WITH EXPERIENCE IN PUBLIC HEALTH WAS INVITED TO REVIEW THE FINDINGS. THE DATA WAS STRATIFIED INTO THREE CATEGORIES WHICH INCLUDED CLINICAL CARE, HEALTH BEHAVIORS AND HEALTH OUTCOMES. WITHIN THE THREE COUNTIES THAT COMPRISE THE PRIMARY SERVICE AREA FOR CH THIRTY-ONE INDICATORS OF HEALTH WERE IDENTIFIED TO BE BELOW OR ABOVE THE STATE, NATIONAL OR HEALTHY PEOPLE 2020 GOAL. ONCE THESE THIRTY-ONE INDICATORS WERE IDENTIFIED, THEY WERE PRIORITIZED BY EACH INDIVIDUAL OF THE CHNA GROUP USING THE HANLON METHOD. IN ADDITION TO THE CHNA GROUP THE CHNA REPORT IN ITS ENTIRETY WAS SHARED DURING REGULAR MEETINGS WITH THE S2AY RURAL HEALTH NETWORK EAST CENTRAL DIVISION OF THE AMERICAN CANCER SOCIETY, TIOGA PARTNERSHIP FOR COMMUNITY HEALTH, AND THE CHEMUNG, SCHUYLER, AND STEUBEN HEALTH DEPARTMENTS FOR THEIR REVIEW, INPUT, AND SOLICITATION OF WRITTEN COMMENTS.
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	THE CHNA WAS CONDUCTED WITH OTHER HOSPITALS AND OTHER ORGANIZATIONS. ST. JAMES MERCY HOSPITAL WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. IRA DAVENPORT MEMORIAL HOSPITAL WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. ARNOT HEALTH WAS A KEY PARTNER IN THE STEUBEN HEALTH PRIORITIES TEAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF STEUBEN COUNTY RESIDENTS. THE MEMBERS OF THE TEAM HAVE AGREED TO MEET ON A REGULAR BASIS TO ENSURE THAT THE INITIATIVES OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY SERVICE PLANS ARE IMPLEMENTED, MONITORED, AND EVALUATED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: https://www.guthrie.org/sites/default/files/providers/CH%20-%20Implementat ion %20Plan_2021.pdf
SCHEDULE H, PART V, SECTION B, QUESTION 10A	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: https://www.guthrie.org/sites/default/files/providers/CH%20-%20Implementat ion % 20Plan_2021.pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING: https://www.guthrie.org/sites/default/files/providers/CH%20-%20Implementat ion %20Plan_2021.pdf DUE TO RESOURCE LIMITATIONS, THE FOLLOWING IDENTIFIED NEEDS WERE NOT ABLE TO BE ADDRESSED IN THE IMPLEMENTATION PLAN: - PREVENTABLE HOSPITAL EVENTS - HIV SCREENINGS
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16 IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ASSESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: HTTPS://WWW.GUTHRIE.ORG/PATIENTS-VISITORS/PAY-MY-BILL/FINANCIAL-ASSISTANCE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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**		
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**		
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 2020 FORMS W-2 AND FORMS 1099 (IF APPLICABLE).
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 2020 FORM W-2 AS TAXABLE WAGES: JOSEPH SCOPELLITI, M.D., $66,645. 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 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH SCOPELLITI, M.D., $66,645 AND PAUL G. VERVALIN, $42,956.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2020 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2020 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.
SCHEDULE J, PART II; COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH A SCOPELLITI MD DIR; EX-OFFICIO-PRES/CEO TGC	(i)	0	0	0	0	0	0	0
	(ii)	743,273	0	72,585	85,170	18,296	919,324	64,704
1PAUL G VERVALIN DIRECTOR - EVP/COO TGC	(i)	0	0	0	0	0	0	0
	(ii)	456,477	1,000	9,697	60,056	29,516	556,746	0
2RUSSELL C WOGLOM MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	406,320	0	0	18,525	22,922	447,767	0
3GENEVA BALLARD MD DIRECTOR - MED STAFF PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	413,216	0	19,500	14,963	0	447,679	0
4FRANCIS MACAFEE VP FINANCE/CFO	(i)	0	0	0	0	0	0	0
	(ii)	247,137	1,000	0	16,129	20,796	285,062	0
5FELISSA KOERNIG JD DIRECTOR-PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	208,667	25,000	0	10,515	900	245,082	0
6COLIN BAILEY RADIATION PHYSICIST	(i)	207,944	1,000	0	12,537	10,641	232,122	0
	(ii)	0	0	0	0	0	0	0
7MARK HOPSON PHARMACY MANAGER	(i)	165,095	1,000	0	10,796	22,922	199,813	0
	(ii)	0	0	0	0	0	0	0
8GREGORY KRIEL PHARMACIST	(i)	158,462	1,000	0	0	23,896	183,358	0
	(ii)	0	0	0	0	0	0	0
9MARY OLIVER DIRECTOR, SURGICAL CLINICAL OP	(i)	141,332	1,000	0	0	16,953	159,285	0
	(ii)	0	0	0	0	0	0	0
10SCOTT STEVENS PHARMACIST	(i)	144,295	1,000	0	0	12,074	157,369	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Robert Packer Hospital at Towanda Campus ========== Robert P acker Hospital at Towanda Campus, a 35-bed community hospital in towanda, pa., joined guth rie in april 2015. Robert Packer Hospital at Towanda Campus serves bradford and sullivan c ounties as well as the surrounding communities and offers additional specialty care servic es including pain management and hand surgery. Long-term care services are provided for pa tients at Robert Packer Hospital at Towanda Campus with a skilled nursing unit and 94-bed personal care home. - imaging services - medical/surgical services - orthopedic surgery - 24-hour emergency services with 24-hour laboratory, radiology and ultrasound support - amb ulatory surgery - cardiology stress testing - laboratory services - rehabilitation - physi cal and occupational therapy - sub-acute care - ems services Guthrie troy community hospit al ========== Located in troy, pa., guthrie troy community hospital i s 25-bed, critical access hospital. A new facility was built in 2013 and offers a wide ran ge of inpatient and outpatient services including sub-acute and ventilator management prog rams and is a level iv trauma center. - imaging services - medical/surgical services - ort hopedic surgery - 24-hour emergency services with 24-hour laboratory, radiology and ultras ound support - ambulatory surgery - coronary care, cardiology stress testing - rehabilitat ion - sub-acute care - ventilator management 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 und er the exacting tutelage of drs. Charles a. and william mayo of the mayo clinic, dr. Guthr ie began to replicate the mayo's multi-specialty group practice model to create the organi zation that now bears his name. Guthrie medical group is a multi-specialty group practice of more than 325 physicians and 210 advanced practice providers have more than 1,000,000 p atient visits each year. With its headquarters in a large medical office complex adjacent to guthrie robert packer hospital in sayre, pa., the regional office network encompasses 3 2 subspecialty and primary sites in 22 communities throughout pennsylvania and new york. G uthrie's primary care network encompasses all of the major population centers in the twin tiers and provides easy and convenient access to the best medical care available in the re gion. Guthrie foundation for education and research ========== ======= The guthrie foundation for education and research is a 501(c)(3) and separate enti ty within the guthrie clinic. The foundation was established in 1942 with an initial gift of $25,000 from dr. Guthrie. This was prior to governmental funded research and the origin al charter specified that these funds were to be used to "foster education and research on the campus of the robert pack

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	er hospital". Since the initial inception, the foundation has grown and evolved however, s till maintains a similar vision to develop, grow and conduct meaningful quality research t o improve the lives of patients in the twin tiers community. In 2014, under a broader orga nizational re-structure the foundation was re-named the donald guthrie foundation however, still maintained its same mission statement. With the re-structure the foundation is now comprised of the three research departments of clinical research, leap testing service and the institutional review board. Medical education ========== Includes the mansfiel d university/robert packer department of health sciences -- nursing program, the radiology technology program and the respiratory therapy program. These education programs are all co-sponsored by mansfield university. Other educational programs include the medical techn ology/medical laboratory science program, and the medical education department. The guthri e/robert packer hospital medical education department offers residency programs in family medicine, internal medicine, pharmacy, general surgery, nursing, emergency medicine and an esthesiology. Medical student training is provided for students from affiliated medical sc hools (suny upstate medical university, drexel medical college, lake erie college of osteo pathic medicine and jefferson). The department also offers a three year cardiovascular dis ease fellowship, a gastroenterology fellowship and a pulmonary disease and critical care m edicine fellowship. Medical education also offers continuing medical education courses, sp onsors medical grand rounds each week, and supports the guthrie scholars program, which of fers early acceptance to medical school for exceptional students from surrounding communit ies. Other services ========== Guthrie home care, home health is licensed in both penn sylvania 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 ca re - physical, occupational and speech therapies - hommed monitoring system for patients w ith chronic conditions - hospice care for terminally ill patients Quality and awards ===== ========== Quality data ---------- Guthrie physicians, advanced practitioners and sta ff are dedicated to providing our patients 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 patients receive the level of care and compassion they d eserve. Awards ------ Guthrie has received numerous independent awards for clinical excell ence, quality patient care and hospital performance. The awards span the entire spectrum o f care, from excellence in nursing to recognition for specialized areas of care. COVID-19 Response ---------- Guthrie's response to COVID-19 was rapid and coordinated, with system-wide interdisciplinary

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	teams addressing everything from escalating the delivery of personal protective equipment, to creating infection prevention practices, to ensuring constant community updates and ed ucation. Guthrie's response teams focused on patient and staff safety. The organization wa s committed to maintaining a patient-centered approach throughout its response. The health care system also decided on a coordinated system approach to ensure a consistent response to a rapidly changing emergency spanning Guthrie's wide geography. Evolution was immediat e in dealing with treatment protocols for patients, safety protections, acquisition of sup plies, or testing. The organization implemented outdoor testing tents at Guthrie Robert Pa cker Hospital in Sayre, Guthrie Cortland Medical Center and Guthrie Corning Hospital in an effort to keep COVID-19 outside of its facilities. As of June 30, 2021, 160,012 COVID tes ts had been performed system wide. In an effort to slow the spread of COVID while continui ng to care for patients, Guthrie's physicians and clinical staff expanded its telemedicine program. In total, the Information Technology department delivered and set up more than 3 00 webcams, 260 laptops, and 525 iPads. Before COVID, Guthrie performed a small number of specialty-based telemedicine visits, approximately 12 per week, and by May 2020, the healt h system had rolled out virtual care for ambulatory visits and was doing more than 3,000 a week. By June 30, 2021, the health system had seen 1,594 COVID hospitalizations and had d ischarged 1,449 COVID patients. Guthrie was heavily involved in COVID vaccine distribution . Guthrie leaders recognized its unique position in the community, given the 12-county are a the health system serves. This is a much broader area than Guthrie's regional health car e partners, so there was a unique responsibility to distribute and administer as many vacc ines as possible. The organization used its network of regional offices, offered vaccinati ons at some of its hospitals, and created a mass-vaccination center in a former department store in Sayre, Pa. This space allowed for proper social distancing and accommodated up t o 700 patients a day. The health system also coordinated with local public health departme nts, community leaders, businesses, and human services agencies to help improve access and overcome barriers to vaccination. By June 30, 2021, Guthrie had provided 35,535 vaccinati ons to employees (3,920) and the public (31,615). Guthrie's mass-vaccination site was reco gnized for its efficient and patient-focused care with a visit from Pennsylvania Governor Tom Wolf on April 21, 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Community benefit ---------- Guthrie tax-exempt hospitals provide significant community benefit for purposes of form 990 schedule h part i reporting. Schedule h part i follows the catholic health association ("cha") model when quantifying community benefit costs. Under the cha methodology guthrie hospitals reported a total of net community benefit costs of $97,797,346; which represented a community benefit percentage of 15.10%. Most recent information published by irs (2018 year reporting) shows an overall community benefit average nationwide of approximately 10.3%. The irs and cha methodology does not include community building activities, estimated charity care amounts included in bad debt nor medicare shortfall for the year ending june 30, 2021. The american hospital association ("aha") disagrees with irs and cha and believes that a tax-exempt organization should include community building activities, 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 this methodology guthrie hospitals reported a total of net community benefit costs of $92,677,103; which represented a community benefit percentage of 14.27% for the year ending june 30, 2021. Most recent information published by aha (2018 year reporting based upon all schedule h's filed) shows an overall total benefits to the community average nationwide of approximately 13.9%.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT ONE FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE GUTHRIE CLINIC, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION. IN CONJUNCTION WITH THIS SERVICE, THE GUTHRIE CLINIC ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS. THE GUTHRIE CLINIC ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	THE GUTHRIE CLINIC IS THE SOLE MEMBER OF THIS ORGANIZATION. THE GUTHRIE CLINIC HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE GUTHRIE CLINIC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT IN TEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES THE GUTHRIE CLINIC ("TGC"); A RELATED I NTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. TGC'S BOARD OF DIRECTORS M AINTAINS THE GUTHRIE CLINIC COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTE D A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVE S OF THE COMPENSATION AND BENEFITS OF TGC'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF THE GUTHRIE CLINIC AN D AFFILIATES; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE GUTHRIE C LINIC AND AFFILIATES HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS REQUIRED BY TH E CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT DIRECTORS, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEW S THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AN D DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE C OMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSA TION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COM MITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED I N ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFL ICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTA INED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINAT ION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CO NCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BO ARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY, THE COMMITTEE OBTAINE D A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT N OT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NE T PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINA TION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETI NGS DURING WHICH THE EXECUTIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED AB OVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF R EASONABLENESS APPLIES TO CERTAIN TGC SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BEN EFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIE WED ANNUALLY BY THE GUTHRIE CLINIC AND AFFILIATES PRESIDENT/CHIEF EXECUTIVE OFFICER WITH A SSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIV IDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER 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 COMPARABLE POSITIONS, INDIVIDUAL G OALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEED BACK MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE GUTHRIE CLINIC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE GUTHRIE CLINIC 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 STATE OF NEW YORK. 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	THIS ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; 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 RENDERED 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 TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS - ($9,000,000); - MINIMUM PENSION LIABILITY ADJUSTMENT - $9,646,285; - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION - ($54,331); - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM GRANTS - ($74,580); - TEMPORARILY RESTRICTED GRANTS - $70,296; - RESTRUCTURING EXPENSE - $133,257; AND - OTHER COMPREHENSIVE NET PERIODIC PENSION COST - $1,090,180.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE GUTHRIE CLINIC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE GUTHRIE CLINIC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED JUNE 30, 2021 AND JUNE 30, 2020; 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
CORE FORM, PART XII; QUESTION 3	THIS ORGANIZATION IS AN AFFILIATE WITHIN THE GUTHRIE CLINIC AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X & SCHEDULE K	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 2016; AND - CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2021. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICES TOTAL FEES:18837737

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:621876

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018232

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

2020

Open to Public Inspection

Name of the organization
CORNING HOSPITAL

Employer identification number
16-0393490

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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	NA	C CORP					No
(2)CORNING PROPERTIES INC 1 GUTHRIE DRIVE CORNING, NY 14830 38-3977095	REAL ESTATE HOLD	NY	CH	C CORP	0	1,210,000	100.000 %	Yes	
(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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE GUTHRIE CLINIC	R	9,000,000	COST
(2)THE GUTHRIE CLINIC	K	1,804,594	COST
(3)THE GUTHRIE CLINIC	M	17,264,272	COST
(4)THE GUTHRIE CLINIC	J	55,740	COST
(5)THE GUTHRIE CLINIC	O	58,668	COST

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 A MEMBER 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. THESE ENTITIES 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: 16-0393490
Name: CORNING HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE GUTHRIE SQUARE SAYRE, PA 18840 23-3055017	SUPPORTING	PA	501(c)(3)	509(A)(3)	NA		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 25-0815795	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 24-0795463	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC		No
200 S WILBUR AVE SAYRE, PA 18840 24-6022957	MED RESEARCH	PA	501(c)(3)	509(A)(1)	TGC		No
275 GUTHRIE DRIVE TROY, PA 16947 24-0800337	HEALTHCARE	PA	501(c)(3)	HOSPITAL	TGC		No
421 TOMAHAWK ROAD TOWANDA, PA 18848 23-2394345	HOME HEALTH	PA	501(c)(3)	509(A)(2)	TGC		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 20-3979472	HEALTHCARE	PA	501(c)(3)	509(A)(1)	TGC		No
151 MEETING STREET CHARLESTON, SC 29401 20-1090801	SUPPORTING	SC	501(c)(3)	509(A)(3)	TGC		No
134 HOMER AVENUE CORTLAND, NY 13045 15-0532079	HEALTHCARE	NY	501(c)(3)	HOSPITAL	TGC		No
91 HOSPITAL DRIVE TOWANDA, PA 18848 24-0786657	HEALTHCARE	PA	501(C)(3)	HOSPITAL	TGC		No
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		No