

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
Genesis Health System

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1227 E Rusholme Street

City or town, state or province, country, and ZIP or foreign postal code
Davenport, IA 52803

D Employer identification number
42-1418847

E Telephone number
(563) 421-6508

G Gross receipts \$ 860,751,166

F Name and address of principal officer:
Mark G Rogers
1227 E Rusholme Street
Davenport, IA 52803

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.GENESISHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
GENESIS HEALTH SYSTEM (GHS IOWA) EXISTS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED.

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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4,744
6 Total number of volunteers (estimate if necessary)	6	403
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,460,035
b Net unrelated business taxable income from Form 990-T, line 34	7b	604,518

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,708,482	3,109,862
9 Program service revenue (Part VIII, line 2g)	503,962,486	503,499,125
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,755,930	22,626,272
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	934,268	1,016,080
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	526,361,166	530,251,339
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,909,767	1,862,095
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	271,782,415	273,641,893
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	237,840,912	246,010,356
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	511,533,094	521,514,344
19 Revenue less expenses. Subtract line 18 from line 12	14,828,072	8,736,995
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	848,319,427	866,762,987
21 Total liabilities (Part X, line 26)	264,235,718	271,240,442
22 Net assets or fund balances. Subtract line 21 from line 20	584,083,709	595,522,545

Part II Signature Block

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

Sign Here

Signature of officer
Date: 2020-05-14

MARK G ROGERS V.P.Finance/CFO & Asst.Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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:

GENESIS HEALTH SYSTEM (GHS IOWA) EXISTS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED.

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 \$ 283,657,059 including grants of \$ 1,857,966) (Revenue \$ 377,254,877)

See Additional Data

4b (Code:) (Expenses \$ 120,821,288 including grants of \$) (Revenue \$ 93,160,056)

See Additional Data

4c (Code:) (Expenses \$ 26,803,283 including grants of \$ 4,129) (Revenue \$ 28,427,601)

See Additional Data

(Code:) (Expenses \$ 2,452,522 including grants of \$) (Revenue \$ 4,656,591)

GENESIS ACCOUNTABLE CARE ORGANIZATION (ACO) IS A SINGLE MEMBER IOWA LIMITED LIABILITY COMPANY FORMED IN DECEMBER 2011. ITS PURPOSE IS TO ENGAGE IN ANY LAWFUL BUSINESS RELATED TO THE CREATION AND ORGANIZATION OF A "PHYSICIAN-DRIVEN" NETWORK TO ACT AS, AND/OR PARTICIPATE IN, AN ACCOUNTABLE CARE ORGANIZATION WITHIN THE MEANING OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT. THE COMPANY IS ALSO ORGANIZED TO DEVELOP A CLINICALLY INTEGRATED NETWORK OF PROVIDERS INCLUDING PHYSICIANS, HEALTH PROFESSIONALS, HOSPITALS AND ANCILLARY PROVIDERS WORKING TOGETHER TO PROMOTE HIGH QUALITY, COORDINATED AND EFFICIENT CARE TO PATIENTS INCLUDING MEMBERS OF VARIOUS MANAGED CARE PAYERS AND THE COMMUNITY AT LARGE. GENESIS HEALTH SYSTEM (GHS IOWA) IS THE SOLE MEMBER OF GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC. FOR INCOME TAX AND INFORMATIONAL RETURN PURPOSES, GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC IS A DISREGARDED ENTITY AND IS INCLUDED WITHIN THE GHS IOWA'S INCOME TAX AND INFORMATIONAL RETURNS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,452,522 including grants of \$) (Revenue \$ 4,656,591)

4e Total program service expenses ▶ 433,734,152

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	286
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

<p>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</p>	2a	4,744			
<p>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)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>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)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country: ▶CJ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>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?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c		Yes		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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.</p>	13a				
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>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</p>	15			No	
<p>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</p>	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		
	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?	Yes	
16b	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?	Yes	

Section C. Disclosure

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

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:
MARK G ROGERS 1227 E RUSHOLME DAVENPORT, IA 528032498 (563) 421-6508

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

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

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

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

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

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

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

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

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

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

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							9,911,253	0		418,109

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 ▶ 331

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Cerner Corporation PO Box 959156 St Louis, MO 931959156	Information Technology Services	13,018,677
Crothall Healthcare Inc 1500 Liberty Ridge Drive Wayne, PA 19087	Maintenance/Environmental Services	6,244,532
Apogee Medical Management Inc 15059 N Scottsdale Road Scottsdale, AZ 85254	MEDICAL PROFESSIONAL SERVICES	4,380,266
H R Accounts Inc PO Box 672 5320 22nd Avenue Moline, IL 612660672	Collection Services	2,866,211
Morrison Healthcare 5801 Peachtree Dunwoody Rd Atlanta, GA 303421503	Nutritional Services	2,650,242

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 ▶ 85

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	1,211,541		
	e Government grants (contributions)	1e	1,066,007		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	832,314		
	g Noncash contributions included in lines 1a - 1f: \$ _____ 42,335				
	h Total. Add lines 1a-1f		3,109,862		

Program Service Revenue			Business Code				
	2a OUTPATIENT REVENUE		621400	679,857,468	679,857,468		
b INPATIENT REVENUE		900099	522,559,475	522,559,475			
c CLINIC/NURSING REVENUE		621400	219,887,261	219,887,261			
d HOME HEALTH/PROFESSIONAL SERVICES		621400	41,157,841	39,697,806	1,460,035		
e RESIDENT/LONG TERM CARE		621400	6,135,325	6,135,325			
f All other program service revenue.			-966,098,245	-966,098,245	0	0	
g Total. Add lines 2a-2f			503,499,125				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,285,074			10,285,074	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0	0				
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		342,522,816				
		c Gain or (loss)	0	12,341,198				
		d Net gain or (loss)			12,341,198			12,341,198
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b	390,760	318,209				
	c Net income or (loss) from sales of inventory			72,551			72,551	
Miscellaneous Revenue	Business Code							
11a VENDOR REBATES	900099		128,031	128,031				
b NUTRITIONAL SERVICES	900099		107,726	107,726				
c AMBULANCE	900099		56,533	56,533				
d All other revenue			651,239	651,239	0	0		
e Total. Add lines 11a-11d			943,529					
12 Total revenue. See Instructions.			530,251,339	502,982,619	1,460,035	22,698,823		

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	1,848,488	1,848,488		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,607	13,607		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,351,519	1,362,875	3,988,644	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)	194,279	77,896	116,383	
7 Other salaries and wages	229,846,793	196,128,725	33,718,068	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,915,405	2,898,179	2,017,226	
9 Other employee benefits	17,782,757	14,781,258	3,001,499	
10 Payroll taxes	15,551,140	13,053,532	2,497,608	
11 Fees for services (non-employees):				
a Management	2,629,385	1,109,503	1,519,882	
b Legal	421,147		421,147	
c Accounting	307,578		307,578	
d Lobbying	95,285		95,285	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	730,009		730,009	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,786,017	54,885,949	12,900,068	0
12 Advertising and promotion	1,314,996	118,419	1,196,577	
13 Office expenses	7,469,660	3,956,669	3,512,991	
14 Information technology	3,790,713	1,862,667	1,928,046	
15 Royalties				
16 Occupancy	19,997,799	16,034,338	3,963,461	
17 Travel	1,526,163	987,513	538,650	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	609,489	458,971	150,518	
20 Interest	7,506,454	7,506,454		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,033,229	20,039,685	11,993,544	
23 Insurance	1,928,615	363,619	1,564,996	
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 FEDERAL AND STATE INCOME TAX	213,103	213,103		
b MEDICAL AND PHARMACEUTICAL	44,273,460	44,163,754	109,706	
c PATIENT SUPPLY COST OF	44,284,820	44,284,820		
d FOOD, BEVERAGES, AND OT	5,533,918	4,672,411	861,507	
e All other expenses	3,558,516	2,911,717	646,799	0
25 Total functional expenses. Add lines 1 through 24e	521,514,344	433,734,152	87,780,192	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 <input type="checkbox"/> 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	15,780,270	1	9,173,566
	2 Savings and temporary cash investments	18,913,708	2	18,408,007
	3 Pledges and grants receivable, net	101,479,307	3	112,996,626
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	19,509,619	7	15,762,128
	8 Inventories for sale or use	12,843,217	8	12,192,292
	9 Prepaid expenses and deferred charges	7,540,930	9	7,116,896
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	851,008,308		
	b Less: accumulated depreciation	539,653,510		
	11 Investments—publicly traded securities	247,952,214	11	267,840,210
	12 Investments—other securities. See Part IV, line 11	63,356,785	12	65,067,969
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	473,348	14	506,348
	15 Other assets. See Part IV, line 11	44,460,817	15	46,344,147
16 Total assets. Add lines 1 through 15 (must equal line 34)	848,319,427	16	866,762,987	
Liabilities	17 Accounts payable and accrued expenses	65,574,015	17	86,633,416
	18 Grants payable		18	
	19 Deferred revenue	24,243	19	2,516
	20 Tax-exempt bond liabilities	172,842,279	20	163,716,636
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	25,795,181	25	20,887,874
	26 Total liabilities. Add lines 17 through 25	264,235,718	26	271,240,442
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	567,842,611	27	579,453,955
	28 Temporarily restricted net assets	16,241,098	28	16,068,590
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	584,083,709	33	595,522,545	
34 Total liabilities and net assets/fund balances	848,319,427	34	866,762,987	

Part XI Reconciliation 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	530,251,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	521,514,344
3	Revenue less expenses. Subtract line 2 from line 1	3	8,736,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	584,083,709
5	Net unrealized gains (losses) on investments	5	1,700,122
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	853,719
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	595,522,545

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

Form 990 (2018)

Form 990, Part III, Line 4a:

GENESIS HEALTH SYSTEM (GHS IOWA) IS A HEALTH SYSTEM LOCATED IN EASTERN IOWA CONSISTING OF THREE HOSPITAL FACILITIES, TWO IN DAVENPORT AND ONE IN DEWITT, IOWA. GENESIS MEDICAL CENTER - DAVENPORT, CONTAINING 502 LICENSED ACUTE CARE BEDS. STATISTICS INCLUDE 67,151 PATIENT DAYS AND 214,504 OUTPATIENT VISITS; GENESIS MEDICAL CENTER - DEWITT, CONTAINING 13 LICENSED ACUTE CARE AND SWING BEDS AND 77 LONG-TERM CARE BEDS. STATISTICS INCLUDE 1,424 PATIENT DAYS AND 20,257 OUTPATIENT VISITS. GHS IOWA ALSO INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM THAT CONTINUES TO EDUCATE RESIDENTS IN THE HOSPITAL SETTING.

Form 990, Part III, Line 4b:

GENESIS HEALTH GROUP, A PHYSICIAN GROUP WITHIN GENESIS HEALTH SYSTEM (GHS IOWA), CONSISTS OF 44 CLINICS AND 157 PHYSICIANS ENCOMPASSING A WIDE VARIETY OF SPECIALTIES AND FAMILY PRACTICE GROUPS SERVING IOWA, ILLINOIS AND SURROUNDING COMMUNITIES IN EASTERN IOWA AND WESTERN ILLINOIS. STATISTICS INCLUDE TOTAL PRACTITIONER HOURS 282,360 AND RVU'S (RELATIVE VALUE UNITS) 1,015,612.

Form 990, Part III, Line 4c:

GENESIS AT HOME VNA & HOSPICE, A VISITING NURSE AND HOSPICE CARE PROGRAM WITHIN GENESIS HEALTH SYSTEM (GHS IOWA) ENCOMPASSES HOME HEALTH SERVICES (INCLUDING PHYSICAL THERAPY, OCCUPATIONAL/SPEECH THERAPY, SKILLED NURSING, MEDICAL SOCIAL WORKER VISITS), COMMUNITY HOSPICE SERVICES, AND THE CLARISSA C. COOK HOSPICE HOUSE LOCATED IN BETTENDORF, IOWA. STATISTICS INCLUDE 113,381 HOME HEALTH SERVICE UNITS AND 57,523 HOSPICE/HOSPICE HOUSE DAYS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS P CROPPER PRESIDENT/CEO GHS	50.0	X		X				1,057,462	0	34,754
STEVEN C BAHLS CHAIR	4.0	X		X				0	0	0
GREGORY J BUSH TREASURER	2.0	X		X				0	0	0
ROGER J HILL SECRETARY	2.0	X		X				0	0	0
C DANA WATERMAN III VICE CHAIR	2.5	X		X				0	0	0
MARK D BAWDEN DIRECTOR	2.0	X						0	0	0
PETER J BENSON DIRECTOR	3.5							0	0	0
CHRISTOPHER J COX DIRECTOR	2.0	X						0	0	0
EDMUND P COYNE JR Director	2.0	X						0	0	0
PATRICIA S GROVES DIRECTOR	2.0	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			
MARK C KILMER DIRECTOR	2.0	X						0	0	0
JAMES W KOEHLER FORMER DIRECTOR	2.0	X						0	0	0
GEORGE J KONTOS JR Director	2.0 40.0	X						514,273	0	26,929
DAVID C LARSON DIRECTOR	2.0	X						0	0	0
CHARLENE E MAASKE FORMER DIRECTOR	2.0	X						0	0	0
G CHRISTOPHER WAHLIG DIRECTOR	2.0	X						0	0	0
DALE D ZUDE DIRECTOR	2.0	X						0	0	0
EDWIN V MOTTO MD DIRECTOR	2.0 5.0	X						0	0	0
EDWARD J ROGALSKI PHD DIRECTOR	2.0 5.0	X						0	0	0
DAVID HELLER DIRECTOR	2.0	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			
ROBIN PETERSEN DIRECTOR	2.0	X						0	0	0
PAUL BOLLINGER LEGAL AFFAIRS VICE PRESIDENT AND ASS	30.0			X				352,720	0	23,923
MARK G ROGERS V.P. FINANCE/CFO/ASST TREASURER	10.0			X				662,815	0	27,376
NIDAL HARB CHIEF MEDICAL OFFICER	32.0				X			655,128	0	28,791
KURT A ANDERSEN PRESIDENT GHG	8.0				X			561,166	0	23,296
JORDAN VOIGT HOSPITAL PRESIDENT GMC DAVENPORT	40.0				X			535,361	0	25,852
EVA PROCTOR CARDIOTHORACIC PHYSICIAN	40.0				X			804,522	0	17,151
HEIDI S KAHLY-MCMAHON	30.0					X		593,322	0	24,071
MICHAEL BURCHETT PHYSICIAN	10.0					X		578,726	0	23,598
NATHAN MELOY PHYSICIAN	40.0					X		584,590	0	21,446

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			
TODD RIDENOUR PHYSICIAN	40.0 0					X		855,352	0	23,972
WASEEM AHMAD PHYSICIAN	40.0 0					X		661,301	0	24,081
JACQUELINE K ANHALT FORMER V.P. PATIENT SERVICES	32.0 8.0						X	436,122	0	25,795
ROBERT W FRIEDEN FORMER V.P. INFORMATION SERVICES	32.0 8.0						X	402,571	0	24,856
CHRISTOPHER CROME FORMER PHYSICIAN/DIVISION CHAIR	40.0 0						X	420,441	0	19,694
HAROLD WAGHER FORMER CHIEF COMPLIANCE RISK OFFICER	40.0 0						X	235,381	0	22,524

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Genesis Health System

Employer identification number

42-1418847

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c Add lines 7a and 7b. . .						
8 Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c Add lines 10a and 10b. . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 42-1418847

Name: Genesis Health System

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

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

2018
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 Genesis Health System	Employer identification number 42-1418847
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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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)		(b)
	Yes	No	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?		No	
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?	Yes		0
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		5,134
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		90,151
j Total. Add lines 1c through 1i			95,285
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 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Part II-B, Line 1b. PAID STAFF OR MANAGEMENT: GENESIS HEALTH SYSTEM (GHS Iowa) HAD ONE STAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. Part II-B, Line 1d. MAILINGS TO MEMBERS, LEGISLATURES, OR THE PUBLIC: EMPLOYEES OF GENESIS HEALTH SYSTEM (GHS IOWA) ARE ENCOURAGED TO PARTICIPATE IN THE IOWA HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS." THE EMPLOYEES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS (NOT CANDIDATE-SPECIFIC). THERE IS NO DIRECT COST TO GENESIS HEALTH SYSTEM (GHS IOWA) REGARDING THIS ACTIVITY. Part II-B, Line 1f. GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: GENESIS HEALTH SYSTEM (GHS IOWA) PRESENTED ONE GRANT TO OTHER ORGANIZATIONS: 1.) QUAD CITIES CHAMBER-IOWA LEGISLATIVE LUNCHEON 2018, \$3,000. Part II-B, Line 1g. DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: GENESIS HEALTH SYSTEM (GHS IOWA) HAD ONESTAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. THE DIRECT COSTS RELATED TO THEIR LOBBYING ACTIVITIES INCLUDED: SALARIES- \$4,971. Part II-B, Line 1i. OTHER LOBBYING ACTIVITIES: IN FISCAL YEAR 2018, GENESIS HEALTH SYSTEM (GHS IOWA) RECEIVED PROFESSIONAL LOBBYING AND GOVERNMENTAL RELATIONS CONSULTING SERVICES FROM EIDE & HEISINGER, LLC AT A COST OF \$25,000. LOBBYING EXPENDITURES RELATED TO MEMBERSHIP DUES INCLUDED; 21% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION, OR \$26,248, 21.78% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, OR \$12,447, 55% OF MEMBERSHIP DUES TO THE AMERICAN MEDICAL ASSOCIATION, OR \$8,339, AND VARIOUS OTHER ASSOCIATIONS- \$30,843.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Part II-B, Line 1b. PAID STAFF OR MANAGEMENT: GENESIS HEALTH SYSTEM (GHS Iowa) HAD ONE STAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. Part II-B, Line 1d. MAILINGS TO MEMBERS, LEGISLATURES, OR THE PUBLIC: EMPLOYEES OF GENESIS HEALTH SYSTEM (GHS IOWA) ARE ENCOURAGED TO PARTICIPATE IN THE IOWA HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS." THE EMPLOYEES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS (NOT CANDIDATE-SPECIFIC). THERE IS NO DIRECT COST TO GENESIS HEALTH SYSTEM (GHS IOWA) REGARDING THIS ACTIVITY. Part II-B, Line 1f. GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: GENESIS HEALTH SYSTEM (GHS IOWA) PRESENTED ONE GRANT TO OTHER ORGANIZATIONS: 1.) QUAD CITIES CHAMBER-IOWA LEGISLATIVE LUNCHEON 2018, \$3,000. Part II-B, Line 1g. DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: GENESIS HEALTH SYSTEM (GHS IOWA) HAD ONESTAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. THE DIRECT COSTS RELATED TO THEIR LOBBYING ACTIVITIES INCLUDED: SALARIES- \$5,134. Part II-B, Line 1i. OTHER LOBBYING ACTIVITIES: IN FISCAL YEAR 2019, GENESIS HEALTH SYSTEM (GHS IOWA) RECEIVED PROFESSIONAL LOBBYING AND GOVERNMENTAL RELATIONS CONSULTING SERVICES FROM EIDE & HEISINGER, LLC AT A COST OF \$25,000. LOBBYING EXPENDITURES RELATED TO MEMBERSHIP DUES INCLUDED; 18.10% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION, OR \$21,157, 22.73% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, OR \$19,305, 60% OF MEMBERSHIP DUES TO THE AMERICAN MEDICAL ASSOCIATION, OR \$7,337, AND VARIOUS OTHER ASSOCIATIONS- \$17,352.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

Name of the organization
Genesis Health System

Employer identification number
42-1418847

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,081,104	13,249,656	12,080,730	11,227,334	9,123,481
b Contributions	937,158	166,432	191,448	1,087,419	1,985,014
c Net investment earnings, gains, and losses	562,187	739,721	1,042,683	-178,681	118,839
d Grants or scholarships	5,000	5,000	5,000		
e Other expenditures for facilities and programs					
f Administrative expenses	76,473	69,705	60,205	55,342	
g End of year balance	15,498,976	14,081,104	13,249,656	12,080,730	11,227,334

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 36.29 %
 - b** Permanent endowment ▶ 63.71 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 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		39,229,710		39,229,710
b Buildings		357,939,860	170,863,639	187,076,221
c Leasehold improvements		29,124,725	21,075,819	8,048,906
d Equipment		387,106,842	325,200,040	61,906,802
e Other		37,607,171	22,514,012	15,093,159
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				311,354,798

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		
See Additional Data Table (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 65,067,969	

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

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

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

(a) Description	(b) Book value
(1) Interest in Net Assets of Foundation	14,399,069
(2) Deferred Compensation Annuity	19,620,391
(3) Cash surrender Value of Life Insurance	8,308,705
(4) Goodwill & Covenant Not to Compete	912,502
(5) Security Escrow and Other Assets	2,793,899
(6) Interest Receivable	309,581
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 46,344,147

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PENSION LIABILITY	0
ACCRUED INS TRUST LOSSES	1,415,640
NONQUALIFIED PENSION LIABILITY	19,472,234
LT DEFERRED EXPENSE CREDIT	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 20,887,874

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: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(A) INVESTMENT IN GENVENTURES, INC	25,782,798	C
(A) INVESTMENT IN MISERICORDIA ASSURANCE, LTD.	120,000	C
(B) INVESTMENT IN HEI COOP	3,506,340	C
(C) INVESTMENT IN SPRING PARK SURGERY CENTER, LLC	3,104,532	C
(D) INVESTMENT IN GENGASTRO, LLC	23,542,672	C
(E) INVESTMENT IN GENORTH0, LLC	2,384,402	C
(F) INVESTMENT IN GENRAD IMAGING, LLC	2,999,262	C
(G) OTHER INVESTMENTS - GMC	28,655	F
(H) INVESTMENT IN UNIVERSITY OF IOWA HEALTH ALLIANCE, LLC	81,855	C
(I) INVESTMENT IN DAVITA DIALYSIS, LLC	2,663,970	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(K) INVESTMENT IN WELLMARK	853,483	C

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	GENESIS HEALTH SERVICES FOUNDATION, A RELATED ORGANIZATION, HOLDS THE ENDOWMENT FUNDS. THE INTENDED USE OF THE FOUNDATION'S ENDOWMENT FUNDS ARE AS FOLLOWS: SCHOLARSHIPS FOR EDUCATION IN THE MEDICAL FIELD, CHARITY CARE FOR THE INDIGENT, EMPLOYEE EMERGENCY ASSISTANCE, VISITING NURSE, HOSPICE HOUSE, DIABETIC CARE, PEDIATRIC HOSPICE, DIALYSIS CARE, AND BREAST HEALTH SERVICES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>Uncertainty in income taxes: GHS Iowa, GHS Illinois, GSL - Aledo, GMC - Aledo, the Genesis Foundation, Genesis Philanthropy and the Workers' Compensation Trust each files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to health systems include such matters as the following: the tax exempt status of each entity, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income. Unrelated business taxable income is reported on Form 990T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. Forms 990 and 990T filed by GHS Iowa, GHS Illinois, GSL - Aledo, GMC - Aledo, the Genesis Foundation, Genesis Philanthropy and the Workers' Compensation Trust are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Forms 990 and 990T filed by GHS Iowa, GHS Illinois, the Genesis Foundation and the Workers' Compensation Trust are no longer subject to examination for the fiscal years ended June 30, 2015 and prior. GenVentures is a taxable organization and currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. GenVentures is no longer subject to income tax examinations for the fiscal years ended June 30, 2015 and prior. There were no uncertain tax positions as of June 30, 2019 and 2018.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number

42-1418847

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Investments		
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			0

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

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Genesis Health System

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.**

Employer identification number
 42-1418847

OMB No. 1545-0047
2018
Open to Public Inspection

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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 eligible 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)			3,817,294	0	3,817,294	0.73 %
b Medicaid (from Worksheet 3, column a)			80,042,000	57,559,340	22,482,660	4.32 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	83,859,294	57,559,340	26,299,954	5.05 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			503,748	0	503,748	0.10 %
f Health professions education (from Worksheet 5)			3,453,049	1,619,954	1,833,095	0.35 %
g Subsidized health services (from Worksheet 6)			10,285,315	7,909,647	2,375,668	0.46 %
h Research (from Worksheet 7)			183,625	0	183,625	0.04 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			304,432	0	304,432	0.06 %
j Total. Other Benefits	0	0	14,730,169	9,529,601	5,200,568	1.00 %
k Total. Add lines 7d and 7j	0	0	98,589,463	67,088,941	31,500,522	6.05 %

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					0	0 %
2 Economic development			23,750	0	23,750	0 %
3 Community support			533,275		533,275	0.10 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			12,463		12,463	0 %
9 Other					0	0 %
10 Total	0	0	569,488	0	569,488	0.11 %

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.	2 657,569	
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 0	
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)	5 124,415,888
6 Enter Medicare allowable costs of care relating to payments on line 5	6 120,654,028
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 3,761,860
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
9b 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 GENGASTRO LLC	AMBULATORY SURGERY CENTER	82.1 %	0 %	17.9 %
2 GENORTHO LLC	ORTHOPAEDIC SURGERY CENTER	58.1 %	0 %	41.9 %
3 SPRING PARK SURGERY CENTER LLC	OUTPATIENT SURGICAL CENTER	53.7 %	0 %	46.3 %
4 GENRAD IMAGING LLC	DIAGNOSTIC IMAGING CENTER	50 %	0 %	50 %
5 DAVITA DIALYSIS LLC	OUTPATIENT DIALYSIS CENTER	20 %	16 %	64 %
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?

2

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)

See Additional Data Table	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

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)
 GENESIS MEDICAL CENTER - DAVENPORT

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2 _____

		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?		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.		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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

GENESIS MEDICAL CENTER - DAVENPORT

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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>200.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

GENESIS MEDICAL CENTER - DAVENPORT

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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

GENESIS MEDICAL CENTER - DAVENPORT

Name of hospital facility or letter of facility reporting group _____

- 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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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)
 GENESIS MEDICAL CENTER - DEWITT

Name of hospital facility or letter of facility reporting group _____

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?		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.		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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
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	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	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

GENESIS MEDICAL CENTER - DEWITT

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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>200.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.GENESISHEALTH.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

GENESIS MEDICAL CENTER - DEWITT

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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

GENESIS MEDICAL CENTER - DEWITT

Name of hospital facility or letter of facility reporting group _____

- 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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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, 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? 59

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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, Line 6a Community benefit report prepared by related organization	GENESIS HEALTH SYSTEM (GHS ILLINOIS) AND GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	No costs associated with a physician clinic were reported in subsidized health services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	657569

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Genesis Health System (GHS Iowa) utilized Worksheet 2 to calculate its cost-to-charge ratio. The calculated cost-to-charge ratio was used to calculate the cost of Charity Care and Unreimbursed Medicaid. Costs of the "Other Benefits" reported in 7e -7i were compiled throughout the year in the community benefit database (i.e., CBISA) that Genesis Health System utilizes. The organization's total community benefit expense as a percentage of total expenses is 18.93%, and the percentage increases to 42.10% if Medicare cost report allowable costs are included in total community benefit expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Economic Development (F2): Council and Chamber - Genesis Health System (GHS Iowa) supports employee involvement on local council and chamber committees. Grants to Community Businesses - Genesis Health System supports its community by giving grants to local businesses to improve economic development and relieve or reduce the burden of government or other tax-exempt organizations. Community Support (F3): Disaster Readiness - Genesis Health System participates in community wide disaster readiness drills throughout the year to ensure its preparedness for an array of disasters. Junior Achievement - Genesis Health System participates in a volunteer partnership with Junior Achievement. Workforce Development (F8): Programs on Health Careers - Genesis Health System partners with the local community colleges and universities to address the health care work force shortage. Genesis Health System works with the local community colleges and universities to address community-wide workforce issues by supporting job creation and training programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	In accordance with Healthcare Financial Management Association Statement No. 15, Bad Debt is reported at the full-established charge from the most recent audited financial report. Payments received after an account had been written off to bad debt were credited to a bad debt recovery account. Discounts on patient accounts provided by third-party payers were written off to a contractual allowance account.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Genesis Health System uses Avadyne Health to process aging patient accounts. Avadyne Health's collection process utilizes publicly available information to ensure all aging patient accounts receive financial assistance in accordance to Genesis Health System policy before being deemed bad debt. Genesis Health System reported zero dollars for the estimated amount of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>During 2018, the System analyzed its past history and identified trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviewed data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who had third-party insurance coverage, the System analyzed contractually due amounts and provided an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System recorded a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. As part of this process, the System regularly performed hindsight procedures to evaluate historical write-off and collection experience over time to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted were charged off against the allowance for doubtful accounts. Recoveries of receivables previously written off were recorded as a reduction of the provision for bad debts when received.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The Medicare cost report was used to determine the amount report in Part III, line 5, 6, and 7 for the hospitals. The Medicare cost report surplus represents the difference between the total revenue received from Medicare based on Medicare cost report reimbursement rates and cost incurred by GHS Iowa in providing healthcare services to the elderly. The total Medicare surplus, which includes fee screen services, was \$3,761,860.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Every effort is made to determine a patient's eligibility for financial assistance. If eligible, payment plans are made available based on their resources and income. All balances owing after financial assistance allowances have been taken are payable in monthly payments in accordance with the organization's financial assistance policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- GENESIS MEDICAL CENTER - DEWITT: Line 16a URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16a URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- GENESIS MEDICAL CENTER - DEWITT: Line 16b URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16b URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- GENESIS MEDICAL CENTER - DEWITT: Line 16c URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16c URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Genesis Health System (GHS Iowa) utilizes the community health needs assessment (CHNA) conducted by professional research consultants, Inc. (PRC) in 2018. The CHNA was funded by GHS Illinois and Unity Point Health-Trinity and sponsored by Community Health Care, GHS Illinois, Muscatine County Board of Health, Quad City Health Initiative (QCHI), Rock Island County Health Department, Scott County Health Department, and Unity Point Health - Trinity. QCHI was formed by Genesis Health System (GHS Iowa) and GHS Illinois, which has Headquarters in both Scott County, Iowa, and Rock Island County, Illinois, and Trinity Health System, which is headquartered in Rock Island County, Illinois. QCHI is now a community partnership of over 300 community members and leaders pursuing initiatives to create a healthier community, serving as a catalyst for improving the health and overall quality of life within the Quad Cities. Genesis Medical Center, DeWitt as the sole hospital within the western Clinton County area, has the resources to influence these issues in its community. As part of a larger health system, GMC DeWitt can leverage resources to address these priorities.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Information on the availability of financial assistance is posted in visible locations in the admission departments of the hospitals. In addition, the hospital registration staff make available informative brochures for patients in the Emergency Room registration area explaining their eligibility for assistance. Genesis Health System (GHS Iowa) provides patient financial counselors on each hospital campus to discuss options with the patients. Patient Financial Services prepares and provides a letter to each patient, explaining their current balance and advising them of their options. A phone number is provided with the letter encouraging the patient to call if needed.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Genesis Health System's (GHS Iowa) mission is to provide quality, compassionate care for all those in need. GHS Illinois lives its mission each day by serving a 10-County region of Eastern Iowa and Western Illinois, including both urban and rural areas. The region served by GHS Illinois (Davenport-Moline-Rock Island, IA - IL. Metropolitan statistical area - Henry County, IL, Mercer County, IL, Muscatine County IA, Rock Island, IL., and Scott County, IA.) has a population of 360,601. According to the US Census Bureau American Community Survey Five Year Estimates (2009-2013), Whites made up 85.0% of the MSA population with 7.8% Black or African-American and 7.2% Hispanic or other origin. In the Quad Cities area, 23.5% of the population are infants, children, or adolescents (age 0-17); another 60.7% are 18-64, while 15.8% are age 65 and older. According to estimates from the US Census Bureau American Community Survey, 13.3% of Quad Cities area residents (Scott and Rock Island Counties) live below the Federal poverty. In 2018, 3.2% of Quad Cities are adults reported that there was a time the past two years when they were living on the street, in a car, or in a temporary shelter. The average unemployment rate in 2018 was 4.0% for the Quad Cities. Lack of health insurance among adults age 18 to 64 is reported by 6.3% of Scott County, IA residents and 7.7% of Rock Island County, IL residents. The Quad Cities area percentage of adults who smoked in 2018 was 19.8%. The percentage of adults who were obese in 2018 was 38.3% in Rock Island County, Illinois and 36.5% in Scott County, Iowa. Obesity rates in both Scott County, IA and Rock Island County, IL are higher than national benchmarks. GMC DeWitt services the residents of Clinton County, primarily those residing in Dewitt and the surrounding towns. JCRHC serves the residents of Maquoketa and the adjoining communities. While the population is not growing in number, it is growing in terms of people age 65 and older.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Genesis Health System's Board of directors is a diverse representation of persons who reside in the primary service area that Genesis Health System serves. Genesis Health System executives and employees serve on dozens of volunteer boards throughout the region on important projects and initiatives, such as homeless shelters, mental health, downtown redevelopment and events and festivals. Genesis Health System employees serve the communities where they live by serving in elected offices in city and county government. Genesis Health System extends medical staff privileges to all qualified physicians in its communities. Genesis Health System has endeavored to improve access to health care for the communities it serves by participating in appropriate joint ventures that offer needed health care services to under-served areas. Genesis Health System schedules dozens of health screenings and immunizations throughout the year at a reduced cost. These include screenings for diabetes, stroke and heart disease and public flu immunization clinics. Genesis Health System providers translation services based on a percentage of the diversity of the population. Each year, Genesis Health System provides the community with dozens of classes and events promoting health and health education. Hundreds of residents in the region served by Genesis Health System learn CPR, First Aid, parenting skills, and newborn care by enrolling in classes. Genesis Health System supplies medical supplies and equipment to Globus, which is a third party company that helps companies share and transfer research data. Genesis Health System maintains an active effort to advocate for access to health care in Iowa and Illinois State government and in Washington D.C. Genesis Health System employees also participate in a voter voice initiative to advocate on important health issues with City, County, State, and National elected officials. Surplus funds resulting from efficient operations and cost-containment measure are re-invested in the healthcare operations of Genesis Health System to improve the healthcare services that Genesis Health System provides. Advances in medical equipment and technology, staff education, and new medical services are examples of operation investments that ultimately improve the health of the communities that Genesis Health System serves. As part of Genesis Health System, GMC DeWitt is committed to the promotion of community health. The hospital participates in programs such as housing for persons with mental illness.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Genesis Health System - Iowa (GHS Iowa), an Iowa nonprofit corporation, and Genesis Health System - Illinois (GHS Illinois), an Illinois not-for-profit corporation, have identical governing boards, management and bylaws and can act jointly. GHS Iowa is also the sole member of Genesis Philanthropy, Genesis Health Services Foundation, Genesis Accountable Care Organization LLC, and Genesis Health System Workers' Compensation Plan and Trust, the sole stockholder of GenVentures, Inc., a member of Misericordia Assurance Company, Ltd. and a partner in GenGastro, LLC. Genesis Health System, EIN 36-3616314 is the sole member of Genesis Medical Center, Aledo and Genesis Senior Living, Aledo, and is a partner in The Larson Center Partnership. GHS Iowa, GHS Illinois, GMC Aledo, and GSL Aledo collectively represent the obligated group on certain components of the obligated group's long-term debt. Genesis Health System provides administrative, management, information technology and other support services to its affiliates. Genesis Clinical Services operates physician medical practices, convenient care practices and an occupational medicine clinic and provides behavioral health services to the residents of eastern Iowa and western Illinois. Genesis Medical Center - Davenport (GMC - Davenport) is licensed as a 502-bed acute care hospital which provides services from two hospital facilities located in Davenport, Iowa. Genesis Family Medical Center (GFMC) is a family practice residency training program that operates clinics in Davenport and Blue Grass, Iowa to provide a clinical setting for the residents to treat patients. Genesis Medical Center - DeWitt (GMC - DeWitt) is certified as a critical access hospital, which has 13-acute care and swing beds, and has a 77-bed long-term care facility, which provides services from its facility in DeWitt, Iowa. In June 2019, GMC Dewitt entered into a lease agreement where GMC Dewitt will lease the assets to a new joint venture, Wellspire, LLC. Genesis Visiting Nurse Association and Hospice (VNA) provide home health care, community nursing services and hospice services to patients in eastern Iowa and western Illinois. Genesis Medical Center - Silvis is licensed as a 145-bed acute care hospital, which provides services from its facility in Silvis, Illinois. Illini Hospital Nursing Home (INH) operates Illini Restorative Care Center and Crosstown Square. Illini Restorative Care Center is a 120-bed licensed nursing facility, consisting of 92 skilled care beds and 28 sheltered care beds. All 92 beds are dually licensed for Medicare/Medicaid services. The sheltered care unit provides rehabilitative and personal care in a family-oriented setting. Crosstown Square is an independent living facility containing 64 rentable apartments and three guest rooms that offers services designed to meet the needs of senior adults. In June 2019, certain assets of INH were contributed to a new joint venture, Wellspire, LLC. GHS Iowa and GHS Illinois have a controlling ownership interest or membership in the following organizations: Genesis Medical Center Aledo (GMC Aledo) is certified as a critical access hospital, which has 22-acute care and swing beds, as well as a physician clinic, which provides services from its facility in Aledo, Illinois. Genesis Senior Living Aledo (GSL Aledo) is certified as a nursing facility, which has a 92 bed long-term care facility, which provides services from its facility in Aledo, Illinois. On May 31, 2019, the System sold its 100% ownership interest in GSL-Aledo to an unrelated third party. Genesis Health Services Foundation (Genesis Foundation) is an organization whose mission is to develop, manage and grant charitable support to meet the health-related needs of the communities served by Genesis Health System. GenGastro, LLC (d/b/a the Center for Digestive Health) is a limited liability company, which operates a single-specialty gastroenterology ambulatory surgery center located in Bettendorf, Iowa. Genesis Health System maintains a 75 percent ownership interest in GenGastro, LLC. The Larson Center Partnership (LCP) is a for-profit real estate partnership which owns a medical office building adjacent to GMC - Illini and leases space for clinics, laboratory, pharmacy and offices to GMC - Illini and other third-party organizations. GHS Illinois is a general partner and owns approximately 79.8% of LCP. GenVentures, Inc. (GenVentures) is a wholly-owned for-profit corporation which operates the following divisions, primarily in the Quad Cities: Genesis Care at Home, Continuing Care sells and leases home medical equipment; provides intravenous therapy services, including sales of related solutions and supplies to patients; and provides retail pharmaceutical and over-the-counter products to patients and employees of the System. GenProperties owns, leases and/or manages office space in 14 medical office buildings located in Bettendorf, Clinton, Davenport, Eldridge, Le Claire and Muscati</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>ne, Iowa. Crescent Laundry provides commercial laundry services to health care facilities in eastern Iowa and in north-central Illinois. Genesis Accountable Care Organization, LLC (Genesis ACO) is an Iowa limited liability company formed in December 2011. Its purpose is to engage in any lawful business and any business related to creation and organization of a "physician-driven" network to act as, and/or participate in, an Accountable Care Organization within the meaning of the federal Patient Protection and Affordable Care Act. The company is also organized to develop a clinically integrated network of providers including physicians, health professionals, hospitals and ancillary providers working together to promote high quality, coordinated and efficient care to patients including members of various managed care payors and the community at large. Genesis Health System Workers' Compensation Plan and Trust (Workers' Compensation Trust) provides a fund, which can be used to pay workers' compensation claims and costs for the benefit of Genesis Health System. Misericordia Assurance Company, Ltd. (Misericordia) is a wholly-owned Cayman based captive insurance company which underwrites the general and professional liability risks of Genesis Health System and affiliates. Genesis Philanthropy is a wholly-owned tax-exempt entity formed in 2013, which will partner with other hospital foundations to form a regional network to attract donors to help fund specific health-related causes and promote wellness in the region.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL, IA

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

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? 2		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
2	GENESIS MEDICAL CENTER - DAVENPORT 1227 E RUSHOLME STREET DAVENPORT, IA 52803 820011H WWW.GENESISHEALTH.COM	X	X					X			
1	GENESIS MEDICAL CENTER - DEWITT 1118 11TH STREET DEWITT, IA 52742 WWW.GENESISHEALTH.COM 230149H	X	X			X		X			

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, Line 5 Facility , 1	<p>Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. The sponsors of this study, Community Health Care, Inc., Genesis Health System, Muscatine County Board of Health, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department and UnityPoint Health-Trinity, collaborate on improving health status and quality of life in the Quad Cities region. This work together is rooted in periodic, comprehensive community health assessments that meet the information and reporting needs of all partners. Understanding our community's health status is the foundation for developing community education, resources and programs that will advance our community's health. The assessment informs the creation of community health improvement plans for the study sponsors. In addition, the study sponsors encourage other organizations to use this information to inform strategic planning, grant writing and project development. For the 2018 Community Health Assessment, our coordinated approach included primary data collection, secondary data analysis, and qualitative data gathering from community leaders and members in our bi-state area. The study sponsors engaged Professional Research Consultants, Inc. (PRC) to collect secondary data and implement a community health survey. In addition, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the partners completed local qualitative assessments addressing Community Themes & Strengths, Forces of Change and the Local Public Health System. Select operations data from the two health systems were also summarized. The following document provides PRC's bi-state findings in detail as well as information obtained through local data collection methods. This study was sponsored by a collaboration of local organizations, including: Community Health Care, Inc.; Genesis Health System; Muscatine County Board of Health; Quad City Health Initiative; Rock Island County Health Department; Scott County Health Department; and UnityPoint Health - Trinity. The portion of the study conducted by PRC was funded by Genesis Health System and UnityPoint Health - Trinity. This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through Community Stakeholder meetings. Community stakeholder committees including member from community businesses as follows: United way of the QC, Community Plan Iowa, Palmer College of Chiropractic, Metro Link, Rock Island County Sheriff's Office, Medic EMS, QC Chamber of Commerce, Churches United of the QC Area, City of Davenport, Black Hawk College, Bi-State Regional Commission, The Project of the QC, River Be</p>

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, Line 5 Facility , 1	nd Foodbank, Community Foundation of the Great River Bend, Scott County Sheriff's Department, World Relief, Pleasant Valley School District, True Lifestyles Medicine Clinic, Altern atives for the Older Adult, and Vera French Community Mental Health Center.

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, Line 6a Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. UNITY POINT HEALTH-TRINITY

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, Line 6b Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, Muscatine County Board of Health, AND THE SCOTT COUNTY HEALTH DEPARTMENT

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, Line 11 Facility , 1	<p>Facility , 1 - GMC Davenport. With following the Genesis Health System's mission along with coordinating with the Quad City Health Initiative Implementation plan, Genesis Medical Center Silvis will be focusing and delivering on the following programs and resources to address the needs of the community: Access to Care: - Care Team concept continued deployment allowing providers to care for more patients. - "Population Health" model of ACO with care coordination - Expanding care into the Community through: - Convenient Care offerings - Healthplexes, and - Retail clinics such as Hy-Vee food store locations. - Partnerships with Community Health Care to address low-income access - OB access at CHC Edgerton Woman's Clinic - Genesis ACO participant - 421-DOCS - phone line for physician appointments - Support "Family Connects" in home education re health - Jane Folwell Heart of Mercy Fund - transportation and non-medical health needs - Community Health Education (incl. available resources) - Genesis Forum - town halls - Column in QC Times re health topics - Weekly radio program on WOC Mental Health & Substance Abuse - Continue deployment of "medical home" model - Health coaches, navigators, case management - Genesis Psychology Associates - Partnership with Robert Young Center for inpatient behavioral health unit - Promote Scott County Mental Health Court - Support of Live Lead Free QC (to prevent long term mental health issues related to lead exposure) - Support Family Connects - moms with post-partum depression - Support for LISW in Heart Center for anxiety, depression + Support for Rhonda's House - peer respite - Support for "MST" Multisystemic therapy for teens in collaboration with Ver a French - PA Fellowship in Behavioral Health - Promote "ACT" - Assertive Community Treatment - Pain management alternatives to opioids at The Spine & Joint Health Center and Physical Therapy - Advocacy in support of mental health reform Nutrition, Physical Activity, & Weight - "Naturally Slim" program scholarships offered to Community - Support of Be Healthy QC to create a "culture of wellness" that supports healthy eating and active living - Healthy Lifestyle sponsorships, such as Genesis Firecracker Run and the Bix 7 - Children's Nutritional Partnership with Hy-Vee stores - Membership discounts to area fitness centers for employees and their families - "Rock Steady Boxing" for Parkinson's patients - Promote/ facilitate Community Gardens for healthy food - Advocacy in support of healthy lifestyles Heart Disease & Stroke - Recruitment of top neurologists & neurosurgeons to QC + John Chapman Fund for heart health screenings - Heart-Safe Hands Only CPR kits - Medic and Genesis - Genesis "Healthbeat" exercise programs -Aledo, Cordova, Davenport, DeWitt, Eldridge, Silvis, Moline (2) Cancer - Continue development of Genesis Cancer Care Institute - Addition of 3 medical oncologists in 2019 - Cancer clinical research - Support of the grant-voucher program for those in financial</p>

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, Line 11 Facility , 1	I need - Founding sponsor of Susan B. Komen Race for the Cure - Nurse Navigators - through the cancer experience - Genetic Risk Clinic

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, Line 5 Facility , 1	<p>Facility , 1 - GENESIS MEDICAL CENTER - DEWITT. To complete the community health needs assessment, existing health -related data were collected via the online community commons community health needs assessment report tool at HTTP://www.communitycommons.org/maps-data. This site allows for identification of 87 distinct health and social indicators at the county level , along with comparisons to state and national data, and health people 2020 targets, where available. Once an indicators report was generated, relevant indicators were reviewed to determine how Clinton and Jackson Counties compared to available state/national data (see the "detailed health indicators" section of this document. Information gaps: Because this CHNA relies on existing datasets, it is limited in scope to those indicators currently available through database collection. It does not include a primary research component and many important issues are unaddressed (e.g. access to healthcare). Another limitation is that most measures included in this assessment represent data that are several years old.</p> <p>Community Stakeholder Input: Genesis Medical Center DeWitt and Jackson County Regional Health Center (JCRHC) got input from public health officials and other community stakeholders through a series of meetings. The organizations involved include: * Westwing Senior Living * Clinton County Public Health Department * GMC DeWitt * Community Partnership for Protecting Children * Patient Health Services Jack County Board of Health * GMC DeWitt Social Services * Early Childhood Iowa/DECAT Coordinator * St. Ambrose University School of Health Sciences * I-Smile, Visiting Nurse Services * GMC DeWitt Community Health Liaison * Jackson County Mental Health * JCRHC Administration * Jackson County Board of Health * Jackson County Board of Supervisors</p> <p>An important component of the these meetings was the discussion of the primary and chronic disease needs and other health issues of those without health insurance, low income and minority persons (described later in this section).</p>

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, Line 6a Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DEWITT. JACKSON COUNTY REGIONAL HEALTH CENTER

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, Line 11 Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DEWITT: Genesis Health System, in collaboration with community organizations such as QCHI, the health depts. and other agencies, continues to address the significant needs identified in the most recent CHNA through our ongoing programs and resources. These programs include: Nutrition, Physical Activity and Weight Management * Continued support of the "Medical home" model * Genesis Health Beat Exercise programs/exercise stations located at area parks and walking/biking trails * Metabolic health screening ("Naturally Slim" program) offered to all Genesis employees and members of the public. Low-income individuals can participate via grants from Genesis Philanthropy. * Genesis immunization CRM program * Community health education re: hand washing * Genesis wellness program offerings * Partnerships with area YMCAs to offer programs and discounts to Genesis employees * Genesis Center for Weight Management * Healthy Lifestyle sponsorships such as the Genesis Firecracker Run, Bix 7, and other events. * Alcohol free family section at Modern Woodman Park Substance Abuse - Tobacco and Alcohol * Alcohol free family section at Modern Woodman Park * Smoke free campuses throughout the health system at our sites located throughout the community * Genesis wellness program offerings * Community health education re second hand smoke impact on children Immunizations and Infectious Diseases * Flu Free QC * Genesis immunization CRM program * Community health education re: hand washing * Ryan White HIV Program

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 W CENTRAL PARK AVENUE DAVENPORT, IA 52804	O/P CANCER, REHAB, WOUND, NEUROLSURGICAL, & PHYS CLINIC
1 GENESIS IMAGING CENTER 53RD STREET 1970 E 53RD STREET DAVENPORT, IA 52807	OUTPATIENT RADIOLOGY SERVICES
2 GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT, IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
3 GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF, IA 52722	O/P REHAB, PAIN, PHYS THERAPY, SPINE CTR & PHSY CLINIC
4 BETTENDORF HEALTH PLEX 2140 53RD AVENUE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
5 Davenport HealthPlex 3200 West Kimberly Rd Davenport, IA 52806	Outpatient Physician Clinic/Physical Therapy
6 VISITING NURSE ASSOC & HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF, IA 52722	HOME HEALTH & HOSPICE
7 ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS, IL 61282	OUTPATIENT LAB & PHYSICIAN CLINIC
8 VISITING NURSE ASSOC & HOSPICE HOUSE 2535 MAPLECREST ROAD BETTENDORF, IA 52722	HOME HEALTH & HOSPICE
9 MEDICAL OFFICE BUILDING #1 1228 E RUSHOLME STREET DAVENPORT, IA 52803	O/P MAMMOGRAPHY & DIALYSIS SERVICES
10 GENESIS HEALTH GROUP 865 LINCOLN ROAD BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
11 GENESIS CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT URGENT CARE CLINIC
12 ILLINI BUILDING #1 903-05 ILLINI DRIVE SILVIS, IL 61282	HOME HEALTH & O/P PHYSICIAN CLINIC
13 NORTH FAMILY PRACTICE 210 W 53RD STREET DAVENPORT, IA 52806	OUTPATIENT PHYSICIAN CLINIC
14 ELDRIDGE FAMILY PRACTICE 301 N 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 PHYSICAL THERAPY & SPORTS MEDICINE 1702 E 53RD STREET DAVENPORT, IA 52807	O/P PHYSICAL THERAPY & SPORTS PERF CLINIC
1 GHG PULMONARY 1801 E 54TH STREET DAVENPORT, IA 52807	OUTPATIENT PHYSICIAN CLINIC
2 GENESIS PHYSICAL REHAB - VALLEY FAIR 2300 53RD STREET BETTENDORF, IA 52722	O/P PHYSICAL THERAPY CLINIC
3 Dr cady 615 Valley View Drive Moline, IL 61265	OUTPATIENT PHYSICIAN CLINIC
4 SCOTT COUNTY YMCA 3800 TANGLEFOOT LANE BETTENDORF, IA 52722	OUTPATIENT REHABILITATION CLINIC
5 DEWITT WEST WING PLACE 1118 11TH STREET DEWITT, IA 52742	OUTPATIENT PHYSICIAN CLINIC
6 FAMILY PRACTICE AT WEST CAMPUS 1345 W CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC
7 GENESIS PSYCHOLOGY ASSOCIATES 4455 E 56TH STREET DAVENPORT, IA 52804	OUTPATIENT COUNSELING CLINIC
8 VISITING NURSE ASSOC & HOSPICE HOUSE 611 N 2ND AVENUE CLINTON, IA 52732	HOME HEALTH & HOSPICE
9 CONVENIENT CARE - DAVENPORT 1520 W 53RD STREET DAVENPORT, IA 52806	OUTPATIENT URGENT CARE CLINIC
10 GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA 52722	AMBULATORY SURGERY CENTER
11 SILVIS ANESTHESIOLOGY 801 ILLINI DRIVE SILVIS, IL 61282	OUTPATIENT PHYSICIAN CLINIC
12 DAVENPORT OBGYN (EDGERTON) 1510 E RUSHOLME STREET DAVENPORT, IA 52803	OUTPATIENT PHYSICIAN CLINIC
13 Dewitt Family Practice 1008 11th St Dewitt, IA 52742	Outpatient Physician Clinic
14 ELDRIDGE PHYSICAL THERAPY 170 S 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICAL THERAPY CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
31 GENESIS CENTER FOR BARIATRIC SURGERY 1230 E RUSHOLME STREET DAVENPORT, IA 52803	O/P COMPREHENSIVE BARIATRIC PROGRAM
1 MOLINE HEALTHPLEX 3900 28TH AVENUE MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
2 SENIOR SERVICES 1345 W CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC
3 GENRAD IMAGING LLC 1970 E 53RD STREET DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER
4 VISITING NURSE ASSOC 4711 44TH STREET STE 2 ROCK ISLAND, IL 61201	HOME HEALTH & HOSPICE
5 GENORTHO LLC 2300 53RD STREET BETTENDORF, IA 52722	ORTHOPEDIC SURGERY CENTER
6 IA CITY PEDIATRIC PT CLINIC 2451 CORAL CT CORALVILLE, IA 52241	OUTPATIENT PHYSICAL THERAPY CLINIC
7 DEWITT AMBULANCE 1220 11TH STREET DEWITT, IA 52742	AMBULANCE SERVICES
8 ILLINI BUILDING #2 1504 10TH STREET SILVIS, IL 61282	OUTPATIENT PHYSICIAN CLINIC
9 GHS - AUGUSTANA PT CLINIC 639 38TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
10 Durant FAMILY PRACTICE 619 5th Durant, IA 52747	OUTPATIENT PHYSICIAN CLINIC
11 Family Medical Davenport Clinic 1820 W 3rd St Davenport, IA 52803	OUTPATIENT PHYSICIAN CLINIC
12 GENESIS PHYSICAL THERAPY AT LECLAIRE 1003 CANAL SHORE DRIVE LECLAIRE, IA 52751	OUTPATIENT PHYSICAL THERAPY CLINIC
13 LECLAIRE FAMILY PRACTICE - RIVERVIEW 200 S CODY ROAD LECLAIRE, IA 52751	OUTPATIENT PHYSICIAN CLINIC
14 SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT, IA 52807	OUTPATIENT SURGICAL CENTER

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**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? _____

Name and address	Type of Facility (describe)
46 Conveniet Care Now W Locust 2351 West locust Street Davenport, IA 52804	Outpatient Urgent Care Clinic
1 Woodlands Family Practice 4321 53rd Ave Bettendorf, IA 52722	Outpatient Physician Clinic
2 GHS OCCUPATIONAL HEALTH - DAVENPORT 3319 SPRING STREET DAVENPORT, IA 52807	OUTPATIENT OCCUPATIONAL HEALTH
3 GENESIS OCCUPATIONAL HEALTH 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT OCCUPATIONAL HEALTH
4 BLUE GRASS FAMILY MEDICAL 413 S MISSISSIPPI BLUE GRASS, IA 52726	OUTPATIENT PHYSICIAN CLINIC
5 Convenient Care - Bett 4017 Devils Glen Rd Bettendorf, IA 52722	Outpatient Urgent Care clinic
6 ERIE FAMILY PRACTICE 530 12TH STREET ERIE, IL 61205	OUTPATIENT PHYSICIAN CLINIC
7 BETTENDORF IMAGING CENTER 2140 53RD AVENUE SUITE 40 BETTENDORF, IA 52722	OUTPATIENT RADIOLOGY SERVICES
8 MUSCATINE FAMILY PRACTICE 2104 CEDARWOOD STREET STE 200 MUSCATINE, IA 52761	OUTPATIENT PHYSICIAN CLINIC
9 GHG - MERCY MEDICAL GROUP 221 MAIN AVENUE CLINTON, IA 52732	OUTPATIENT PHYSICIAN CLINIC
10 EAP - DAVENPORT 1910 E KIMBERLY DAVENPORT, IA 52806	COUNSELING SERVICES
11 LOMBARD PHYSICAL THERAPY 1414 W LOMBARD STREET DAVENPORT, IA 52804	OUTPATIENT PHYSICAL THERAPY CLINIC
12 DIVISION STREET CLINIC 3618 N DIVISION STREET DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC
13 NORTHWEST FAMILY PRACTICE 1520 S 53RD STREET DAVENPORT, IA 52806	OUTPATIENT PHYSICIAN CLINIC

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Genesis Health System

Employer identification number 42-1418847

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL SUPPLIES TO INDIVIDUALS/MEDICAL MISSION	1700		13,607	FMV	Medical and Pharmaceutical supplies donated to patients and mercy mission
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE GENESIS HEALTH SYSTEM (GHS IOWA) STAFF REQUIRES RECEIPTS AND OTHER DOCUMENTATION PRIOR TO RELEASING FUNDS FOR PROJECTS AND SERVICES WITHIN THE SCOPE OF THE ORGANIZATION'S MISSION. PROPER AUTHORIZATION OF GRANT REQUESTS IS ALSO REQUIRED. STAFF FOLLOWS THE ORGANIZATION'S FUNDING ADMINISTRATIVE POLICY TO ENSURE THAT GRANTS ARE BEING APPROVED AND UTILIZED CORRECTLY.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Genesis Health System Workers' Compensation Plan & trust 1227 E Rusholme St Davenport, IA 52803	39-1905171	501 (c) (3)	1,377,453				Claim payments
Genesis Philanthropy 1227 E Rusholme St Davenport, IA 52803	46-2452851	501 (c) (3)	336,000				Healthcare Related Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITIES CHAMBER OF COMMERCE 130 West 2nd Street Davenport, IA 52801	42-1500610	501 (c) (3)	22,500				Sponsorship-Icestravaganza, IA Legislative Lucheon, Red White & Boom Sponsor
BALLET QUAD CITIES 613 17th Street Rock Island, IL 61201	42-1366753	501 (c) (3)	20,000				Sponsorships-Seasonal Shows

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY SYMPHONY 327 Brady St Davenport, IA 52801	46-6017663	501 (c) (3)	20,000				Sponsorships-Seasonal concerts
Vera French Community Mental Health Center 1441 W Central Park Davenport, IA 52804	42-0716337	501 (c) (3)	15,000				Sponsorship-Gala

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Arts Museum 2900 Learning Campus Dr Bettendorf, IA 52722	61-1508009	501 (c) (3)	10,000				Sponsor for Luckey Climber Project
Quad City Arts 1715 2nd Ave Rock Island, IL 61201	36-3122824	501 (c) (3)	10,000				Mural Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HillTop Campus Village 122 East 15th St Davenport, IA 52803	37-0761714	501 (c) (3)	8,000				Hoop House Urban Garden II project-community gardening for healthy foods
Center for Active Seniors Inc 1035 W Kimberly Rd Davenport, IA 52806	42-1011267	501 (c) (3)	5,500				Sponsorships for Hat Bash and St. Patrick's Day Run

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COMMUNITY SCHOOL DIST 331 E 8th Street Dewitt, IA 52742	42-6040381	501 (c) (3)	5,000				Sponsorship for performing arts center
Quad Citites trathlon 1314 Red Trail Dr Verona, WI 53593	27-1187682	501 (C) (4)	5,000				Race Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization Genesis Health System	Employer identification number 42-1418847
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Part I Questions Regarding Compensation

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

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
Schedule J, Part II, Column (F)	The following individuals also participated in or continue to have a supplemental executive retirement savings benefit in 2014 and 2015 sponsored by Genesis Health System (GHS IA): Jacqueline Anhalt-\$71,172 and Heidi Kahly-McMahon-\$48,436. The dollar amount represents prior contributions made by GHS IA on behalf of the individuals to the plan in 2014 and 2015. This information included in deferred compensation on the prior years' form 990, Part VII and Schedule J, Part II. The individual reached a specified level of vesting in 2018, so the dollar amount is now included in reportable compensation on the current year form 990, part VII and Schedule J, Part II.

Return Reference	Explanation
Schedule J, Part II	Based on section 4960 publication, the effective date is for the first taxable year beginning after 12/31/17 in which Genesis first taxable year is 07/01/18-06/30/19; 2018 tax year. therefore, the calendar dates to report wages is between 07/01/18 through 12/31/18; with reportable compensation for Douglas P. Cropper being under \$1 million.

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	Genesis Health System(GHS Iowa) provides the following to individuals reported in Part VII, Section A, line 1a: Travel for companions: in tax year 2018, the following types of listed individuals reported in Part VII received the travel for companions benefit: 6 directors, 2 officers, 1 key employee, and 1 former key employee. All individuals reimbursed GHS Iowa in full and none of the benefit was listed as taxable compensation.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>The following individuals participated in a supplemental ROTH indexed universal life(IUL) plan in 2018 sponsored by Genesis health System (GHS IA): Robert W. Frieden- \$65,345, Jacqueline Anhalt-\$44,699, Kurt A. Andersen- \$75,727, Paul Bollinger- \$38,933, Jordan Voigt-\$80,546, Heidi Kahly-McMahon-\$50,942, and Nidal Harb-\$85,246. The dollar amount represents the current year contribution made by GHS IA on behalf of the individuals to the plan in 2018. This information is included in reportable compensation on the form 990, Part VII and Schedule J, Part II. The following individual participated in a supplemental executive retirement savings benefit plan in 2018 sponsored by Genesis health System (GHS IA): Mark G. Rogers- \$141,586. The dollar amount represents the current year contribution made by GHS IA on behalf of the individual to the plan in 2018. This information is included in reportable compensation on the form 990, Part VII and Schedule J, Part II. Split-dollar life insurance participants are Douglas P. Cropper-established in 2016 and sponsored by Genesis Health System(GHS IA). GHS IA deposited funds into life insurance policies on the participant's life. During life, and subject to the policies generating sufficient values, the participant can borrow from one of the policies. The borrowing is monitored and limited so the policies do not lapse. At the participant's death, the organization recovers premiums plus interest plus additional key-person insurance proceeds. There were no loans or contributions in 2018.</p>

2019 Schedule J (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

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				
DOUGLAS P CROPPER PRESIDENT/CEO GHS	(i)	827,273	154,917	75,272	5,750	29,004	1,092,216	0
	(ii)	0	0	0	0	0	0	0
GEORGE J KONTOS JR Director	(i)	475,223	0	39,050	6,000	20,929	541,202	0
	(ii)	0	0	0	0	0	0	0
HAROLD WAGHER FORMER CHIEF COMPLIANCE RISK OFFICER	(i)	214,802	19,808	771	4,500	18,024	257,905	0
	(ii)	0	0	0	0	0	0	0
PAUL BOLLINGER LEGAL AFFAIRS VICE PRESIDENT AND ASS	(i)	253,260	24,333	75,127	5,572	18,351	376,643	0
	(ii)	0	0	0	0	0	0	0
MARK G ROGERS V.P. FINANCE/CFO/ASST TREASURER	(i)	437,053	56,044	169,718	5,750	21,626	690,191	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE K ANHALT FORMER V.P. PATIENT SERVICES	(i)	244,701	28,735	162,686	4,907	20,888	461,917	71,170
	(ii)	0	0	0	0	0	0	0
ROBERT W FRIEDEN FORMER V.P. INFORMATION SERVICES	(i)	280,246	27,934	94,391	3,716	21,140	427,427	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER CROME FORMER PHYSICIAN/DIVISION CHAIR	(i)	384,952	0	35,489	4,500	15,194	440,135	0
	(ii)	0	0	0	0	0	0	0
NIDAL HARB CHIEF MEDICAL OFFICER	(i)	442,974	47,595	164,559	6,125	22,666	683,919	0
	(ii)	0	0	0	0	0	0	0
KURT A ANDERSEN PRESIDENT GHG	(i)	402,446	49,020	109,700	4,910	18,386	584,462	0
	(ii)	0	0	0	0	0	0	0
JORDAN VOIGT HOSPITAL PRESIDENT GMC DAVENPORT	(i)	379,002	40,752	115,607	4,625	21,227	561,213	0
	(ii)	0	0	0	0	0	0	0
EVA PROCTOR CARDIOTHORACIC PHYSICIAN	(i)	653,859	125,000	25,663	4,625	12,526	821,673	0
	(ii)	0	0	0	0	0	0	0
HEIDI S KAHLY-MCMAHON	(i)	282,438	30,565	280,319	2,925	21,146	617,393	48,436
	(ii)	0	0	0	0	0	0	0
MICHAEL BURCHETT PHYSICIAN	(i)	493,223	0	85,503	4,625	18,973	602,324	0
	(ii)	0	0	0	0	0	0	0
NATHAN MELOY PHYSICIAN	(i)	564,523	0	20,067	4,625	16,821	606,036	0
	(ii)	0	0	0	0	0	0	0
TODD RIDENOUR PHYSICIAN	(i)	834,982	0	20,370	6,125	17,847	879,324	0
	(ii)	0	0	0	0	0	0	0
WASEEM AHMAD PHYSICIAN	(i)	493,024	121,765	46,512	4,500	19,581	685,382	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IOWA FINANCE AUTHORITY	52-1699886	46246PLP4	06-24-2010	90,995,000	REFUND 12-23-97 AND 08-02-00 BOND ISSUE; RENOVATE AND EQUIP FACILITY	X			X		X
B IOWA FINANCE AUTHORITY	52-1699886	46246PMG3	11-26-2013	121,000,000	CONSTRUCT AND EQUIP EAST CAMPUS TOWER		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	52,895,000	575,000		
2 Amount of bonds legally defeased	15,525,000			
3 Total proceeds of issue	95,545,195	125,205,892		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds		21,131,117		
6 Proceeds in refunding escrows	16,245,982			
7 Issuance costs from proceeds	1,478,186	1,267,563		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	23,700,000	123,844,399		
11 Other spent proceeds	70,367,009			
12 Other unspent proceeds				
13 Year of substantial completion	2010	2017		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.91 %		0.91 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.91 %		0.91 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name: IOWA FINANCE AUTHORITY A PREMIUM OF \$4,550,195 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE.

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name: IOWA FINANCE AUTHORITY A PREMIUM OF \$3,950,091 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE. FURTHERMORE, \$953,406 WAS EARNED BY INVESTING THE RESERVE FUNDS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

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Department of the Treasury Internal Revenue Service

Name of the organization Genesis Health System

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42-1418847

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 42-1418847

Name: Genesis Health System

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GENVENTURES INC	MARK ROGERS, ROGER HILL, AND JAMES KOEHLER WERE OFFICERS OF GENVENTURES, INC.	22,934,411	GENVENTURES, INC. PAID GENESIS HEALTH SYSTEM (GHS IOWA) AS A COMMON PAYMASTER AND REIMBURSEMENT OF INTEREST.		No
GENVENTURES INC	MARK ROGERS, ROGER HILL, AND JAMES KOEHLER WERE OFFICERS OF GENVENTURES, INC.	13,857,640	GENESIS HEALTH SYSTEM (GHS IOWA) PAID GENVENTURES, INC. FOR FACILITY LEASE PAYMENTS, MEDICAL SUPPLIES, LAUNDRY SERVICES, AND A LOAN ADVANCE.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARDIOVASCULAR MEDICINE PC	EDMUND P. COYNE, JR., M.D. IS A DIRECTOR OF CARDIOVASCULAR MEDICINE, PC.	1,192,336	HEALTHCARE PROFESSIONAL SERVICES		No
QUAD CITY BANK & TRUST COMPANY	PETER BENSON IS AN OFFICER AND MARK KILMER IS THE CHAIRMAN OF THE BOARD OF QUAD CITY BANK & TRUST	184,227	INTEREST EXPENSE, DEPOSIT ACCOUNT, CREDIT CARD SERVICE, LOCK BOX FEES, AND INTEREST INCOME		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LISA ROGALSKI	LISA ROGALSKI IS THE DAUGHTER-IN-LAW OF EDWARD J. ROGALSKI, PH.D., DIRECTOR OF GHS IA.	116,383	REPORTABLE COMPENSATION AS AN EMPLOYEE		No
CLAIRE MOTTO	CLAIRE MOTTO IS THE DAUGHTER OF EDWIN V. MOTTO, DIRECTOR OF GHS IA	50,752	REPORTABLE COMPENSATION AS AN EMPLOYEE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTI SOUTHERLAND	KRISTI SOUTHERLAND IS THE SISTER OF KURT A. ANDERSEN, A KEY EMPLOYEE OF GHS IA	27,174	REPORTABLE COMPENSATION AS AN EMPLOYEE		No
Dewitt Bank and Trust	Roger J. Hill is a Sr.VP/Trust Officer for Dewitt Bank & Trust	155,715	interest expense, deposit account, lock box fees, and interest income.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Main Street Amusements QC River Bandits	David Heller was president/CEO of Main Street Amusements and Co-owner of the QC River Bandits	154,918	Sponsorship and ticket purchase expenses		No
American Hospital Association	Douglas P. Cropper is a director on the board of American Hospital Association	101,046	Healthcare Support Services		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Genesis Health System

Employer identification number

42-1418847

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	28	24,197	Market value
26 Other ▶ (Piano)	X	1	18,138	Cost
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II**Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Miscellaneous PART I, COLUMN B IS REPORTED USING A COMBINATION OF NUMBER OF CONTRIBUTIONS AND ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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Department of the Treasury

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Employer identification number

42-1418847

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,452,522 including grants of \$(Revenue \$ 4,656,591) GENESIS ACCOUNTABLE CARE ORGANIZATION (ACO) IS A SINGLE MEMBER IOWA LIMITED LIABILITY COMPANY FORMED IN DECEMBER 2011. ITS PURPOSE IS TO ENGAGE IN ANY LAWFUL BUSINESS RELATED TO THE CREATION AND ORGANIZATION OF A "PHYSICIAN-DRIVEN" NETWORK TO ACT AS, AND/OR PARTICIPATE IN, AN ACCOUNTABLE CARE ORGANIZATION WITHIN THE MEANING OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT. THE COMPANY IS ALSO ORGANIZED TO DEVELOP A CLINICALLY INTEGRATED NETWORK OF PROVIDERS INCLUDING PHYSICIANS, HEALTH PROFESSIONALS, HOSPITALS AND ANCILLARY PROVIDERS WORKING TOGETHER TO PROMOTE HIGH QUALITY, COORDINATED AND EFFICIENT CARE TO PATIENTS INCLUDING MEMBERS OF VARIOUS MANAGED CARE PAYERS AND THE COMMUNITY AT LARGE. GENESIS HEALTH SYSTEM (GHS IOWA) IS THE SOLE MEMBER OF GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC. FOR INCOME TAX AND INFORMATIONAL RETURN PURPOSES, GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC IS A DISREGARDED ENTITY AND IS INCLUDED WITHIN THE GHS IOWA'S INCOME TAX AND INFORMATIONAL RETURNS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 15	Line 15 was purposely marked no based on section 4960 publication, the effective date is for the first taxable year beginning after 12/31/17 in which Genesis first taxable year is 07/01/18-06/30/19; 2018 tax year. therefore, the calendar dates to report wages is between 07/01/18 through 12/31/18; with reportable compensation for Douglas P. Cropper being under \$1 million.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Prior to submitting the form 990 to the IRS, it is reviewed at the organization's finance committee meeting, and then it is e-mailed to the organization's board of directors' one week in advance of a scheduled meeting. At the board of directors meeting, internal management reviews the form 990 with the board of directors. Suggested changes from all of the reviews are considered for inclusion in the final form 990 submitted to the IRS. Internal management review is also completed of the compiled information and is provided to the vice president, finance/CFO; vice president, legal affairs; vice president, human resources; and chief compliance risk officer of the organization's corporate member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ANY COVERED PERSON, DEFINED AS ANY DIRECTOR, OFFICER, OR MEMBER OF A BOARD OR BOARD COMMITTEE OF GENESIS HEALTH SYSTEM (GHS IOWA) OR AN AFFILIATE, SHOULD DISCLOSE AN INTEREST OR POTENTIAL INTEREST AS SOON AS THEY BECOME AWARE OF A POTENTIAL TRANSACTION THAT WILL BE CONSIDERED BY MANAGEMENT, THE BOARD, OR A COMMITTEE OF THE BOARD. COVERED PERSONS ARE REQUIRED ANNUALLY TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO AN INTEREST OR CONFLICT INVOLVING GHS IOWA, OR AN AFFILIATE, OR WITH RESPECT TO DESIGNATED FACILITIES AND ACTIVITIES, AND ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS FAMILIAR WITH AND IS IN COMPLIANCE WITH THE LETTER AND SPIRIT OF THIS POLICY. ANY COVERED PERSON FOUND TO HAVE A CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING TO PRESENT INFORMATION AND ADDRESS ANY QUESTIONS RAISED BY OTHER DIRECTORS OR COMMITTEE MEMBERS. SAID PERSON SHALL NOT BE ALLOWED TO ACTIVELY AND AGGRESSIVELY ADVOCATE IN HIS OR HER OWN BEHALF NOR SHALL SUCH PERSON ADVOCATE HIS OR HER POSITION INFORMALLY THROUGH PRIVATE CONTACT, COMMUNICATION AND DISCUSSION WITH ANOTHER DIRECTOR. AFTER SUCH PRESENTATION, THE PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE APPLICABLE TRANSACTION OR ARRANGEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Each executive position is evaluated using a formal evaluation plan that is established by an outside consultant. At the present time, the consultant uses a point system for job evaluation. The point values are based on "know how", "problem solving", "accountability", and other job attribute specific to the position. Once the point value is set for a position, market comparisons for jobs with the same organizational impact can be compared for salary purposes and establish pay ranges. The design of the pay ranges for executives is based on market data. The midpoint of each pay range is established at the 50th percentile of the market comparisons. A minimum and maximum are established off of the midpoint. Specific pay rates for executives are subject to CEO and compensation committee and the Genesis Health System (GHS Iowa) board of directors' approval. Pay ranges are reviewed each year to determine the need for revision. When market conditions suggest an adjustment to pay ranges, data will be presented to the compensation committee for its review. The specific pay ranges are subjected to CEO, compensation committee, and GHS Iowa board of director approval. The president and CEO have the authority and responsibility to establish and adjust, within the range approved by the compensation committee and GHS Iowa board of directors, the base compensation of each executive employed by GHS Iowa, at appropriate times. The GHS Iowa board of directors shall establish and adjust, within the range approved by the compensation committee, the base compensation for the CEO of GHS Iowa, at appropriate times, The Last time this process was formally undertaken was November 2018.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	GENESIS HEALTH SYSTEM (GHS ILLINOIS), GENESIS MEDICAL CENTER, ALEDO, GENESIS SENIOR LIVING, ALEDO, GENESIS HEALTH SERVICES FOUNDATION, GENESIS PHILANTHROPY AND GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST ARE RELATED ORGANIZATIONS OF GENESIS HEALTH SYSTEM (GHS IOWA). THE AMOUNTS REPORTED AS REPORTABLE COMPENSATION FOR THE OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES, UNLESS OTHERWISE NOTED ELSEWHERE IN PART VII, ARE FOR SERVICES RENDERED ON BEHALF OF ALL ORGANIZATIONS. IT WOULD BE ADMINISTRATIVELY IMPRACTICABLE FOR MEMBERS OF THE GOVERNING BOARD AND THE EXECUTIVE TEAM TO BREAKOUT THEIR HOURS DEVOTED AS WELL AS THEIR REPORTABLE COMPENSATION AMONG EACH ORGANIZATION. ALL REPORTABLE COMPENSATION, UNLESS OTHERWISE NOTED IN PART VII, IS PAID BY GHS IOWA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Contractuals - Total Revenue: -966098245, Related or Exempt Function Revenue: -966098245, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc - Total Revenue: 651239, Related or Exempt Function Revenue: 651239, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part IX, Line 11g Other Fees</p>	<p>ANESTHESIA SERVICES - Total Expense: 1093871, Program Service Expense: 1093871, Management and General Expenses: , Fundraising Expenses: ; BLOOD BANK SERVICES - Total Expense: 1660 862, Program Service Expense: 1660862, Management and General Expenses: , Fundraising Expenses: ; COLLECTION SERVICES - Total Expense: 4925610, Program Service Expense: 1690998, Management and General Expenses: 3234612, Fundraising Expenses: ; COMMUNICATIONS SERVICES - Total Expense: 410359, Program Service Expense: , Management and General Expenses: 410359, Fundraising Expenses: ; DIALYSIS SERVICES - Total Expense: 625823, Program Service Expense: 625823, Management and General Expenses: , Fundraising Expenses: ; ENVIRONMENTAL SERVICES - Total Expense: 3403032, Program Service Expense: 3361192, Management and General Expenses: 41840, Fundraising Expenses: ; HEALTH CARE PROFESSIONAL SERVICES - Total Expense: 11 890475, Program Service Expense: 11758284, Management and General Expenses: 132191, Fundraising Expenses: ; HEALTH-RELATED IMAGING SERVICES - Total Expense: 188136, Program Service Expense: 188136, Management and General Expenses: , Fundraising Expenses: ; HEALTHCARE DATA SYSTEM/STRATEGIC PLANNING: - Total Expense: 2790336, Program Service Expense: 336497, Management and General Expenses: 2453839, Fundraising Expenses: ; IT OUTREACH SERVICES - Total Expense: 5435093, Program Service Expense: , Management and General Expenses: 5435093, Fundraising Expenses: ; LAB SERVICES - Total Expense: 4491399, Program Service Expense: 4 491399, Management and General Expenses: , Fundraising Expenses: ; LAUNDRY SERVICES: - Total Expense: 19464, Program Service Expense: 19399, Management and General Expenses: 65, Fundraising Expenses: ; MAINTENANCE SERVICES - Total Expense: 9402362, Program Service Expense: 8803844, Management and General Expenses: 598518, Fundraising Expenses: ; NUTRITIONAL SERVICES - Total Expense: 2305600, Program Service Expense: 2305600, Management and General Expenses: , Fundraising Expenses: ; OUTSIDE HEALTHCARE-RELATED SERVICES - Total Expense: 14879266, Program Service Expense: 14879266, Management and General Expenses: , Fundraising Expenses: ; PATIENT TRANSPORT SERVICES - Total Expense: 368164, Program Service Expense : 368164, Management and General Expenses: , Fundraising Expenses: ; PHYSICAL THERAPY SERVICES - Total Expense: 264124, Program Service Expense: 264124, Management and General Expenses: , Fundraising Expenses: ; ROOM AND BOARD SERVICES - Total Expense: 1037689, Program Service Expense: 1036327, Management and General Expenses: 1362, Fundraising Expenses: ; TRANSCRIPTIONS SERVICES - Total Expense: 200582, Program Service Expense: 5099, Management and General Expenses: 195483, Fundraising Expenses: ; VISITING NURSE OUTSIDE SERVICES - Total Expense: 409046, Program Service Expense: 409046, Management and General Expenses: , Fundraising Expenses: ; TRANSLATIONS SERVICES - Total Expense: 396976, Program Service Expense: 270, Management and General</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	al Expenses: 396706, Fundraising Expenses: ; EMERGENCY ROOM SERVICES - Total Expense: 1587 748, Program Service Expense: 1587748, Management and General Expenses: , Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN FUNDED STATUS OF RETIREMENT - 1068563; CHANGE IN NET ASSETS OF GENESIS HEALTH SERVICES FOUNDATION - -172509; NON-CASH CONTRIBUTIONS NOT REPORTED ON BOOKS - -42335;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GENESIS ACCOUNTABLE CARE ORGANIZATION LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 45-4168932	ACCOUNTABLE CARE SERVICES	IA	2,204,069	5,072,675	GENESIS HEALTH SYSTEM (GHS IOWA)
(2) SPIN ECHO LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1491373	PROPERTY MANAGEMENT	IA	208,125	1,969,583	GENVENTURES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) GENESIS HEALTH SYSTEM (GHS ILLINOIS) 801 ILLINI DRIVE silvis, IL 61282 36-3616314	HEALTHCARE	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(2) GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST 1227 E RUSHOLME STREET DAVENPORT, IA 52803 39-1905171	EMPLOYEE/BENEFIT/TRUST	IA	501(c)(3)	Type I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(3) DAVENPORT HOSPITAL AMBULANCE CORPORATION 1204 E HIGH STREET DAVENPORT, IA 52803 42-1186903	AMBULANCE TRANSFERS	IA	501(c)(3)	Type I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(4) GENESIS SENIOR LIVING ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475803	SENIOR LIVING SERVICES	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(5) GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1421670	CHARITY	IA	501(c)(3)	7	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(6) GENESIS PHILANTHROPY 1227 E RUSHOLME STREET DAVENPORT, IA 52803 46-2452851	CHARITY	IA	501(c)(3)	10	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(7) GENESIS MEDICAL CENTER ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475683	HEALTHCARE	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA 52722 56-2315623	AMBULATORY SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	3,770,064	295,150		No			No	75 %
(2) SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT, IA 52807 42-1483989	OUTPATIENT SURGICAL CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	1,191,076	1,629,332		No			No	40 %
(3) LARSON CENTER PARTNERSHIP LLC 801 ILLINI DRIVE SILVIS, IL 61282 36-3738454	PROPERTY MANAGEMENT	IL	NA	N/A								
(4) GENORTHO LLC 2300 53RD AVENUE BETTENDORF, IA 52722 20-3406994	ORTHOPAEDIC SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	2,075,410	1,546,258		No			No	50 %
(5) GENRAD IMAGING LLC 1970 E 53RD STREET DAVENPORT, IA 52807 45-3571628	DIAGNOSTIC IMAGING CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	2,258,340	12,118,232		No			No	50 %
(6) GENRAD IMAGING ILLINOIS LLC 1970 E 53RD STREET DAVENPORT, IA 52807 46-2452851	DIAGNOSTIC IMAGING CENTER	IL	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENVENTURES INC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1269171	SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	GENESIS HEALTH SYSTEM (IOWA)	C Corporation	81,317	44,523,243	100 %	Yes	
(2) GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT, IA 52803 42-1504979	HEALTHCARE MANAGEMENT	IA	Genesis Health Ssystem (Iowa)	C Corporation	0	0	100 %	Yes	
(3) MISERICORDIA ASSURANCE COMPANY LTD 98-0457943	OTHER FINANCIAL VEHICLE		Genesis Health System (Iowa)	C Corporation	0	23,683,398	100 %	Yes	
(4) MOB 1 OWNERS' ASSOCIATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 27-0865075	PROPERTY MANAGEMENT	IA	NA	C Corporation				Yes	

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 42-1418847
Name: Genesis Health System

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) GenVentures Inc	A	386,951	fair market value
(1) Workers' Compensation Plan & trust	B	1,377,453	fair market value
(2) Genesis Philanthropy	B	336,000	fair market value
(3) Genesis Health Services Foundation	C	847,614	fair market value
(4) GenGastro LLC	H	3,824,100	fair market value
(5) Spring Park Surgery Center	H	1,156,720	fair market value
(6) GenRad Imaging LLC	H	2,227,000	fair market value
(7) GenOrtho LLC	H	1,926,000	fair market value
(8) Larson Center Partnership	J	492,976	fair market value
(9) GenVentures Inc	K	6,140,803	fair market value
(10) Genesis Health System Illinois	K	198,409	fair market value
(11) Larson Center Partnerships	K	537,456	fair market value
(12) Workers' Compensation Plan & Trust	L	1,520,147	fair market value
(13) Misericordia Assurnance Company	M	2,093,081	fair market value
(14) Davenport Hospital Ambulance Corporation	M	253,591	fair market value
(15) Genesis Medical Center Aledo	P	17,044,753	fair market value
(16) Genesis Senior Living Aledo	P	2,551,481	fair market value
(17) Genesis Health System Illinois	P	84,274,652	fair market value
(18) GenVentures Inc	P	2,115,950	fair market value
(19) Davenport Hospital Ambulance Corporation	P	96,114	fair market value
(20) Genesis Health System Illinois	Q	99,225,663	fair market value
(21) Genesis Health Services Foundation	Q	2,449,834	fair market value
(22) Genesis Medical Center Aledo	Q	16,970,855	fair market value
(23) GenVentures Inc	Q	22,547,460	fair market value
(24) Genesis Philanthropy	Q	426,799	fair market value

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) Genesis Senior Living Aledo	Q	2,531,398	fair market value
(1) GenVentures Inc	R	5,600,887	fair market value
(2) Genesis Health Services Foundation	R	804,200	fair market value
(3) Genesis Philanthropy	C	263,842	fair market value