Form **990**(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

Department of the Trassusy Internal Revenue Service

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.

Open to Public Inspection

A ·	For the	2019 ca	lendar year, or tax year b	eginning	6/1/2019	, and e	nding	5/31/2	020		
В	Check if a	applicable	C Name of organization	Genesis Community	Health	·		D Employer ide	entification	number	
	Address	change	Doing business as								
$\overline{\Box}$	Name ch	ange	Number and street (or PO	box if mail is not delivere	d to street address)	Room/suite		82-0505073			
		-	215 W 35th Street		· .	1		E Telephone nu	mber		
	Initial retu	ım	City or town		State	ZIP code		(208) 384-521	8		
\Box	Final return	/terminated	Garden City		ID	83714					
=			Foreign country name	Foreign province	e/state/county	Foreign postal	code		o #	1 2	19,287
Ш	Amended	return						G Gross receipts	5 D		
	Application	n pending	F Name and address of princ	ipal officer			H(a) Is	this a group return for su	ubordinates?	Yes _	X No
			Steve Davis 215 W 35t	n Street, Garden Cit	ty, ID 83714		H(b) Ar	e all subordinates in	ncluded?	Yes	No
1	Tax-exer	npt status	X 501(c)(3) 501(c)	() ◀ (insert	no) 4947(a)(1) or \[\sqrt{\chi_2} \sqrt{\chi}) If	"No," attach a list (s	see instructi	ons)	
	Website		W GENESISCOMMUN				H(c) G	roup exemption num	nber ▶		
<u>.</u>				ast Association	Other ▶	I You	r of form			legal domicile	
_		organization		Association _	Other >	Lifea	1 01 101111	ation 2001	WI State Of	legal dolllicile	ID_
ناحيا	art I		mmary	'a mission or most s	vanificant activitie	- Evnr	occ the	Love of Jesus	Christ by	,	
e,	1		lescribe the organization g free medical, dental ar						Chilsto		
auc	ì	and fam		iù illelital lleatti cai	e to low-income	ariirisarea iric	ividual				
Governance	1 _		· · · - · - · - <u></u>					- + OFR/ -f			
Š	2		his box ▶ ☐ if the org			or aisposea	of mor	e than 25% of i	ts net ass	sets	40
<u>ა</u>	3		of voting members of th	• • •	· ·			<u> </u>	3		10
SS S	4		of independent voting n						4		10
ŧ	5		mber of individuals emp	•	ear 2019 (Part V, I	ine 2a)		}	5		16
Activities &	6		mber of volunteers (estin	• •	10)			├	6		200
⋖	7a	Total un	related business revenu	e from Part VIII, coll	umn (C), line 12			7			0
	b	Net unre	related business revenu elated business taxable i	ncome from Form 9	90-11, IIII 8	FIVED	\blacksquare	7	D		0
					LIVEO	LIVLD	10	Prior Year		Current Year	
e	8		utions and grants (Part V		₽ FEB	1 (2004		572,20	_	1,30	02,972
en en	9		n service revenue (Part \		E LER	1 6 2021	08	5,9	_		2,400
Revenue	10	Investm	ent income (Part VIII, co	lumn (A), lines 3, 4,	anp (a)				0		0
_	11	Other re	evenue (Part VIII, columr enue—add lines 8 through	1 (A), lines 5, 6d, 8c,		EMILIT			52	4.00	3,346
	12					se (V)		579,0	-	1,30	08,718
	13		and similar amounts paid						0		0
	14		paid to or for members			- F 40\		204 5	0	0.7	75 200
Ses	15		other compensation, emp		321,5		3	75,288			
Expenses	16a		ional fundraising fees (P			07.700			0		0
×	b		ndraising expenses (Par			67,726		004.4	07		00.574
ш	17		xpenses (Part IX, columi			. 25\		221,4			88,574
	18		penses Add lines 13–17			25)		542,9			63,862
	19	Revenu	e less expenses Subtra	ct line 18 from line	12		Bogin	36,1 ning of Current Yea		End of Year	44,856
Net Assets or	20	Total ac	sets (Part X, line 16)				Degiii	580,3			90,091
Asse	21		bilities (Part X, line 26)					222,8			87.743
S C	22		ets or fund balances Su	htract line 21 from li	ma 20			357,4			02,348
	art II		inature Block	btract iiiic 21 itciii ii				307,4	٠٤١		72,040
			y, I declare that I nave examine	d this return, including acc	companying schedules	and statements	and to t	he best of my knowl	ledge		
and	belief, it i	s true corre	ect and complete Deadretton	f p.e parer (other than off	cer) is based on all info	ormation of which	n prepare	er has any knowledg	je		
· e:			7		<u> </u>	\supset			1/22/	2021	
Sig	ere		Signature of officer					Date			
, ne	:re										
			Type or print name and title								
_		Pnn	t/Type preparer's name	Prepare	er's signature	7 000	18	te Chec	ء. 🗀 ي	PTIN	
Pa		Ger	offrey J Arnold		holk of	JU H	\\\/\/ ₁ /	1	k ıf employed	P00308000	0
	eparei			roold CPA			- 1/	*		<u> </u>	
Us	e Only	_	n's name ► Geoffrey J A			4.4		Ì	2-048890		
			n's address ► 4489 N Dres					Phone no 20	08-321-86		
Ма	y the IF	RS discus	s this return with the pre	parer shown above	? (see instruction	s)				X Yes	No
Fo	r Papen	work Red	uction Act Notice, see th	e separate instructi	ons				200	Form 99 0	(2019)

Form 9	90 (2019)	Genesis Community Health			82-0505073	Page 2
Pa	rt III	Statement of Program Service Accomplish				
		Check if Schedule O contains a response or r	ote to any line in this Part	· III	·	
1	Briefly de	scribe the organization's mission	-			
		ransitional primary health care, social and spiritual sur				
	uninsure	l individuals in Idaho's Treasure Valley, as an express	on of the Love of Jesus			
	Christ					
2		rganization undertake any significant program service	s during the year which were i	not listed on		
	•	Form 990 or 990-EZ?			Yes	X No
	•	lescribe these new services on Schedule O				
3	Did the o	rganization cease conducting, or make significant cha	nges in how it conducts, any p	orogram		
	services				Yes	X No
		lescribe these changes on Schedule O				
4		the organization's program service accomplishments	- · · · · · · · · · · · · · · · · · · ·	-	-	
		Section 501(c)(3) and 501(c)(4) organizations are re		f grants and allo	cations to others,	•
	the total	expenses, and revenue, if any, for each program servi	се геропеа			
	101-	702 044 make	dua araba af C	\ (Davanus		
4a	(Code) (Expenses \$ 733,814 includ	aling grants or \$			
	Genesis	Community Health provided a total of 5,669 charity me	adical, dental, mental nealth			
	to low in	g, community health consultations, medication assistation uninsured individuals and families. These services	ance, and specially care coord	notoly		
	10 low-iii	nteer health professinals and non-professionals The	breakdown of senuces is. Me	dical		
	1 500 D	ental, 815, Counseling, 412, Community Health, 1,53	3 Medication Assistance 680	and		
		Coordination, 630 Additionally, prescriptions filled w				
		mbers are lower than previous years due primarily to		andemic		
4b	(Code) (Expenses \$ include	ding grants of \$) (Revenue	\$)
					*	
4c	(Code) (Expenses \$ include	ding grants of \$) (Revenue	\$)
	`			/ `		
4 -1	Otheri	orton conunce (December on Cabadilla C.)				
4d	-	gram services (Describe on Schedule O)	0.1/0	r.	0 \	
4-	(Expens	s \$ 0 including grants of \$	0)(Revenue S	<u> </u>	0)	

No

Yes

Part IV Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - **d** Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- **12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

1	Х	
2	X	
3		<u> </u>
4		<u> </u>
3 4 5		x x x
		x x x
7		X
6 7 8		X
9		
10		х
		X
11a	Х	
11b		<u>x</u>
11c		X
11d 11e		X X X X
11f		х
12a	х	
12b 13		X
14a		X
14b	-	X
15		X
16		<u>x</u>
17	Х	
18	х	
19 20a	_	X
20b		-^-
21		X
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Form **990** (2019)

Par	Checklist of Required Schedules (continued)				,	
	Did the annual reset may then \$5,000 of greats or other applications to or for demostic individual	مه ما			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and I!!	us on		22		×
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 compensations	ed				
	employees? If "Yes," complete Schedule J			23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24b through 24d and complete Schedule K. If "No," go to line 25a	es		24a		×
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the					
	to defease any tax-exempt bonds?	•		24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d	ļ	Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s ben	efit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990					
	990-EZ? If "Yes," complete Schedule L, Part I	, Oi		25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curre	nt	-		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste		/			ļ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the persons? If "Yes," complete Schedule L, Part III	SC		27		X
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)	•				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor	or? If				
	If"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If"Yes," complete Schedule L, Part IV	IT		28c		×
29	Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedu	le M		29	Х	┢
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>		
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?					
22	If "Yes," complete Schedule N, Part II	ulotion		32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	ulatioi	15	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	11.				 ^
	III, or IV, and Part V, line 1	•		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	a cont	rolled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		41	35b	<u> </u>	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	ie reia	tea	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	nizatio	n	30		┝
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F			37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1					
	19? Note: All Form 990 filers are required to complete Schedule O			38	Х	<u></u>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V				г	닏
		۱ ۵	1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable.	1b	<u> </u>		7	
С	gaming (gambling) winnings to prize winners?	, oi lab	•	10	272	1

Form 9	90 (2019) Genesis Community Health	32-0505073	Р	age \$
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Subdy of	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	40		8.1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	16	X	202
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		\$ 327 9
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a //	MAC.	X
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b ²		┢
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over			
- 7a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	'' 4a		×
b	If "Yes," enter the name of the foreign country		125.148 125.148	\$.) KB
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	*********	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1. 放業等	W.C.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Wed	2.13
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	4 1		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		Ŷ.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			├ ─
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		1 24 00 4	27,57
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ज्यांतीची गर	151
^	sponsoring organization have excess business holdings at any time during the year?	8	#24F3	\$50.75
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		12
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	* 70 Feet	14. E. W.	
а	Initiation fees and capital contributions included on Part VIII, line 12	2 4		1.00
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		mg P Marian	
11	Section 501(c)(12) organizations. Enter		(Vi-li)	
	Gross income from members or shareholders	7.50		0
b	Gross income from other sources (Do not net amounts due or paid to other sources		建 党	
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	J. J.	TEN SE	**
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1767		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O		20	製料
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			
С	Enter the amount of reserves on hand		TE,	18. A.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			41/19
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	if "Yes," complete Form 4720, Schedule O	· 330		明

Part VI

82-0505073 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

	Delication of the control of the con				<u> </u>
Sect	ion A. Governing Body and Management			Tvaa	NI.
4.	Enter the number of voting members of the governing hady at the and of the tay year	1a 1	^	Yes	No
та	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	ia i	Ϋ,	່າ	,
			9		
	if the governing body delegated broad authority to an executive committee or similar		,		
	committee, explain on Schedule O	46 4	۱, ,		
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	<u>벡</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	snip with			
_	any other officer, director, trustee, or key employee?		2	-	Х
3	Did the organization delegate control over management duties customarily performed by or under		1 _		
_	supervision of officers, directors, trustees, or key employees to a management company or other particles.		3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5 ,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	4,,,		,
	the year by the following				2 . 4
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	,		
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	•			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	ļ	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	X	-(1)
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				·\$) &
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	•	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	' -			,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
a	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a		jement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
04	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17 19	List the states with which a copy of this Form 990 is required to be filed ID Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 900	and 000 T (0+	E04/a		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		ου I(C	,	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X. Own website. Another's website. X. Upon request. Other (expected in the control of	• •			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents.	plain on Schedule C	•		
13	and financial statements available to the public during the tax year	commercial interest p	JiiCy,		
20	State the name, address, and telephone number of the person who possesses the organization's l	nooks and records			
20	State the name, address, and telephone number of the person who possesses the organizations in Steve Davis	(208) 384-521	₹ 7		
	215 W 35th Street, Garden City, ID 83714	(200) 304-3210			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
(A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe	rson	than of is both or/trusten	an	Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Cer	· employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Steve Davis	50 00	t .								
CEO	0 00		<u> </u>	X	X		_	69,232		
(2) Douglas Moy	3 00									
Chairperson	0 00		 			L	 —			
(3) Jackelyn Jantzı	3 00									
Secretary	0 00		⊢	_	_		<u> </u>			
(4) Terri Dockstader	3 00				ļ					
Treasurer	0 00	+	┝	_	-		<u> </u>			
(5) David Irving	3 00									
Board Member	0 00	+	ļ	<u> </u>	ļ .	ļ	<u> </u>			
(6) Perry Jansen, MD	1 00									
Board Member	0 00	-	<u> </u>		_	ļ	<u> </u>			
(7) Timothy McHugh, MD	1 00	ľ								
Board Member	0 00		<u> </u>		_					
(8) Josh Bishop	1 00	:			İ					
Board Member	0 00	Х	L		L		<u> </u>			
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		<u> </u>								

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	l Hi	ghes	t C	ompensated Em	ployees (<u>contine</u>	ued)		
	(A) Name and title	(B) Average hours per week	box office	unles er an	Pos neck ss pe d a d	rson	than of the state	an ee)	(D) Reportable compensation from the	(E) Reporta compens from rela	ation ated	com	(F) ated amor of other opensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ymer	organization (W-2/1099-MISC)	organizal (W-2/1099-		organ	rom the nization ai organizat	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal	•	·	•		•		•	69,232		0			О
С	Total from continuation sheets to Part VII, S	ection A						•	0		0			О
<u>d</u>	Total (add lines 1b and 1c)							•	69,232		0			0
2	Total number of individuals (including but not lii		ited a	bov	e) v	vho	rece	vec	I more than \$100	,000 ot				_
	reportable compensation from the organization											Т	Yes	No.
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		•	•	ee,	or h	iighe	st c	ompensated			3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.	of reportable cor	npen	satio					•	h		滅		elt. Hist
5	<i>individual</i>Did any person listed on line 1a receive or acci									ridual		4	14 Par -	X
	for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h pe	rsor	7			5		X
	tion B. Independent Contractors		-1				40-4			1400,000				
1	Complete this table for your five highest compecompensation from the organization. Report co	•										tax ye	ar	
	(A) Name and business add	ress							(B) Description of sen	vices	C	(C) Compen		
								$oxed{\Box}$			<u> </u>			
								ـ			 			0
								\vdash	 :					C
								一						
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	•		tho	se l	iste	d abo	ve)			722			

		_
Part VIII	Statement of Revenue	

		Check if Schedule O cor	ntains	a response	e or	note to any line in	this Part VIII			
							(A)	, (B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
		-						Tunction revenue		sections 512-514
S (6)	1a	Federated campaigns			1u	0				
ar ar	b-				1b	O				
တဲ့ ၌	c			1c	_49,990					
कें दे	d	Related organizations			1d	0				The state of the s
Q 🚡	е	Government grants (contrib	utions	s)	1e	66,000				
S E	f	All other contributions, gifts,	gran	ts, and					lessel-spilatelige	77
H H		similar amounts not include	d abo	ve .	1f	1,186,982				
들 원	g	Noncash 'contributions inclu	ided ir	ı՝ [,				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g	\$ 520,590				
ပြော	h	Total. Add lines 1a-1f					1,302,972		######################################	
						Business Code	的學術學的			
Program Service Revenue	2a	VPN Contractual	 -			621300	2,400	2,400		
اد څ	b						<u> </u>			
S II	С				-		0			
gram Sen Revenue	d				-		0			
₽ F	е						0			
٦	f	All other program service re	evenue	9			0	Same de la company de la compa	VIII ON VIII VIII ON ON ON ON	Mark Colorador C
	g	Total. Add lines 2a–2f					2,400		新名4.55.26.5569955.9.4 5	
	3	Investment income (includir	ng div	idends, inte	erest	t, and	_			2.
		other similar amounts)	.				0			
	4	Income from investment of	tax-ex	empt bond	ı pro	ceeds	0			<u></u>
-	5	Royalties	<u> </u>	(ı) Real		(II) Personal		**************************************	Personal Process for	
1	6-	Gross rents	6a	(1) 11001		(ii) i diddiidi	Tribal missis			
	6a b	Less rental expenses	6b		-					
	C	Rental income or (loss)	6c		0	0				
	d	Net rental income or (loss)				>	0	52320000166.7.68232100		- 1
	7a	Gross amount from		(ı) Securiti	es	(II) Other	LONG THE TOTAL PROPERTY.			
		sales of assets								
		other than inventory	7a		0	o		Harry State		\$ 5 THE R. P.
e l	b	Less cost or other basis								
Revenue		and sales expenses	7b		0	0		* * * * * * * * * * * * * * * * * * * *		
્રેક	C	Gain or (loss)	7c_		0	Ú				
_	d	Net gain or (loss)		_		>	0		ALL MANAGEMENT AND	
Othe	8a	Gross income from fundrais	sing							
٥		events (not including \$		49,990						
		of contributions reported on	line '	1c)	_					
1		See Part IV, line 18		,	8a	13,915	1.400			
	b	Less direct expenses		L	8b	10,569	3,346			
	C	Net income or (loss) from fu			<u> </u>	· -	3,340	THE PARTY OF THE PARTY		FACTOR SECRET SACE
	9a	Gross income from gaming See Part IV, line 19	activi	ues	9a	1				
	b	Less direct expenses		F	9b	0				
		Net income or (loss) from g	amino	L activities	30					
	10a	Gross sales of inventory, le	-	J activities		1	12.72.00	33.5540.5443.64K		WATER AND STATE
	IVa	returns and allowances	33		10a	0				
	b	Less cost of goods sold		—	10b	0		Turniti di		
	c	Net income or (loss) from s	ales c	_		<u> </u>	0	The second secon		
s					•	Business Code		7/// S. J. 123	68.223.55.45 <u>6</u>	
Miscellaneous Revenue	11a	•			_ •		0			
ane inu	b				_		0			
cellaneo Revenue	c		_	-	0					
S &	d All other revenue				. 0			,		
Σ	е	Total. Add lines 11a-11d				>	0	(F & 2000 ())		
	12	Total revenue. See instruc	tions			<u> </u>	1 308,718	2,400	. 0	. 0

Form 990 (2019) Genesis Community Health Part IX Statement of Functional Expenses

	S	ection 501(c)(3) and 501(c)(4	organizations must complete all columns	All other organizations must complete column (A)
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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Do not part VIII. Do		Check if Schedule O contains a response or note	to any line in this Pa	any line in this Part IX					
domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current foliorists, directors, trustees, and key employees Compensation or current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) Compensation not included above to disqualified persons (as defined under section 4958()(3)(8) Compensation not included above to disqualified persons (as defined under section 4958()(3)(8) Compensation of the compensatio				Program service	Management and	Fundraising			
2 Grants and other assistance to domeste individuals. See Part IV, line 12 2 0 3 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 6 0 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1	Grants and other assistance to domestic organizations			建长大学建设的动				
individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees client officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and 10) and 10 and		domestic governments See Part IV, line 21	0			品公田里市公东岛			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of currient officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 9 Penson plan accruals and contributions (include section 401(f) and 403(f) employer contributions) 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees) a Management 10 Legal 11 Resonant 10 Accounting 11 Logo 12 Advertising and promotion 13 Office expenses 14 Logo 15 Royalbes 16 Cocupancy 18 263 16 265 1675 323 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Logo 11 Logo 12 Depreciation, and amortization 13 Diffice expenses itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e arguments to affiliates 10 Logo 11 Logo 12 Depreciation, and amortization 13 Special fundrasing events 11 Logo 13 Logo 14 Logo 15 Logo 16 Logo 17 Logo 18 Logo 18 Logo 18 Logo 19 Logo 10 Logo 10 Logo 10 Logo 10 Logo 11 Logo 11 Logo 12 Logo 13 Logo 14 Logo 15 Logo 16 Logo 17 Logo 18 Logo 18 Logo 18 Logo 19 Logo 10 Logo 10 Logo 10 Logo 11 Logo 11 Log	2	Grants and other assistance to domestic	,						
organizations, foreign governments, and foreign individuals See Part IV line 15 and 16 0 0 3 3 3 3 4 3 5 4 4 5 8 6 8 6 3 0,105 5 8 6 6 Compensation of current officers, directors, trustees, and key employees 5 347,233 236,442 80,686 30,105 6 Compensation not included above to disqualified persons (as defined under section 4958(0(1)) and persons described in section 4958(0(3)) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		individuals See Part IV, line 22	0						
Individuals See Part IV lines 15 and 16 0 3 3 3 3 3 3 3 3 3	3	Grants and other assistance to foreign							
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Sand Rey employees San		organizations, foreign governments, and foreign							
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons obserbed in section 4958(f)(1)) and persons obserbed in section 4958(f)(1) and persons obserbed in section 4958(f)(1)) and persons obserbed in section 4958(f)(1) and persons obserbed in section 4958(f) a		individuals See Part IV, lines 15 and 16	0		は大学などの				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons obscribed in section 4958(f)(3)(8) 7 Other salaries and vages 8 Penson plan accruaits and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees) 12 Accounting 13 Legal 14 Lobbying 15 Professional fundraising services See Part IV, line 17 O	4	Benefits paid to or for members	0						
6 Compensation not included above to disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(8) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 28.055 19,026 6.479 2.550 11 Fees for services (nonemployees) a Management b Legal 10 Accounting 11,100 10,100 10,100 10,100 10,100 10,100 10,100 10,100 10,	5	Compensation of current officers, directors,							
persons (as defined under section 4958(N(1)) and persons described in section 4958(c)(3)(8) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 28.055 19,026 6.479 2.550 10 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		trustees, and key employees	347,233	236,442	80,686	30,105			
persons described in section 4958(c)(3)(B) 0 0 0 0 0 0 0 0 0 0 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 1 19,026 6 479 2,550 10 Payroll taxes 28,055 19,026 6 479 2,550 10 Payroll taxes 28,055 19,026 6 479 2,550 10 Payroll taxes 28,055 19,026 6 479 2,550 10 Payroll taxes 10 0 10 Payroll taxes 10 0 11,100 1	6	Compensation not included above to disqualified							
7 Other salanes and wages Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 28,055 19,026 6,479 2,550 11 Fees for services (nonemployees) a Management b Legal 10,005 103 2,084 7,816 11,100 11,100 11,100 d Lobbyrg e Professional fundraising services See Part IV, line 17 for Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 6,137 4,002 1,348 787. 13 Office expenses 40,862 22,717 9,569 8,576 16 Occupancy 18,263 16,265 1,675 323. 17 Travel 4,129 2,191 1,309 629 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 conferences, conventions, and meetings 7,355 2,121 918 4,316 121 12 Payments to affiliates 6,818 6,079 618 121 12 Payments to affiliates 0 0 13,200 14,571 248 1,312 1,320 12,757 491 4,24 1,250 12,757 491 4,250 12,750 12,		persons (as defined under section 4958(f)(1)) and							
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees) 12 Management 13 Despiration of the services (nonemployees) 13 Management 14 Legal 15 Legal 16 Legal 17,818 18 CACCOUNTING 11,100		persons described in section 4958(c)(3)(B)	0						
section 401(k) and 403(b) employer contributions) Other employee benefits Payroli taxes Other office expenses Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 12de expenses on Schedule O) Payments to affiliates Cocupancy Correcroes, convertions, and meetings Correcroes, convertions, and amortization Insurance Other (ist messellaneous expenses on Schedule O) Other (ist messellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist messellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist messellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other (Ist miscellaneous expenses on Ine 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses	7	Other salaries and wages	0	0	0	0			
9 Other employee benefits 10 Payroll taxes 28,055 19,026 6,479 2,550 11 Fees for services (nonemployees) a Management b Legal 10,005 103 2,084 7,818 c Accounting 11,100 11,100 11,100 d Lobbying 0 11,100 11,100 11,100 d Lobbying 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8	Pension plan accruals and contributions (include							
10 Payroll taxes		section 401(k) and 403(b) employer contributions)	0						
11	9	Other employee benefits	0						
a Management b Legal	10	Payroll taxes	28,055	19,026	6,479				
b Legal	11	Fees for services (nonemployees)	•	,		ì			
to Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 19 amount exceeds 10% of line 25, column (A) amount, list line 19 expenses on Schedule O) 70	а	Management							
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 0,862 15 Cocupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Linterest 10 Linterest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Special fundraising events 16 Jinsurance 17 Office expenses on Schedule O) 18 Special fundraising events 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Special fundraising events 16 Conferences, conventions, and meetings 17 Jin 18 Conferences, conventions, and meetings 18 Addition 24 Expenses on Covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 18 Other 19 Conferences, conventions, and meetings 10 Conferences, conventi	b	Legal		103		7,818			
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) g Other See Sees g 40,862 22,717 9,569 8,576 g Other Seepenses g 40,862 22,717 9,569 8,576 g Other Seepenses 40,862 22,717 9,569 8,576 g Other Seepenses 40,862 22,717 9,569 8,576 g Other Seepenses 50 0 g Other Seepenses 50 Schedule O) g Other Seepenses 60 0 g Other Seepenses 10 0 g Other Se	С	Accounting	11,100		11,100				
Full content of the transfer of the transfe	d		0						
Solution Company Co	е	Professional fundraising services See Part IV, line 17	0		の大学の変形が行う				
(A) amount, list line 11g expenses on Schedule O) 0 0 12 Advertising and promotion 6,137 4,002 1,348 787. 13 Office expenses 40,862 22,717 9,569 8,576 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f	· · · · · · · · · · · · · · · · · · ·	0						
12 Advertising and promotion 6,137 4,002 1,348 787 13 Office expenses 40,862 22,717 9,569 8,576 14 Information technology 0	g	·				1,			
13 Office expenses		(A) amount, list line 11g expenses on Schedule O)							
14	12								
15 Royalties 0	13	Office expenses	40,862	22,717	9,569	8,576			
16 Occupancy	14								
17 Travel 4,129 2,191 1,309 629 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 7,355 2,121 918 4,316 20 Interest 6,818 6,079 618 121 21 Payments to affiliates 0		·	_						
18									
for any federal, state, or local public officials Conferences, conventions, and meetings 7,355 2,121 918 4,316 Interest 6,818 6,079 618 121 Payments to affiliates 0 Depreciation, depletion, and amortization 19,840 115,021 1,4571 248 101 101 101 101 101 101 101 101 101 10			4,129	2,191	1,309	629			
19 Conferences, conventions, and meetings	18				,				
20 Interest 6,818 6,079 618 121 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 19,840 15,021 4,571 248 23 Insurance 6,089 4,616 1,417 56 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Other 13,290 12,757 491 42 b Special fundraising events 11,184 558 57 10,569 c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if					040	4.040			
21 Payments to affiliates 22 Depreciation, depletion, and amortization 19,840 15,021 4,571 248 23 Insurance 6,089 4,616 1,417 56 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O a Other 5 Special fundraising events C Medication and supplies C Medication and supplies All other expenses All other expenses All other expenses All other expenses O 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 O									
Depreciation, depletion, and amortization 19,840 15,021 4,571 248 Cher expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) A Other Depreciation, depletion, and amortization 19,840 15,021 4,571 248 6,089 4,616 1,417 56			6,818	6,079	618	121			
Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Other		· · · · ·	10.040	45.004	4 574	240			
Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Other 13,290 12,757 491 42 b Special fundraising events 11,184 558 57 10,569 c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 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 in the organization of the control of the c									
above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Other 13,290 12,757 491 42 b Special fundraising events 11,184 558 57 10,569 c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if			5,089	4,010	1,417	DD http://doi.org/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.0			
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Other	24	· · · · · · · · · · · · · · · · · · ·							
(A) amount, list line 24e expenses on Schedule O) a Other		·							
a Other 13,290 12,757 491 42 b Special fundraising events 11,184 558 57 10,569 c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 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									
b Special fundraising events 11,184 558 57 10,569 c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if	_	,	13 200	12 757	101	42			
c Medication and supplies 22,600 22,600 d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 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	a h								
d In-kind medical expenses 410,902 369,316 40,000 1,586 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	D					10,509			
e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	4				40 000	1 586			
Total functional expenses. Add lines 1 through 24e 963,862 733,814 162,322 67,726 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	-			303,310	40,000	*,500			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If				733 814	162 322	67 726			
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if			303,002	7 33,014	102,022	57,720			
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_0	· · · · · · · · · · · · · · · · · · ·	,						
fundraising solicitation. Check here ▶ ☐ if		- · · · · · · · · · · · · · · · · · · ·	İ						
		· · · —							
		-	<u> </u>						

82-0505073

Form 990 (2019) Genesis Co

Ų .C	it	Check if Schedule O contains a response or	note to	any line in this Part X				
			··		(A)	Γ	(B)	
		3 ¹			Beginning of year		End of y	
	1	Cash—non-interest-bearing			75,033	1		129,766
	2	Savings and temporary cash investments			4,530			271,535
	3	Pledges and grants receivable, net			8,971	3		4,868
	4	Accounts receivable, net	0	4		0		
	5	Loans and other receivables from any current of	r forme	r officer, director.		ÚŽ.	MADELPHICKS	ing is a transp
ļ	•	trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes	0	5	the committee of the co	**************************************		
- 1	6	Loans and other receivables from other disqualifi		1989	7. J. T.	L Day 1		
sts	•	under section 4958(f)(1)), and persons described	0	6	STATE STATE OF THE			
	7	Notes and loans receivable, net			0	7		0
Assets	8	Inventories for sale or use			23,026	8		132,384
ق ا	9	Prepaid expenses and deferred charges			2,289			0
	10a	Land, buildings, and equipment cost or						10 % % 13
	104	other basis Complete Part VI of Schedule D	10a	677,384		4		
	b	Less accumulated depreciation	10b	225 846	466,495	10c		451,538
	11	Investments—publicly traded securities	0	 		0		
	12	Investments—other securities See Part IV line	0	 		0		
	13	Investments—program-related See Part IV, line	0	-	٠٠,	0		
	14	Intangible assets	0	1	, ,	0		
	15	Other assets See Part IV, line 11	0		11.50	0		
	16	Total assets. Add lines 1 through 15 (must equa	al line i	33)	580,344		***	990,091
	17	Accounts payable and accrued expenses	38,122	17	100	48,075		
	18				0			
	19	Deferred revenue			26,506	1		
	20	Tax-exempt bond liabilities			0		;	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D	0	21	્રીજી	
g	22	Loans and other payables to any current or form				, 此為		
Liabilities		trustee, key employee, creator or founder, subs				4		
bil		controlled entity or family member of any of the			O	22	1/7	228411111111111111111111111111111111111
Lia	23	Secured mortgages and notes payable to unreli			158,224			151,668
	24	Unsecured notes and loans payable to unrelate			0			88.000
	25	Other liabilities (including federal income tax, pa				<u> </u>		
		parties, and other liabilities not included on lines				}		
		Part X of Schedule D	–	,	l	25	l	0
	26	Total liabilities. Add lines 17 through 25			222,852	26		287,743
· ·		Organizations that follow FASB ASC 958, che	ock bo	re ▶ X		NO TO	9245 AV	Water 18
Se		and complete lines 27, 28, 32, and 33.	JUN 1165			5		
<u>a</u> n	27	Net assets without donor restrictions			327,434	27	- 287-31-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-	481,326
Ba	27 28	Net assets with donor restrictions			30,058	+	 	221,022
멀	20	Organizations that do not follow FASB ASC 9)50 ch	ack here	57788-398-398-300	# To 488	56 (12) H 180 (12) (12)	221,022
Ī		and complete lines 29 through 33.	JO, CI	SCK HEIE				
or Fund Balances	20	Capital stock or trust principal, or current funds			0	29		
ţ	29	Paid-in or capital surplus, or land, building, or e	a	ont fund	0	 	 	
3 S6	30	Retained earnings, endowment, accumulated in			0		· · · · · · · · · · · · · · · · · · ·	
Ž	31	Total net assets or fund balances	icuille,	OF OUTER TOTALS	357,492			702,348
Net Assets	32 33	Total liabilities and net assets/fund balances			580,344	+	 	990,091
	JJ	Total nabilities and tiet assets/fully balances			1 300,044	1 33	1	000,001

Form	990 (2019) Genesis Community Health	8	32-0505073	Pag	ge 12
Par	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		1,308	3,718
2	Total expenses (must equal Part IX, column (A _j , line 25)	2		963	3,862
3	Revenue less expenses Subtract line 2 from line 1	3		344	4,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		357	7,492
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)	9			
)	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				٠.
	column (B))	10		702	2,348
art	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		£
	Schedule O			c	,
!a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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			, 1	. 1
	Separate basis Consolidated basis Both consolidated and separate basis		۰	•	9
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box pelow to indicate whether the financial statements for the year were audited on a		1		7
	separate basis, consolidated basis, or both			•	١.
	X Separate basis		j		,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f	·		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c°		X
	If the organization changed either its oversight process or selection process during the tax year, explain on			,	, s,
	Schedule O		است		-3.4
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why or Schedule O and describe any steps taken to undergo such audits.		3h		ı

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section \$3 \(\frac{1}{2}\) or ganization or a section 4947(a)(1) nonexempt chantable trust

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

ition. Inspection

Gene	esis	Community Health					82-05	05073	
Par		Reason for Public Char							
The	orga	inization is not a private foundat		· -					
1	Ш	A church, convention of churche	es, or association of	f churches described in	section	170(b)(1)((A)(i).		
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	0-EZ))	0, 1		
3		A hospital or a cooperative hosp	pital service organiz	ation described in sec	tion 170(i	o)(1)(A)(iii	i).		
4		A medical research organization hospital's name city, and state	n operated in conjur	nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	ter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a go	vernmental unit desc	ribed in	
6	\Box	A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).		
7		An organization that normally redescribed in section 170(b)(1)(m a govei	nmental u	ınıt or from the gene	ral publi	С
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II)				
9		An agricultural research organizor university or a non-land-granuniversity	zation described in s it college of agriculti	section 170(b)(1)(A)(ix ure (see instructions)) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant colle llege or	ge
10	X	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ins—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of,its	oss
11		An organization organized and	operated exclusivel	y, to rest for public safe	ty See se	ection 509	9(a)(4).	,	1.
12	An organization organized and operated exclusively for the beriefit 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.					ng orting			
b	l	Type II. A supporting organization(s) You must c	ie supporting organi	zation vested in the sa					ed
С	[Type III functionally integra						rated wi	th,
	ſ	its supported organization(s Type III non-functionally in						onizatio	n/n)
d	Į	that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
е	[Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported		,.	.5 5				0
g		Provide the following informatio		ed organization(s)					
	(i)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ar governing ment?	(v) Amount of monetary support (see instructions)	others	Amount of support (see tructions)
					Yes	No			
(A)					103	110			
(D)									
(B)									
(C)					,				
(D)			,	<u> </u>	<u> </u>		,		
(E)				,	,				
Tota	<u> </u>	· · · · · · · · · · · · · · · · · · ·		CONTRACTOR OF THE STATE OF THE			0		0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2015 (e) 2019 Calendar year (or fiscal year beginning in) **(b)** 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 0 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2015 (c) 2017 Calendar year (or fiscal year beginning in) (b) 2016 (d) 2018 (f) Total 0 0 Ò 7 0 0 ol 100 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 0 Net income from unrelated business $i_{i_{1}}$ activities, whether or not the business is regularly carried on 'n 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 0 00% 14 Public support percentage for 2019 (line 6, column (f)/divided by line 11, column (f) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 0 00% 16a 33 1/3% support test—2019. If the organization glid not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation If the organization did not check a box on line 13, 15a, 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.)

Sec	ction A. Public Support				·		······································
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any "unusual grants")	553,132	449,033	553 132	437,993	1,307,634	3,300,924
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	49,242	66,091	8,595	1,924	1,084	126,936
4	Tax revenues levied for the				_		
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities		•				
	furnished by a governmental unit to the			İ			
	organization without charge	ļ		•			0
6	Total. Add lines 1 through 5	602,374	515,124	561,727	439,917	1,308,718	3,427,860
7a	Amounts included on lines 1, 2, and 3		,				,, <u> </u>
	received from disqualified persons						0
b	Amounts included on lines 2 and 3		-				
	received from other than disqualified						•
	persons that exceed the greater of \$5,000	1			1	į	;
	or 1% of the amount on line 13 for the year						·0
С	Add lines 7a and 7b	0	Ò	0	0	0	. 0
8	Public support (Subtract line 7c from	Z. 486***	San San San	2 31.9	ر و د	,	<u>, </u>
	line 6)		State of the state of	0 pt 3 1	*		3,427,860
Sec	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	: (f) Total
9	Amounts from line 6	602,374	515,124	561,727	439,917	1,308,718	3,427,860
10a	Gross income from interest, dividends						
	payments received on securities toans, rents,					ļ	
	royalties, and income from similar sources			7			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	7	0	0	7
11	Net income from unrelated business				!		
	activities not included in line 10b, whether						
	or not the business is regularly carried on					_	ი
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,]			j	ļ	
	and 12)	602,374	515,124	561,734	439,917	1,308,718	3,427,867
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	s a section 501(c)((3)	_
	organization, check this box and stop here			·		<u>-</u>	<u> </u>
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2019 (line 8, o	column (f), divided t	by line 13, column	(f))		15	100 00%
16	Public support percentage from 2018 Sched					16	100 00%
Sec	ction D. Computation of Investmen					,	
17	Investment income percentage for 2019 (line		-	column (f))		17	0 00%
18	Investment income percentage from 2018 S					18	0 00%
19a	33 1/3% support tests—2019. If the organ					and line 17 is	<u>. 17</u>
	not more than 33 1/3%, check this box and	· ·			-	20.4/20/:	▶ X
a	33 1/3% support tests—2018. If the organ line 18 is not more than 33 1/3%, check this						. .

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 in line 12 on 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

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

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		Yes	No
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Page 5

Part I	V Supporting Organizations (continued)			
		Se a S	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-7 :	<u> </u>
b	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations		l v	
		11/6 15	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Parou.	Le Single
2	Did the organization operate for the benefit of any supported organization other than the supported	AND THE	ATT.	1 222
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Mar.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	強力的	Santa.	
	supervised, or controlled the supporting organization	2	4	
Secti	on 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		增强 加	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		9
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1.		
Secti	on 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		Win.	
	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			200
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	176.4	42369
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3750	. Produce	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	- X2	\G.198
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2	12.34	CASS
Socti	supported organizations played in this regard on E. Type III Functionally Integrated Supporting Organizations		L .	L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	.otion		
1	The organization satisfied the Activities Test. Complete line 2 below	icuon	S)	
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		R.	斯湖
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		'n	1 200
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Fish		
	how the organization was responsive to those supported organizations, and how the organization determined	See of	Marie K	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			7.3
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	$\left\{\frac{\zeta_{i}}{C}\right\}$, A	(100kg)。 (100kg)	
	reasons for the organization's position that its supported organization(s) would have engaged in these	i kirina		
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	100 100 m		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	122		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	, Bre San.) - (
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1000	i di Mi
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	١,	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sections	
Section A - Adjusted Net Income		(Å) 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		ASSISTANCE OF THE SECOND SECON	
instructions for short tax year or assets held for part of year)			
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	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		. · I my
3 Subtract line 2 from line 1d	3	0	, 0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	. 0
7 Recoveries of prior-year distributions	7	0	,'' _\ 0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	· `: 0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	第一个是一个是一个是一个一个一个是一个一个一个一个一个一个一个一个一个一个一个一	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	AND AND AND AND AND AND AND AND AND AND	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		o
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see
instructions)	•		- '

Part \	Type III Non-Functionally Integrated 5時(本)3	Supporting Organi	zations (continued)	·
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accorned shieve	g . 4 f m, ,	^1	
2	Amounts paid to perform activity that directly furthers exempted to be a second control of the second control	-	1	
	organizations, in excess of income from activity		1714	
3	Administrative expenses paid to accomplish exempl purpos	ations		
4	Amounts paid to acquire exempt-use assets	1	r	
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			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
_	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	0
10	Line 8 amount divided by line 9 amount			0 000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI) See			
	instructions		** . HORNE SEED C. C. SON CONTROLLED PROS. APP.	
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015	HILLIAN PLANTS HARRIST COLUMN TO A STATE OF THE STATE OF		
<u> </u>	1101112010			
<u>d</u>	From 2017			
<u>e</u>	From 2018	STONE NEW TOWN		
f	Total of lines 3a through e	THE PARTY OF THE PARTY AND THE		
<u>g</u>	Applied to underdistributions of prior years	THE THE PERSON OF THE PERSON O		
<u>h</u>	Applied to 2019 distributable amount	AND SECTION OF THE PARTY OF THE		The second second
<u>i</u>	Carryover from 2014 not applied (see instructions)			
4	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from		Print Light Will will will be	
•	Section D, line 7 \$ 0			
<u>а</u>	Applied to underdistributions of prior years		.0	
<u>b</u>	Applied to 2019 distributable amount			0
C	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2019 Subtract lines 3h	FE SPINATOR SECTION FOR		**
	and 4b from line 1. For result greater-than zero, explain in			ş
	Part Vi See instructions	The Contract of the	The office of the second	_0
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	0		APPENDING TO THE
8	Breakdown of line 7		impate historical and impate the property of t	######################################
а	Excess from 2015 0			
<u>b</u>	Excess from 2016			
c	Excess from 2017	In an Altriferration and Authorities of the Artificial	The second of th	
d		Contract Course Street To Section 1	THE STATE OF THE S	The three courses of the course of the cours
е	Excess from 2019 - 0		等。但是是是是一种的	数10.35.1数536.2003 (A)

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047
2019
Open to Public Inspection

Employer identification number Name of the organization 82-0505073 Genesis Community Health 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

•										
Schedu	ule D (Form 990) 2019 Genesis Community He	alth					82-0505	073	F	age 2
Part	III Organizations Maintaining Colle	ctions of A	rt, Histor	ical Trea	asures, or (Other Si	milar Assets	(conti	nued)	
3	Using the organization's acquisition, access	sion, and other	records, o	check any	of the follows	ng that ma	ake significant	use of ı	ts	
	collection items (check all that apply)		,	1						•
а	Public exhibition		. d []		exchange pro	ogram				
b	Scholarly research	-	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's oxill	collections and	l expiain h	ow they fu	rther the orga	anization's	exempt purpo	se in P	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						similar	Y	es 🔲	No
Part	Complete if the organization answ 990, Part X, line 21		on Form 9	90, Part	IV, line 9, o	r reporte	d an amount	on Fo	m	
1a	Is the organization an agent, trustee, custor included on Form 990, Part X?	dian or other in	ntermediar	y for contr	ibutions or ot	her asset	s not		es 🗌	No
b	If "Yes," explain the arrangement in Part XI	I and complete	e the follow	wing table						
							<i>F</i>	mount		
С	Beginning balance					1c				
d	Additions during the year			•		1d				
e	Distributions during the year					1e				
f	Ending balance					1f			, <u> </u>	0
2a	Did the organization include an amount on							□ Y	es 🔼	No
b	If "Yes," explain the arrangement in Part XI	Check here	if the expl	anation ha	s been provi	ded on Pa	art XIII		<u>: [_</u>	
Part		,	- ' -					-	, i	
	Complete if the organization answ							_	1	
) Current year	(b) Pn	or year	(c) Two years	back (d)	Three years back	(e) F	our years	back
1a	Beginning of year balance		1					+	••	
b	Contributions		 					1	•	
С	Net investment earnings, gains, and losses							Ι.	•	
d	Grants or scholarships		<u> </u>					 		
e	Other expenditures for facilities		 					 		
Ū	and programs		Į							
f	Administrative expenses									
g	End of year balance	0		0	·	0	(0
2	Provide the estimated percentage of the cu	rrent year end	l balance (line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment		<u>%</u>							
b	Permanent endowment	%								
С	Term endowment ▶ %									
_	The percentages on lines 2a, 2b, and 2c sh	•			E-144 -4					
3a	Are there endowment funds not in the poss	ession of the d	organizatio	n that are	neid and adr	ninistered	for the		Yes	No
	organization by							3a(i)	162	NO
	(i) Unrelated organizations							3a(ii)		
b	(ii) Related organizations If "Yes" on line 3a(ii), are the related organi	zations listed :	as require:	d on Scher	dule R2			3b		
4	Describe in Part XIII the intended uses of the								t	<u> </u>
Part			o ondown		-					
- 4116	Complete if the organization answ		on Form 9	990. Part	IV, line 11a	See Fo	rm 990, Part	X, line	10	
	Description of property	(a) Cost or o		T	or other basis		cumulated		look valu	e
		(investr			other)	dep	reciation			
1a	Land		0		85,000				8	5,000
L.	D. olahorana	1	^	i —	E20 7E0		177 110		25	1 640

Buildings 528,759 0 1,592 2,389 3,981 С Leasehold improvements 0 31,031 11,933 d Equipment 42,964 0 16,680 16,113 Other 567 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶ 451,538

Schedule D (Fo	orm 990) 2019 Genesis Community Health			82-0505073	Page
Part VII	Investments—Other Securities.				
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11b S	See Form 990, Part X, Iir	ne 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation or end-of-year market value	
(1) Financia	l derivatives	0			
(2) Closely I	held equity interests	0			
(3) Other _					
		.			
(G) (H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	0			***************************************
Part VIII	Investments—Program Related.		<u> </u>	·	
	Complete if the organization answered '	Yes" on Form 990.	Part IV, line 11c S	See Form 990, Part X, Iir	ne 13
	(a) Description of investment	(b) Book value		(c) Method of valuation	
	(a) Description of investment	(0) 5551 Talas	Cost	or end-of-year market value	
(1)					
(2)					
_(3)					
(4)					,
(5)					•
(6)					
(7)					-
(8)					•
(9)	or (h) must squal Form 000 Part V sal (B) line 12)		2		;
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets.	<u> </u>	3.	٠. ٠.	<u>+</u>
Pailin	Complete if the organization answered '	'Ves" on Form 990	Part IV line 11d S	See Form 990 Part X Jur	ñe 15
	(a) Descri		Tartiv, into Tra	(b) Book v	
(1)				.,,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(9)					
	umn (b) must equal Form 990, Part X, ccl (B) li	<u>ne 15) </u>		•	
Part X	Other Liabilities.		D - 1 D / 1 44	446 O E 000 D	
	Complete if the organization answered '	Yes" on Form 990,	Part IV, line 11e oi	r 11f See Form 990, Pa	πх,
4	line 25	on of linkships		(h) Pook	
1.		on of liability		(b) Book v	raiue
	I income taxes			····	
(2)					
(4)					
(5)					
(6)					
(7)			·		
(8)				-	
					
(9)					
	ımn (b) must equal Form 990, Part X, col (B) lı	ne 25)		•	

_	Ceresis Comments Treats			rage T
Par	t XI Reconciliation of Revenue per Audited Financial		-	
	Complete if the organization answered "Yes" on Form		<u>2a</u>	
1	Total revenue, gains, and other support per audited financial state	ments	1	1,308,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	→	
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	,,	
d	Other (Describe in Part XIII)	2d		_
е	Add lines 2a through 2d		_2e	0
3	Subtract line 2e from line 1	1 1	3	1,308,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	40	0
	Add lines 4a and 4b	# 1 lino 12 \	4c 5	4 200 740
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa			1,308,718
Par	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form		•	
1	Total expenses and losses per audited financial statements		1	963,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		,	
а	Donated services and use of facilities	2a	ر، ط	
b	Prior year adjustments	2b	, p	
С	Other losses	2c		ť
d	Other (Describe in Part XIII)	2d	, 0, 0	•
е	Add lines 2a through 2d		_2e	<u> </u>
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	963,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	' 1		£
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		_
_	Add lines 4a and 4b	land I lisa 40 V	4c	## 963.862
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, P	art i, iiile 10)	5	963,862
_	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	a to and A Dort IV line	and the part V line	A Dort V line
	it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete t			e 4, Part A, line
-, , ,	it XI, illies 25 and 45, and 1 art XII, illies 25 and 45 7135 complete t	ino part to provide any		
				•
		•		• •
			** ** *	•
	• • • • • • • • • • • • • • • • • • • •			
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		, ,		

Schedule D (Fo	orm 990) 2019	Genesis Community Health	82-0505073	Page 5
Part XIII	Suppleme	ntal Information (continued)	4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	
		•	•	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Genes	sis Community Health					82-050		
Part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part							
1								
а	Mail solicitations				f non-government g			
b	Internet and email solicitations		=		f government grants			
	Phone solicitations		=		raising events			
C			8 [7] ob	eciai iuriui	raising events			
d	In-person solicitations							
2a	Did the organization have a written							NI.
	key employees listed in Form 990, F						Yes X	
b	If "Yes," list the 10 highest paid indir compensated at least \$5,000 by the		s (fundraise	ers) pursua	int to agreements ui	nder which the fund	raiser is to be	;
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount pa (or retained l organizatio	by)
			Yes	No				
1								
			<u> </u>		0	0	17.74	0
2		,			o	o		0
3							~ ~ ~	
4			1		0	0		0
			<u> </u>		0	0	, , , , , , , , , , , , , , , , , , ,	0
5					o	0	, ,	0
6					0	0		0
7			†·					
8		 			0	0		0
		<u> </u>			0	0		0
9					o	0		0
10					0	0		0
T-4-1					0	0		
Total 3								
3	registration or licensing	ion is registered	OF IICENSEC	TIC SUIICITY	CONTRIBUTIONS OF HAS	been notined it is e.	xempt mom	
ID	_							
·								
	,							

Sche	dule G		enesis Community Health			82-0505073 Page 2
Pá	art II	Fundraising Events. C				
		more than \$15,000 of fu	•	_	ome on Form 990-EZ,	lines 1 and 6b List
		events with gross received	ots greater than \$5,000	(ა) Event #2	(c) Other events	· · · · · · · · · · · · · · · · · · ·
			Spring Benefit	(3) Event #2	NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
evel	1	Gross receipts	49,990		0	49,990
ď	2	Less Contributions	36,075		o	36,075
	3	Gross income (line 1 minus	00,010			
		line 2)	13,915		0	13,915
		01			0	C
	4	Cash prizes				
	5	Noncash prizes			0	
õ		·				_
nse	6	Rent/facility costs			0	<u></u>
xpe	7	Food and beverages	8,441		0	8,441
Д Ш	•	1 ood and beverages	0,11,			
Direct Expenses	8	Entertainment			0	0
_	9	Other direct expenses	2 128		0	, 2,128
					_	/ • 10 569
	10	Direct expense summary Add Net income summary Subtract				(10,569)
Pa	rt III		ne organization answer	ed "Yes" on Form 990). Part IV. line 19. or re	
		than \$15,000 on Form 9			· · · · · · · · · · · · · · · · · · ·	•
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
Re	1	Gross revenue				, 0
ses	2	Cash prizes				<u> </u>
Expenses	3	Noncash prizes				(
	3	Noncash prizes				
Direct	4	Rent/facility costs				
莅	_	Other diseast assesses				,
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
		Volume of Tubor			<u> </u>	
	7	Direct expense summary Add	l lines 2 through 5 in colur	mn (d)	•	(0
	_	•••	644 44 76 4	4		,
	8	Net gaming income summary	Subtract line / from line	1, column (a)		
Ş) E	nter the state(s) in which the org	ganization conducts gami	ng activities		
		the organization licensed to co	andi et gaming activities in	each of these states?		Yes No
	a Is	the organization licensed to co	model gaming activities in			
		"No," explain				
10	b If	"No," explain		·		

Schedu	ule G (Form 990 or 990-EZ) 2019 Genesis Community Health	82-0505073 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	30 0/
a		3a % 3b %
ь 14	Enter the name and address of the person who prepares the organization's gaming/special events books and	70
• •	records	
	Name ▶	• •
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$0 and the	
	amount of gaming revenue retained by the third party \$ 0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation \$0	}
	Description of services provided •	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	
•	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	0
Pari		(III) and (v), and
	·	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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 instructions and the latest information.

Inspection
Employer identification number

82-0505073 Genesis Community Health **Types of Property** Part I (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art-Works of art 1 2 Art-Historical treasures 3 Art-Fractional interests 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 Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other 15 Real estate-Residential 19 Real estate—Commercial 16 17 Real estate—Other 18 Collectibles 19 Food inventory 520,590 Fair Market Value Drugs and medical supplies Х 74,370 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (26 27 Other ► (___ 28

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

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

- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If "Yes," describe in Part II
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes	No
The said N	0) 2040

29

29

Schedule M (Form 990) 2019 Genesis Community Health 82-0505073 Page 2				
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	d 33, and whe	ther	
			-	
			- ₋ ,	
	·			

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

82-0505073

Genesis Community Health	82-0505073
Form 990, Part VI, Section B, Line 11b The organization contracts with an independent CPA to	
complete Form 990 and all related schedules after completion and acceptance by the Board of	
the independent financial statement audit. It is reviewed by the executive director. Because	
it usually needs to be filed in a timely maner, it is submitted to the IRS before Board review	
of the 990 is complete. A submitted copy is provided to all Board members	
Form 990, Part VI, Section B, Line 12c Both employees and Board members are advised of our	
written conflict of interest policy when joining the organization. Board members are required	
to sign an annual disclosure and identify if they are not independent, and if they had any	
transactions or arrangements that might benefit them privately or result in a possible excess	 t
benefit transaction Transactions initiated by employees are monitored by the CEO for similar	
issues	
Form 990, Part VI, Section B, Line 15a Compensation review and approval is provided by the	· ,
CEO Compensation Committee in detail when reviewing the upcoming year's budget. Compensation	on
for the CEO is set by the Board of Directors annually	
5 000 Pert VIII Centre O Live 40. The appropriate has four appropriate from the public for	
Form 990, Part VI, Section C, Line 19 The organization has few requests from the public for	
conflict of interest policies, financial statements or similar governing documents. Requests	
conflict of interest policies, financial statements or similar governing documents. Requests	
conflict of interest policies, financial statements or similar governing documents. Requests for these items would be reviewed by the CEO for the merit of such disclosure, or when	
conflict of interest policies, financial statements or similar governing documents. Requests for these items would be reviewed by the CEO for the merit of such disclosure, or when required by donors. In general, Genesis Community Health maintains an open policy of	
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Genesis Community Health	82-0505073

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