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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

			ease	C Name of organization Genesis Health System			D Employer ide	ittiication numbei
Г Addı	ress ch	ange	e IRS bel or	Doing Business As			36-3616314 E Telephone nu	
┌ Nam	ne chai	nge pr i	int or	Doing Business As			E Telephone nu	mber
┌ Initia	al retui		pe. See ecific	Number and street (or P O box if mail	is not delivered to street addr	ess) Room/suite	(563) 421-6	508
┌ _{Tem}	nınatıo	In:	struc- ons.	801 Illini Drive	is not delivered to street addi-	css) Room, suite	G Gross receipt	s \$ 184,061,663
F Ame				City or town, state or country, and ZIP	+ 4			
_		pending		Silvis, IL 61282				
,			F Nam			1 >		
				ne and address of Principal Officer ROGERS		H(a) Is the	s a group return	for □ Yes 🔽 No
				ını Drıve		aiiiiia	ies.) 165 J 140
				IL 61282		H(b) Are all	affiliates include	d?
I lax	-exem	pt status 🔽	501(c) (3) ◀ (insert no)	J 527			See instructions)
J We	eb site	e: ► genesı	shealth	com		H(c) Grou	p Exemption Nur	nber 🗠
К Туре	of org	janization 🔽	Corporat	ion trust association other		L Year of Fo	mation 1988 M S	State of legal domicile IL
Par	t I	Summa	rv					
			_	e organization's mission or most si	gnificant activities			
_,		GENESIS		H SYSTEM EXISTS TO PROVIDE		ALITY HEALT	H SERVICES TO	ALL THOSE IN
Governance		NEED						
[필								
<u></u>	_	6 1 1 11						
ig			•	if the organization discontinued its				
			_	nembers of the governing body (Pa	*		_	19
<u>କ</u>	4	Number of	ındeper	ident voting members of the govern	ing body (Part VI, line 1	b)	. 4 _	9
툴	5	Total numb	erofer	nployees (Part V , line 2a)			5 _	0
Activities &	6	Total numb	perofvo	lunteers (estimate if necessary)			6 _	288
•	7a	Total gross	s unrela	ted business revenue from Part VII		7a _	229,259	
	b	Net unrelat	ted busi	ness taxable income from Form 99	0-T, line 34		7b	115,059
						Prio	r Year	Current Year
	8	Contributi	ions and	d grants (Part VIII, line 1h)		63,005	9,055	
를	9	Program s	service	revenue (Part VIII, line 2g)		145,745,110	180,618,032	
Revenue	10	Investme	nt ıncor	ne (Part VIII, column (A), lines 3,	4, and 7d)		115,052	105,815
#	11	Other rev	enue (P	art VIII, column (A), lines 5, 6d, 8		13,579,127	2,617,168	
	12		enue —a	dd lınes 8 through 11 (must equal F	Part VIII, column (A), lır			100050
		12)					159,502,294	183,350,070
	13			ar amounts paid (Part IX, column (A			36,938	405,284
	14	•		or for members (Part IX, column (A)		_		0
82	15	Salaries, (otherco	ompensation, employee benefits (Pa	art IX, column (A), lines	5-	27,825,035	31,394,306
186	16a	•	nal fund	raising fees (Part IX, column (A), li	ne 11e)			0
Expenses	ь				ne iie,			
ŭ		,	-	penses, Part IX, column (D), line 25 0)		12444455	140 422 400
	17	•		(Part IX, column (A), lines 11a-11			124,141,155	148,422,198
	18			add lines 13–17 (must equal Part			152,003,128	180,221,788
<u>. 197</u>	19	Revenue I	less exp	penses Subtract line 18 from line 1	.2		7,499,166	3,128,282
တည္ ကျွန္တာ						Beginni	ng of Year	End of Year
98. E	20	Total ass	ets (Pai	rt X, line 16)			70,072,565	72,326,303
Not Assets or Fund Balances	21		•	Part X, line 26)	2.0		30,031,905	29,706,053
	22			d balances Subtract line 21 from l	ine 20		40,040,660	42,620,250
Par	t II	Signatu						
				egury, I declare that I have examined this in correct, and complete Declaration of prepa				
Pleas	se	*****	·	, , ,	,	2010-	02-12	,
Sign		Signature	e of office	er		Date	02 12	
Here	:	DOUGLAS	S P CROP	PER VICE PRESIDENT, FINANCE/CFO				
		Type or	print nam	e and title				
		Dropararia k			Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		Preparer's signature	John J	Romano	self-		,	
	rer's	F	1	- L DOM MOCHADOSY THE	empolyed 🕨 🦵			
Prepa Use O		Fırm's name ıf self-emplo	yed),)	EIN ▶			
Jac U	riiy	address, and		201 N HARRISON ST STE 300			-	
				DAVENPORT, IA 52801			Phone no 🕨 (56	3) 888-4000
May tl	he IR	S discuss tl	hıs retu	rn with the preparer shown above?	(See instructions)			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	165,802,15	2 Must equal Part IX,	Line 25, column (B).	
+u	(Expenses \$	including grants of	f\$) (Revenue \$)
4d	Other program services (Describe i	n Schedule O)			
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	ILLINI HOSPITAL NURSING HOME HEALTH C. (38,588 PATIENT DAYS) WITH INDEPENDENT				
4b	(Code) (Expenses \$		including grants of \$	0) (Revenue \$	10,627,595)
	ACUTE CARE HOSPITAL AND PROVIDES RELA 98,030 OUTPATIENT VISITS)				
4a	(Code) (Expenses \$ ILLINI HOSPITAL-HEALTH CARE DELIVERY AN		including grants of \$	405,284) (Revenue \$	172,273,721)
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ons and 4947(a)(1) t	trusts are required to re	eport the amount of grants	
	If "Yes," describe these changes on S	chedule O			Tes No
3	Did the organization cease conducting services?	g or make significant	t changes in how it con-	ducts any program	┌ Yes ┌ No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services	on Schedule O			j tesj≮NO
2	Did the organization undertake any si	gnıfıcant program se	rvices during the year	which were not listed on	「Yes ▼ No
	Briefly describe the organization's mission GENESIS HEALTH SYSTEM EXISTS TO PROVIDE	COMPASSIONATE, QUALI	TY HEALTH SERVICES TO ALI	L THOSE IN NEED	

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	<u></u>			
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Mathematical Math	Pa	rt V Statem	ents Regarding Other IRS Filings and Tax Complianc	e				
b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable c Did the organization comply with bactus withholding rules for reportable payments to vendous and reportable gammo (genantibing) with maps to prize winners? 2a. Enter the number of amployase reported on Form W-3, Transantial of Wage and Tax Steements Edd for the colleady ravar ending with or writhin the year covered by the steement self-def for the colleady ravar ending with or writhin the year covered by the steement self-def for the colleady ravar ending with or writhin the year covered by the steement of the saw of Janes 1s and 2as greater than 230, you may be required to e-file this return. b If at least one is reported in 2a, did the organization file all recuired federal employment Lax returns? Note the organization have unreated business gross income of \$12,000 or more dump the year covered by the steem. b If Tres. has it filed a Form 890-T for this year? If Wo, "provise an explanation in Schedule 0. c If Tres." has it filed a Form 890-T for this year? If Wo, "provise an explanation in Schedule 0. d A at any time during the calendar year, did the organization have an interest in, or a significant or other framework accounts a form of accounts in fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. b If Tres., "Is a not \$0, did the organization fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. We set the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If Tres., "Is a not \$0, did the organization fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. b If Tres., "Is a not \$0, did the organization has been section \$1,000 to the organization and section \$1,000 to the orga							Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable c Did the organization comply with bactus withholding rules for reportable payments to vendous and reportable gammo (genantibing) with maps to prize winners? 2a. Enter the number of amployase reported on Form W-3, Transantial of Wage and Tax Steements Edd for the colleady ravar ending with or writhin the year covered by the steement self-def for the colleady ravar ending with or writhin the year covered by the steement self-def for the colleady ravar ending with or writhin the year covered by the steement of the saw of Janes 1s and 2as greater than 230, you may be required to e-file this return. b If at least one is reported in 2a, did the organization file all recuired federal employment Lax returns? Note the organization have unreated business gross income of \$12,000 or more dump the year covered by the steem. b If Tres. has it filed a Form 890-T for this year? If Wo, "provise an explanation in Schedule 0. c If Tres." has it filed a Form 890-T for this year? If Wo, "provise an explanation in Schedule 0. d A at any time during the calendar year, did the organization have an interest in, or a significant or other framework accounts a form of accounts in fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. b If Tres., "Is a not \$0, did the organization fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. We set the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If Tres., "Is a not \$0, did the organization fileng requirements for Form 10 F 90-221, Report of Foreign Bank and Financial Accounts. b If Tres., "Is a not \$0, did the organization has been section \$1,000 to the organization and section \$1,000 to the orga	1a	Enter the numbe	er reported in Box 3 of Form 1096. Annual Summary and Transmittal					
b Enter the number of Forms W-2G included in line 1a Enter-0-find applicable c Did the organization comply with backup with bidding rules for reportable payments to vendors and resortable gaming (capanization comply with backup with backup with a payments to vendors and resortable gaming (capanization) or provided in the payments of the payments to vendors and resortable gaming (capanization) or provided in 2a, did the organization file all required federal employment tax returns? 10 If at least one is reported in 2a, did the organization file all required federal employment tax returns? 11 If yes, "has it filed a Form 99 0-1 for this year? If We," provide an explanation in Schedule 0. 12 If Yes," has it filed a Form 99 0-1 for this year? If We," provide an explanation in Schedule 0. 13 Ves. 14 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, in financial accounts in a floring incomply capanization have an interest in, or a signature or other authority over, an interest in or a signature or other authority over, an interest in or a signature or other authority over, an interest in or a signature or other authority over, in financial accounts in a floring incomply capanization have an interest in, or a signature or other authority over, an interest in, or a signature or other authority over, an interest in a prohibited that is shell are transaction of exceptions and filing requirements for Form TD F90-22.1, Report of Forward Bank and interest in a prohibited that is sheller transaction? 11 Yes, "to Sa or Sb. did the organization filing requirements for Form TD F90-22.1, Report of Forward Bank and interest in a prohibited that is sheller transaction? 12 Yes and the organization of exceptions and filing requirements for Form TD F90-22.1, Report of Forward Bank and interest in a prohibited that is sheller transaction? 15 Yes, "to Sa or Sb. did the organization file organization file form 8886-1, Disclosure by Tax-Exempt Entity Report								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) within packup withholding rules for reportable payments to vendors and reportable gamming (gambling) within packup within packup within the vear covered by this statements flied for the calendar year ending with or within the vear covered by this return. 2				1a	79			
to be the organization comply with backup withholding rules for reportable payments to vendors and reportable payments (pambing) warnings the processing of the rule of the ru	ь	Enter the number	er of Forms W-2G included in line 1a Enter -0- if not applicable					
seeming (gambing) winnings to prize winners? 2				1b	0			
The first the number of employees reported on Form W-3, Transmitted Mayae and Text Setements till do for the calendary year ending with or evithin the year covered by the Setements till do for the calendary year ending with or evithin the year covered by the Setements till do for the calendary year ending with or evithin the year covered by the Setements till do for the Setements of Setements of the Setements of	c			o ven	dors and reportable		v	
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b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Notes! file assume of lines 1a and 2a is greater than 250, you may be required to e-file this return. 2a Did the organization have unrelated business gross incomes of 31,000 or more dumy the year covered by this section? 3b If "Yeas," has it filed a form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yeas," has it filed a form 990-T for this year? If "No," provide an explanation in Schedule 0. 4c At any time during the caleadar year, did the organization have an interest in, or a supparture or other authority over, a financial account in a foreign country. 5c the interructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and mornical Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of the foreign country with the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yeas," did the organization in foreign country with the organization of the form 8565-T. Discouré by Tax-Evenyt Entity Regarding Prohibited Tax Shelter Transaction? 5c Dud the organization or provide goods or services in exchange for any quid pro quo contribution of \$7.5 or more? 5c Did the organization or fully the donor of the value of the goods or services provided? 5c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6c Did the organization of qualified intellige	2a							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3				2a	О			
13 De the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 14 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a hinancial account in a foreign country (such as a bank account, a scurities account, or other financial account in a foreign country (such as a bank account, assumities account, or other financial account in a foreign country (such as a bank account, assumities account, or other financial account in a foreign country (such as a bank account, assumities account, or other financial account in a foreign country (such as a bank account, assumities account, or other financial account in a foreign country (such as a bank account, assumities account, or other financial account in a foreign country (see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account in a foreign country (see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account in a foreign country (see the instructions of the property of the organization as a party to a prohibited tax shelter transaction? 15 Was the organization organization file Form 8385-T. Disclosure by Tax-Exempl Entity Regarding Prohibited Transaction? 16 Did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 16 Did the organization solicit any contributions burder section 170(c). 17 Organizations that may receive deductible contributions under section 170(c). 18 Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 19 Lif'yes," did the organization notify the donor of the value of the goods or services provide? 20 Did the organization provide goods or services in exchange for any quid pro quid property for which it was required to the form \$282 it is a party to a prohibited t	ь	If at least one is	ء reported in 2a, did the organization file all required federal employm	nent t	ax returns?			
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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Saction	^	Coverning	Pody an	d Managament
Section	Α.	Governing	Body an	d Management

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	19			
Ь	Enter the number of voting members that are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its organizational documents sfiled? \cdot	ince	the prior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization	ıon's assets?	5		Νo	
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		• •	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MARK ROGERS 1227 EAST RUSHOLME STREET DAVENPORT,IA 52803 (563) 421-6508

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Software ID: Software Version:

EIN: 36-3616314

Name: Genesis Health System

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non (hat a	c he c		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MARK BAWDEN , DIRECTOR	4 00	Х						0	0	0	
DR JAMES BULL , DIRECTOR	44 00	Х						0	208,975	29,260	
GREG BUSH , TREASURER	4 00	Х		Х				0	0	0	
DR ED COYNE , DIRECTOR	4 00	Х						0	0	0	
DOUGLAS P CROPPER , BOARD PRESIDENT/CEO GHS	44 00	Х		х				0	511,523	15,112	
CARL FREEMAN , DIRECTOR	4 00	Х						0	0	0	
TOM GILDEHAUS , DIRECTOR	4 00	Х						0	0	0	
ROGER HILL, SECRETARY	4 00	Х		Х				0	0	0	
DR DAVE IGLEHART , DIRECTOR	4 00	Х						0	0	0	
MARK KILMER , DIRECTOR	4 00	Х						0	0	0	
JIM KOEHLER , DIRECTOR	4 00	Х						0	0	0	
CHAR MAASKE , DIRECTOR	4 00	Х						0	0	0	
DR ED MOTTO , DIRECTOR	4 00	Х						0	0	0	
ROBIN PETERSEN , DIRECTOR	4 00	Х						0	0	0	
DR ED ROGALSKI , CHAIRMAN	10 00	Х		Х				0	0	0	
CHRIS WAHLIG , DIRECTOR	4 00	Х						0	0	0	
DANA WATERMAN , DIRECTOR	4 00	Х						0	0	0	
RITA WATTS , VICE CHAIRMAN	4 00	Х		Х				0	0	0	
DALE ZUDE , DIRECTOR	4 00	Х						0	0	0	
MARK G ROGERS , V P FINANCE/CFO	40 00			Х				0	281,332	23,103	
CHARLES BRUHN , PRESIDENT, GMC ILLINI	40 00				х			0	527,801	39,950	
JULIE MANAS , PRESIDENT, GMC DAVENPORT	40 00				Х			0	0	0	
ROBERT FRIEDEN , V P INFORMATION SERVICE	40 00				х			0	319,968	28,773	
JUDITH PRANGER, V P PATIENT SERVICES	40 00				Х			0	168,032	54,166	
FLORENCE SPYROW, V P OUTPATIENT SERVICES	40 00				Х			0	0	0	
ROBERT TRAVIS, V P STRATEGIC DEVELOPME	40 00					Х		0	417,606	45,468	
DR JAMES LEHMAN , V P QUALITY	40 00					Х		0	378,894	63,291	
DR FRANK CLAUDY , V P MEDICAL STAFF AFFAI	40 00					Х		0	354,670	42,872	
JERRY MCCORMICK , V P HUMAN RESOURCES	40 00					х		0	303,447	56,758	
JUDITH MONDELLO , V P LEGAL AFFAIRS	40 00					х		0	272,535	19,118	

Form 990, Part VII - Section Aaa

Porini 990, Part VII - Section Ada									
		Posi t	(C tion (hat a	chec	I				(F)
(A) Name and Title	(B) Average hours per week	Highest compensated employee Key employee Officer Institutional Trustee or Director		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
LEO BRESSANELLI , FORMER PRESIDENT/CEO GHS	1 00					х	0	2,351,575	167,443
CAROLE REID , FORMER V P PATIENT SERV	1 00					х	0	75,610	82,661
ROGER BRANNAN , ADMINISTRATOR, SENIOR SE	40 00					х	0	117,821	12,415
DR ROBERT NELSON , V P CLINICAL SERVICES	40 00					х	0	229,575	24,669
MIKE SHARP , V P SUPPORT SERVICES	40 00					х	0	167,740	42,029
DR MICHAEL GIMBEL , PHYSICIAN	40 00					Х	0	122,227	18,784

Part VII Continued

		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					\vdash		$\vdash \vdash$			
			1		\vdash		\vdash			
1b Total							 		6,733,721	683,211

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►12

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
EMERGENCY CARE AND HEALTH 555 WEST COURT STREET STE 410 KANKAKEE, IL 60901	EMERGENCY PHYSICIAN CARE	2,785,505
CHG MEDICAL STAFFING PO BOX 972670 DALLAS, TX 75397	CONTRACTED MEDICAL STAFF	748,024
COGENT HEALTHCARE INC PO BOX 974451 DALLAS, TX 75397	HOSPITALISTS (CONTRACTED MEDICAL STAFF)	589,280
TOBIN AND ASSOCIATES 8233 HOWE INDUSTRIAL PARKWAY CANAL WINCHESTER, OH 43110	CONTRACTED MANAGEMENT STAFF	296,449
QUEST DIAGNOSTICS PO BOX 740709 ATLANTA, GA 30374	LAB DIAGNOSTICS	292,743
2 Total number of independent contractors (including those in 1 from the organization	· · · · · · · · · · · · · · · · · · ·	17

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	а				
nt st	b	Membership dues					
Contributions, gifts, grants and other similar amounts	С	Fundraising events					
<u>#</u> _₹	d	Related organizations10	9,055				
μ Mig.	e	Government grants (contributions) 1e	:				
butío ther	f	All other contributions, gifts, grants, and similar amounts not included above					
E G	g	Noncash contributions included in	۱				
ပ္မ		lines 1a-1f \$8,845		9,055			
	h	Total (Add lines 1a-1f)	<u> </u>				
9	_		Business Code				
nua	2a	Professional Services	900,099	133,526,167	133,526,167		
₽e	Ь	Nursing Services	900,099	22,899,204	22,899,204		
93	c	Ancıllary REVENUE	621,500	22,590,685	22,361,426		
E. E.	d	RESIDENT REVENUE	623,000	1,231,353	1,231,353		
S =	e	Contracts W/Affiliates	900,099	370,533	370,533		
Program Serwce Revenue	f	All other program service revenue		90	90		
Ξ	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other sımılar amounts)	[105,815			105,815
	4	Income from investment of tax-exempt t	oond proceeds				
	5	Royaltina	▶				
	5	Royalties	(II) Personal				
	6a	Gross Rents 610,447					
	ь	Less rental 590,079					
	С	expenses Rental income 20,368					
	d	or (loss) Net rental income or (loss)		20,368			20,368
	7a	(i) Securities Gross amount from sales of	(II) O ther				
	ь	assets other than inventory Less cost or other basis and					
		sales expenses					
	c d	Gain or (loss) Net gain or (loss)					
	8a	Gross income from fundraising	· •				
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000 a	,				
<u> </u>	b	Less direct expensesb					
₹	С	Net income or (loss) from fundrais	sing events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
		a	.				
	ь	Less direct expensesb)				
	С	Net income or (loss) from gaming	activities •				
	10a	Gross sales of inventory, less returns and allowances .	205,771				
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales of	1	84,257			84,257
		Miscellaneous Revenue	Business Code				
	11a	A mbulance	621,910	912,446	912,446		
	ь	OTHER SERVICES	900,099	844,923	844,923		
	С	Education	624,100	232,855	232,855		
	d	All other revenue		522,319	522,319		
	e	Total. Add lines 11a-11d	# 2 F1 2 F4 2				
	12	Total Revenue. Add lines 1h, 2g,	\$ 2,512,543 3, 4, 5, 6d, 7d,	183,350,070	182,901,316	229,259	210,440
		8c, 9c, 10c, and 11e					

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u>, </u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Professional Services	900,099	133,526,167	133,526,167		
b Nursing Services	900,099	22,899,204	22,899,204		
c Ancillary REVENUE	621,500	22,590,685	22,361,426	229,259	
d RESIDENT REVENUE	623,000	1,231,353	1,231,353		
e Contracts W/Affiliates	900,099	370,533	370,533		

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	405,284	405,284		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	485,840		485,840	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	24,885,721	24,885,721		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,194,054	1,194,054		
9	Other employee benefits	3,001,390	3,001,390		
10	Payroll taxes	1,827,301	1,827,301		
11	Fees for services (non-employees)				
а	Management	4,919,167	4,194,485	724,682	
b	Legal	27,015		27,015	
c	Accounting				
d	Lobbying	34,619		34,619	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	40,224		40,224	
g	Other	2,348,382	2,319,296	29,086	
12	Advertising and promotion	27,809	17,227	10,582	
13	Office expenses	8,395,591	8,366,512	29,079	
14	Information technology	2,221,787		2,221,787	
15	Royalties				
16	Occupancy	3,082,745	3,006,114	76,631	
17	Travel	103,655	102,382	1,273	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		-		
19	Conferences, conventions and meetings	74,600	69,514	5,086	
20	Interest	1,315,277	1,315,277		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,639,222	3,639,222		
23	Insurance	1,253,248	1,253,248		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTUALS	90,831,071	90,831,071		
ь	CORPORATE OVERHEAD ALLO	9,600,435		9,600,435	
с	PROVISION FOR BAD DEBT	6,849,820	6,849,820		
d	PATIENT SUPPLY COST OF	5,944,166	5,944,166		
e	MISCELLA NOUS EXPENSE	4,556,834	3,423,537	1,133,297	
f	All other expenses	3,156,531	3,156,531		
25	Total functional expenses. Add lines 1 through 24f	180,221,788	165,802,152	14,419,636	0
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,	- 1, 12, 150	v

	Part X	Balance	Sheet
--	--------	---------	-------

					(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing			274,030	1	Liid 0	26,824
	2	Savings and temporary cash investments			10,984,139	2	1	4,958,023
	3	Pledges and grants receivable, net			, ,	3		
	4	Accounts receivable, net			15,540,695	4	1	4,942,335
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	, key			5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			1,823,433	8		1,905,248
2	9	Prepaid expenses and deferred charges			363,040	9		375,832
Assets	10a	Land, buildings, and equipment cost basis	10a	93,029,858				
*	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	55,567,856		10c	3	37,462,002
	11	Investments—publicly traded securities			659,507	11		663,098
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of	1,796,007	12		1,858,627
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.	art VII	I		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			262,025	15		134,314
	16	Total assets. Add lines 1 through 15 (must equal line 34)			70,072,565	16	7	2,326,303
	17	Accounts payable and accrued expenses .			4,407,092	17		4,258,731
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			11,385,792	23	2	20,803,725
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			14,239,021	25		4,643,597
	26	Total liabilities. Add lines 17 through 25			30,031,905	26	2	9,706,053
s e o		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	lete li	nes 27				
<u>an</u>	27	Unrestricted net assets			39,449,065	27		1,925,864
Balance	28	Temporarily restricted net assets			569,595	28		672,386
돧	29	Permanently restricted net assets			22,000	29		22,000
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plet e				
ŏ		lines 30 through 34.				-		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds		10.0.10.00	32		10.000.55
Net	33	Total net assets or fund balances			40,040,660	33		2,620,250
	34	Total liabilities and net assets/fund balances			70,072,565	34	7	2,326,303
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

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As Filed Data -

DLN: 93493046023090

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Genesis	Healt	th System										
Б-		.	f. D. L.I. 6		1.1	L - II -			-3616314			
Par				harity Status (to be co					Instruct	ions)		
	rgania		•	ation because it is (Please					/ A			
1	_	•		urches, or association of ch			Section	L/U(B)(1)((A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	•	•	e hospital service organizati			-		• •		•	
4	ı		-	zation operated in conjuncti	on with a l	hospital de	escribed ii	n Section	170(Ь)(1)	(A)(iii). E	nter the	
	_		name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	ribed in	
	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	1	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	ral public	
	_	described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	<u></u>		•	ed in Section 170(b)(1)(A)		•	-					
9	ı	_		ally receives (1) more than					•			S S
		•		ated to its exempt functions	-		·	, ,				
			-	estment income and unrelate			,			() from bu	sinesses	
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	<u></u>	=	=	and operated exclusively to	-		•				-	
11	ı	_	-	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	U9(a)(3).	Спеск
		a T				- Function			d	Гтуре	III - Oth	ner
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mor	e disquali	fied perso	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın section	1509(a)(:	1) or
		section 50										
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r i ype iii	supportin	ig organiz	ation,
g				as the organization accepted	d any gift	or contribi	ution from	any of the	<u> </u>			'
		following pe			, ,			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
							ı		ı		1	
		ame of	(ii) EIN	(iii) Type of organization		s the	l	ou notify	l	s the	(vii) Am	
		oorted nization		(described on lines 1-9 above or IRC section		ation in Iisted in	_	nızatıon) of your		ation in rganized	supp	OIL
_				(See Instructions))		verning	•	ort?		US?		
					docur	ment?						
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 							
b	33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)				
Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

	ection 501(c)(4), (5), or (6) organi	zations complete Part III		.			
	me of the organization nesis Health System			Employer ider	ntification number		
	·				36-3616314		
ar		by all organizations exempt e the instructions for Schedule		n 501(c) and section	527		
1	Provide a description of the or	ganization's direct and indirect poli	tıcal campaıgn act	civities in Part IV			
2	Political expenditures				\$		
3	Volunteer hours						
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	j	\$		
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	-7	┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
Ь	If "Yes," describe in Part IV						
Par		by all organizations exempt for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities	\$		
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	uted to other orga	nızatıons for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Enter the amount political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filinged to a separate po	g organization's own interna olitical organization, such a	al funds or were is a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -		

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 form 1 in the file form 1 in the file form 1 in the file form 2 in the file form 3 in the file form 4 7 2 0 reported the file file file file file file file fil	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line g is more than line c If there is an amount other than zero on either line 1 in or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
с	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		0
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,726
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		30,893
j	Total lines 1c through			34,619
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
2	+ TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501/c	\(5) or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1:

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanat ion
Part II-B, Line 11	Explanation of Other Lobbying Activities	37% OF MEMBERSHIP DUES TO THE ILLINOIS HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES, OR \$24,972 26 3% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES, OR \$5,921
Part IV, Supplemental Information		PART II-B, LINE 1(D), MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC EXECUTIVES OF GENESIS HEALTH SYSTEM - ILLINOIS ARE ENCOURAGED TO PARTICIPATE IN THE ILLINOIS HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS" THE EXECUTIVES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS, WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS THROUGH AN E-MAIL FORMAT THERE IS NO DIRECT COST TO GENESIS HEALTH SYSTEM - ILLINOIS REGARDING THIS ACTIVITY

1 \$

5 \$

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493046023090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Inte

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

Schedule D (Form 990) 2008

nai Revenue Service				Tilsbect	.1011			
ame of the organization enesis Health System			Employer identification	ation numbe	er			
			36-3616314					
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate Grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and denor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes and not for the benefit of the donor or donors advisor or other imparmissible purposes of conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) Preservation of open space Complete lines 2a-2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements included in (c.) ac								
organization answers	103 (0 101111)	T '	(b) Funds and	other accou	nts			
Total number at end of year								
Aggregate Contributions to (du	ırıng year)							
Aggregate Grants from (durıng	year)							
Aggregate value at end of year								
			or advised	☐ Yes	┌ No			
used only for charitable purpos	ses and not for the ben		may be	☐ Yes	∏ No			
art II Conservation Ease	ements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part I'	V, line 7.				
Preservation of land for pu	ublic use (e g , recreati	ion or pleasure) Preservation of an I	·	·	a			
Preservation of open spac	e							
•	-	ified conservation contribution in the form o	of a conservation ea	sement				
on the last day of the tax year			Hold at	the End of	the Ver			
Total number of conservation	. ancamanta			. the Lilu of	the rea			
-								
	` ,	•	L					
	nents modified, transfe	erred, released, extinguished, or terminated	l by the organization	during				
the taxable year ►								
Number of states where proper	rty subject to conserva	ation easement is located ►						
-		=	tions, and	☐ Yes	┌ No			
Staff or volunteer hours devote	ed to monitoring, inspe	cting and enforcing easements during the	year ►					
A mount of expenses incurred i	ın monitoring, inspectir	ng, and enforcing easements during the yea	ar ► \$					
		2 (d) above satisfy the requirements of sect	ion	☐ Yes	┌ No			
balance sheet, and include, if a	applicable, the text of t	the footnote to the organization's financial :						
			or Other Similar	Assets.				
art, historical treasures, or oth	ner sımılar assets held	for public exhibition, education or research	h ın furtherance of pı		2,			
historical treasures, or other s	imilar assets held for p	public exhibition, education, or research in						
(i) Revenues included in Form	990, Part VIII, line 1		► \$					
(ii) Assets included in Form 99	90, Part X		► \$					
	held works of art, histo	orical treasures, or other similar assets for S 116 relating to these items	- 4	ıde the				
Revenues included in Form 99	0, Part VIII. line 1		- \$					
	,							
(i) Revenues included in Form (ii) Assets included in Form 99 If the organization received or	990, Part VIII, line 1 90, Part X held works of art, histo be reported under SFAS 0, Part VIII, line 1	orıcal treasures, or other sımılar assets for	►\$ r financial gain, provi	ide the				

Cat No 52283D

Part	1	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u>	ures, or Oth	<u>er Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that a	are a significant	use of its co	llection	ı	
а	Γ	Public exhibition		d	Γ	Loan or ex	change program	S			
b	T :	Scholarly research		e	Γ	Other					
С	_ ı	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	ollections and explair	n how	v the y	further the	organization's e	xempt purpo	se in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					janization ansv	wered "Yes	" to Fo	orm 99	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	lary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table					_			
									A mou	nt	
С	Begi	nnıng balance					1c				
d	Addı	itions during the year					1d	1			
е	Dıst	ributions during the year					1e	1			
f	Endı	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	,								
Pai	t V	Endowment Funds. Complete									
1_	Pogu	nning of year balance	(a)Current Year 5,224,450	(b)) Prior	Year (c)	Two Years Back (d	Three Years B	ack (e)Four Ye	ars Back
1a L		nning of year balance	30,636								
b		stment earnings or losses	-243,446								
c d		its or scholarships	900								
e		er expenditures for facilities									
		programs									
f	Adm	inistrative expenses									
g	End	of year balance	5,010,740								
2	Prov	ide the estimated percentage of the yea	r end balance held as	;							
а	Boar	d designated or quasi-endowment 🕨	63 000 %								
ь	Perm	nanent endowment 🕨 37 000 %									
С		n endowment 🕨 0 %									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered fo	r the			
		nization by						-		Yes	No
	(i) uı	nrelated organizations			•				3a(i)		No
		elated organizations							3a(ii)		N o
ь 4		es" to 3a(II), are the related organization ribe in Part XIV the intended uses of th	·					[3b	Yes	
	t VI						Part X line 10				
rai	C VI	Description of investment	s, and Equipmen	<u>t. J</u>	(a)	Cost or other (investment)	(b)Cost or other		ation	(d) Boo	ok value
1- 1	and.				, , , , , , , , , , , , , , , , , , ,			<u> </u>	-+	494,992	
	.anu Buildir						494,992 51,483,828	_	7 676	24	
		ngs					16,77	-	7,676 3,895	26	12,87
		ment		•			36,710,653		- +		
				•	 		4,323,614	+	6,469		7,500,837 2,957,145
е (uner		<u> </u>				4,323,614	† 1,36	0,409		<u> </u>

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri			(b) Book value
Total (Column (h) should equal Form 000, Part V and (D) line	15)		
Part X Other Liabilities. See Form 990, Part X, col.(B) line			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO AFFILIATES	1,561,967		
THIRD PARTY PAYOR SETTLEMENTS	2,056,891		
ACCRUED INS TRUST LOSSES	1,024,739		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,643,597		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par		er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5		5	
Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements		Г	Return
		1	
_		1 1	
		1	
		1	
e		2e	
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а			
ь		1	
c		4c	
5		5	
Par			
Con	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt XIV,	lines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V. line 4. Part X. Part XI. line 8. Part XII. lines 2d and 4b. and Part XIII. lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
art V, Line 4	Description of Intended Use of Endowment Funds	GENESIS HEALTH SERVICES FOUNDATION AND ILLINI HOSPITAL FOUNDATION, BOTH RELATED ORGANIZATIONS, HOLD THE ENDOWMENT FUNDS THE INTENDED USE OF THE FOUNDATIONS' ENDOWMENT FUNDS ARE AS FOLLOWS SCHOLARSHIPS FOR EDUCATION IN THE MEDICAL FIELD, CHARITY CARE FOR THE INDIGENT AND VNA, HOSPICE HOUSE, DIABETES CARE, EMPLOYEE ASSISTANCE, AND PEDIATRIC HOSPICE
art X	Description of Uncertain Tax Positions Under FIN 48	The System adopted the provisions of FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes, on July 1, 2007 GHS Iowa, GHS Illinois, the Genesis Foundation, the Illini Foundation and the Workers' Compensation Trust all file a Form 990 (Return of Organization Exempt from Income Tax) annually When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained Examples of tax positions common to health systems include such matters as the following the tax exempt status of each entity, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income Unrelated business taxable income is reported on Form 990T, as appropriate The benefit of a tax position is recognized in the combined financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any Tax positions are not offset or aggregated with other positions Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying combined balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. The cumulative effect of adopting FIN 48 resulted in an increas to the System's liability for uncertain tax positions of \$355,000 and a reduction of \$355,000

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DLN: 93493046023090

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
Gen	iesis Health System					36-361631	4
P		rmation on Ac 990, Part IV, lır		de the United States	s. Complete		
1		•		ecords to substantiate	the amount	of the grant	s or
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistai	nce					┌ Yes ┌ No
2	For grant makers. Descr United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsic	le the
3	Activites per Region (U	Jse Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
	NTRAL AMERICA AND E CARIBBEAN			INVESTMENTS			
		+	+	ļ			1

Totals ▶

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 36-3616314

Name: Genesis Health System

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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DLN: 93493046023090

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization Genesis Health System

Employer identification number

Рa	rt I Charity Care and	l Certain O	ther Com	munity Benefits a		- 3616314 r 2008)			
					c cocc (operana, ro.	2000)		Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6			1a		
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multip care policy to the various hos		ındıcate whic	ch of the following best	describes application	of the charity			
	A pplied uniformly to all ho Generally tailored to indiv	ospitals vidual hospita	ls	Applied uniformly	y to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe income individuals? If "Yes,"	•		` '			3a		
	Г 100%	Γ2	00%	┌ O ther	%_				
b	Does the organization use FP "Yes," indicate which of the fo						3ь		
	□ 200% □ 250%	Г 300	% Г	350% Г 400	0%	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ide in the description v	hether the organizatio				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budget	amounts for	free or disco	unted care provided ur	nder its charity care po	olicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule F	Instructions Do not s	submit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Perc total ex	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unrembursed costs—other means-tested government programs (from worksheet 3, column b)								_
d	Total Charity Care and Means-Tested Programs .								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k '	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional) Number of ctivities or programs (b) Persons served building expense (c) Total community				(d) Direct offsetting revenue		nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
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							_				
6											
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12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008) ER-24 hours Children's hospital Research facility General medical & Teaching hospital Licensed hospita Critical access hospital Name and address Other (Describe) (surgical GENESIS MEDICAL CENTER - ILLINI 801 ILLINI DRIVE Х Χ Х SILVIS,IL 61282 ILLINI RESTORATIVE CARE L-T INTERMEDIATE, NSG, & 1455 ILLINI DRIVE SHELTERED CARE SILVIS,IL 61282 CROSSTOWN SQUARE INDEPENDENT LIVING 900 CROSSTOWN SQUARE FACILITY SILVIS,IL 61282 ILLINI - BUILDING #3 OUTPATIENT DIAGNOSTIC **1414 10TH STREET** CLINIC SILVIS,IL 61282 PHYSICAL THERAPY CLINIC KING PLAZA OUTPATIENT PHYSICAL 3620 AVENUE OF THE CITIES THERAPY CLINIC MOLINE, IL 61265 ILLINI LARSON CENTER 855 ILLINI DRIVE I/P PHARMACY & O/P LAB SILVIS,IL 61282

Part VI Supplemental Information (Optional for 2008)		
Со	Complete this part to provide the following information	on
1	1 Provide the description required for Part I, line 3	c , Part I , line 7 , Part III , line 4 , Part III , line 8 , and Part III , line 9b
_		
_		
	_	
_		
_		
_		
_		
_		
2	2 Needs Assessment. Describe how the organization	n assesses the health care needs of the communities it serves
_		
3		escribe how the organization informs and educates patients and persons who may be sistance under federal, state, or local government programs or under the organization's
_		
_		
4	constituents it serves	y the organization serves, taking into account the geographic area and demographic
_		
5	5 Community Building Activities. Describe how the of the communities the organization serves	organization's community building activities, as reported in Part II, promote the health
_		
6		ibing how the organization's hospitals or other health care facilities further its exempt by (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7	7 If the organization is part of an affiliated health of promoting the health of the communites served	are system, describe the respective roles of the organization and its affiliates in
_		
8	8 If applicable, identify all states with which the or	ganization, or a related organization, files a community benefit report

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493046023090

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer ident	ification number
Genesis Health System						36-3616314	
Part I General Inform	nation on Gran	ts and Assistance					
 Does the organization man the selection criteria used Describe in Part IV the or 	d to award the grant	ts or assistance?					. Ves N
Part II Grants and Oth Form 990, Part I Part IV and Sche	ner Assistance V, line 21 for an edule I-1 if additi	to Governments a y recipient that rece ional space is	nd Organizations	in the United Stat 00. Check this box		organization answere ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINI HOSPITAL FOUNDATION801 ILLINI DRIVE SILVIS,IL 61282	36-6208583	501(C)(3)	100,580				MEDICAL STAFF CONTRIBUTIONS TO SUPPORT THE HOSPITAL STAFF BY PROVIDING SCHOLARSHIPS TO STAFF AND PURCHASING EQUIPMENT
BIRDIES FOR CHARITY 15623 COALTOWN ROAD EAST MOLINE,IL 61244	93-1332421	501(C)(3)	5,000				GENERAL SUPPORT TO BE DISTRIBUTED LOCALLY
HOSPITAL SISTERS MISSION OUTREACH4930 LAVERNA ROAD SPRINGFIELD,IL 62705	35-2271729	501(C)(3)		7,943	FAIR MARKET VALUE	OUTDATED MEDICAL SUPPLIES	GENERAL SUPPORT
GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	7,500				SCHOLARSHIPS FOR NURSING EDUCATION
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST1227 EAST RUSHOLME STREET DAVENPORT, IA 52803	39-1905171	501(C)(3)	267,642				CLAIM PAYMENTS
2 Enter total number of sect	ion 501(c)(3) and	government		_			5

Enter total number of other organizations

	· /						
Part III	Grants and Othe	r Assistance to Indivi	duals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 22.
	Use Schedule I-1 ((Form 990) if additional s	pace is needed.	-			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 THE GENESIS HEALTH SYSTEM - ILLINOIS STAFF REQUIRES RECEIPTS AND OTHER DOCUMENTATION PRIOR TO RELEASING FUNDS FOR PROJECTS AND SERVICES WITHIN THE SCOPE OF THE ORGANIZATION'S MISSION PROPER AUTHORIZATION OF GRANT REQUESTS IS ALSO REQUIRED STAFF FOLLOWS THE ORGANIZATION'S FUNDING ADMINISTRATIVE POLICY TO ENSURE THAT GRANTS ARE BEING APPROVED AND UTILIZED CORRECTLY

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DLN: 93493046023090

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization
Genesis Health System

36-3616314

Part I Questions Regarding Compensation

			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	J	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR JAMES BULL	(1) (11)	170,767		38,208	12,561	16,699	238,235	
DOUGLAS P CROPPER	(ı) (ıı)		71,577	42,283	2,300	12,812	526,635	,
MARK G ROGERS	(ı) (ıı)		49,211	. 48,790	10,150	12,953	304,435	,
CHARLES BRUHN	(ı) (ıı)	196,867	63,715	267,219	20,151	19,799	567,751	
ROBERT FRIEDEN	(ı) (ıı)		40,665	63,553	12,273	16,500	348,741	
JUDITH PRANGER	(ı) (ıı)		64,645	20,369	43,927	10,239	222,198	,
ROBERT TRAVIS	(ı) (ıı)		64,368	138,876	31,854	13,614	463,074	
DR JAMES LEHMAN	(ı) (ıı)		40,665	85,654	50,436	12,855	442,185	,
DR FRANK CLAUDY	(ı) (ıı)	250,861	31,857	71,952	25,350	17,522	397,542	
JERRY MCCORMICK	(ı) (ıı)		38,673	147,809	47,679	9,079	360,205	,
JUDITH MONDELLO	(ı) (ıı)		38,672	2 37,525	9,200	9,918	3 291,653	,
LEO BRESSANELLI	(ı) (ıı)	111,051	246,670	1,993,854	157,189	10,254	2,519,018	,
ROGER BRANNAN	(ı) (ıı)	78,320		39,501	4,149	8,266	130,236	,
DR ROBERT NELSON	(ı) (ıı)	166,708	26,099	36,768	10,870	13,799	254,244	,
MIKE SHARP	(ı) (ıı)		23,255	15,910	27,305	14,724	209,769	,
DR MICHAEL GIMBEL	(ı) (ıı)	103,200		19,027	8,409	10,375	5 141,011	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	SEPARATE COMPENSATION LEO BRESSANELLI - \$2,050,492 PART I, LINE 4B THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN SPONSORED BY GENESIS HEALTH SYSTEM - IOWA, A RELATED ORGANIZATION, AND RECEIVED A DISTRIBUTION IN 2008 JERRY MCCORMICK - \$66,923 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2008 SPONSORED BY GENESIS HEALTH SYSTEM - IOWA, A RELATED ORGANIZATION CHARLES E BRUHN - \$128,065, DR FRANK R CLAUDY - \$34,780, ROBERT W FRIEDEN - \$32,435, DR JAMES A LEHMAN - \$33,447, AND ROBERT C TRAVIS - \$60,697 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY THE GENESIS HEALTH SYSTEM - IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2008
Supplemental Information	Part III	PART I, LINE 3 GENESIS HEALTH SYSTEM - ILLINOIS RELIES ON GENESIS HEALTH SYSTEM - IOWA TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS, AND KEY EMPLOYEES GENESIS HEALTH SYSTEM - IOWA UTILIZES A COMPENSATION COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE TO DETERMINE SUCH COMPENSATION
-		

Software ID: Software Version:

EIN: 36-3616314

Name: Genesis Health System

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

rom 550, Senedule 3, Pare 1								(E) Companyation
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DR JAMES BULL	(ı) (ıı)	170,767		38,208	12,561	16,699	238,235	
DOUGLAS P CROPPER	(ı) (ıı)	397,663	71,577	42,283	2,300	12,812	526,635	
MARK G ROGERS	(1) (11)	183,331	49,211	48,790	10,150	12,953	304,435	
CHARLES BRUHN	(ı) (ıı)	196,867	63,715	267,219	20,151	19,799	567,751	
ROBERT FRIEDEN	(ı) (ıı)	215,750	40,665	63,553	12,273	16,500	348,741	
JUDITH PRANGER	(ı) (ıı)	83,018	64,645	20,369	43,927	10,239	222,198	
ROBERT TRAVIS	(1) (11)	214,362	64,368	138,876	31,854	13,614	463,074	
DR JAMES LEHMAN	(ı) (ıı)	252,575	40,665	85,654	50,436	12,855	442,185	
DR FRANK CLAUDY	(ı) (ıı)	250,861	31,857	71,952	25,350	17,522	397,542	
JERRY MCCORMICK	(ı) (ıı)	116,965	38,673	147,809	47,679	9,079	360,205	
JUDITH MONDELLO	(ı) (ıı)	196,338	38,672	37,525	9,200	9,918	291,653	
LEO BRESSANELLI	(ı) (ıı)	111,051	246,670	1,993,854	157,189	10,254	2,519,018	
RO GER BRANNAN	(1) (11)	78,320		39,501	4,149	8,266	130,236	
DR ROBERT NELSON	(ı) (ıı)	166,708	26,099	36,768	10,870	13,799	254,244	
MIKE SHARP	(ı) (ıı)	128,575	23,255	15,910	27,305	14,724	209,769	
DR MICHAEL GIMBEL	(ı) (ıı)	103,200		19,027	8,409	10,375	141,011	

DLN: 93493046023090

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization Genesis Health System Employer identification number

36-3616314

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE FOLLOWING CHANGE WAS MADE TO THE ORGANIZATION'S BYLAWS THE NUMBER OF VOTING MEMBERS WAS INCREASED FROM 17 TO 19

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		INTERNAL MANAGEMENT REVIEW IS COMPLETED OF THE COMPILED INFORMATION PRIOR TO PREPARATION AND REVIEW BY RSM MCGLADREY, INC FOLLOWING RSM MCGLADREY, INC 'S PREPARATION AND REVIEW OF THE FORM 990, IT IS REVIEWED WITH THE ORGANIZATION'S VICE PRESIDENT, HUMAN RESOURCES, VICE PRESIDENT, LEGAL AFFAIRS, AND VICE PRESIDENT, FINANCE/CFO THE FORM 990 IS THEN REVIEWED AT A JOINT MEETING OF THE ORGANIZATION'S FINANCE COMMITTEE AND AUDIT & COMPLIANCE COMMITTEE PRIOR TO SUBMITTING THE FORM 990 TO THE IRS, IT IS E-MAILED TO THE ORGANIZATION'S BOARD OF DIRECTORS ONE WEEK IN ADVANCE OF A SCHEDULED MEETING AT THE BOARD OF DIRECTORS MEETING, INTERNAL MANAGEMENT REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS SUGGESTED CHANGES FROM ALL OF THESE REVIEWS ARE CONSIDERED FOR INCLUSION IN THE FINAL FORM 990 SUBMITTED TO THE IRS

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		EACH EXECUTIVE POSITION IS EVALUATED USING A FORMAL EVALUATION PLAN THAT IS ESTABLISHED BY AN OUTSIDE CONSULTANT AT THE PRESENT TIME, THE CONSULTANT USES A POINT SYSTEM FOR JOB EVALUATION THE POINT VALUES ARE BASED ON "KNOW HOW", "PROBLEM SOLVING", "ACCOUNTABILITY", AND OTHER JOB ATTRIBUTES SPECIFIC TO THE POSITION ONCE THE POINT VALUE IS SET FOR A POSITION, MARKET COMPARISONS FOR JOBS WITH THE SAME ORGANIZATIONAL IMPACT CAN BE COMPARED FOR SALARY PURPOSES AND ESTABLISH PAY RANGES THE DESIGN OF THE PAY RANGES FOR EXECUTIVES IS BASED ON MARKET DATA THE MIDPOINT OF EACH PAY RANGE IS ESTABLISHED AT THE 50TH PERCENTILE OF THE MARKET COMPARISONS A MINIMUM GUIDELINE IS ESTABLISED AT THE 25TH PERCENTILE, AND A MAXIMUM GUIDELINE IS SET AT THE 75TH PERCENTILE SPECIFIC PAY RATES FOR EXECUTIVES ARE SUBJECT TO CEO AND COMPENSATION COMMITTEE AND THE GHS BOARD OF DIRECTORS APPROVAL PAY RANGES ARE REVIEWED EACH YEAR TO DETERMINE THE NEED FOR REVISION WHEN MARKET CONDITIONS SUGGEST AN ADJUSTMENT TO PAY RANGES, DATA WILL BE PRESENTED TO THE COMPENSATION COMMITTEE FOR ITS REVIEW THE SPECIFIC PAY RANGES ARE SUBJECT TO CEO, COMPENSATION COMMITTEE, AND GENESIS HEALTH SYSTEM (GHS) BOARD OF DIRECTOR APPROVAL THE PRESIDENT AND CEO HAS THE AUTHORITY AND RESPONSIBILITY TO ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE AND THE GHS BOARD OF DIRECTORS, THE BASE COMPENSATION OF EACH EXECUTIVE EMPLOYED BY GHS, AT APPROPRIATE TIMES THE GHS BOARD OF DIRECTORS SHALL ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE AND THE GAS THE AUSTON OF EACH EXECUTIVE EMPLOYED BY GHS, AT APPROPRIATE TIMES THE GORD SHALL SHALL ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE, THE BASE COMPENSATION FOR THE CEO OF GHS, AT APPROPRIATE TIMES THE COMPENSATION COMMITTEE, THE BASE COMPENSATION FOR THE CEO OF GHS, AT APPROPRIATE TIMES THE LAST TIME THIS PROCESS WAS UNDERTAKEN WAS JANUARY 2008 IN 2009 THE GHS COMPENSATION COMMITTEE MET, AND THE CEO AND EXECUTIVE MANAGEMENT OPTED T

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation						
FORM 990 PART XI, LINE 2B		GENESIS HEALTH SYSTEM - ILLINOIS'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT AUDITOR AND ARE PART OF A CONSOLIDATED AUDIT REPORT						

ldentifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A		Genesis Health System, ElN 42-1418847, and Genesis Health System, ElN 36-3616314 have identical governing boards and an identical executive management team. The hours reported on Form 990, Part VII, Section A, column (B) represents the number of hours these individuals devote to both organizations. Furthermore, the amounts reported as reportable compensation for the officers, key employees, and highly compensated employees, unless otherwise noted elsewhere in Schedule O, are for services rendered on behalf of both organizations. It would be administratively impracticable for members of the governing board and the executive team to breakout their hours devoted as well as their reportable compensation between each organization. All reportable compensation, unless otherwise noted in Schedule O, is paid by Genesis Health System, ElN 42-1418847.

Sc hedule O (Form 990) 2008

DLN: 93493046023090

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

39-1905171

1204 EAST HIGH STREET

DAVENPORT, IA52803 42-1186903

DAVENPORT HOSPITAL AMBULANCE CORP

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service

Name of the organization
Genesis Health System

Employer identification number

36-3616314

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organi	zations				
(A) Name address and EIN of related organization	(B)	(C)	(ctate Exempt (Code (E)	(F)

Part II Identification of Related Tax-Exempt Organizations								
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity			
GENESIS HEALTH SYSTEM - IOWA								
1227 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1418847	HEALTHCARE	IA	501(C)(3)	3	N/A			
GENESIS HEALTH SERVICES FOUNDATION					GENESIS HEALTH			
1227 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1421670	CHARITY	IA	501(C)(3)	7	SYSTEM 42-1418847			
ILLINI HOSPITAL FOUNDATION								
801 ILLINI DRIVE SILVIS, IL61282 36-6208583	CHARITY	IL	501(C)(3)	11/TYPE1	N/A			
GENESIS HEALTH SYSTEM WORKERS COMPENSATION PLAN & TRUST					GENESIS HEALTH			
1227 EAST RUSHOLME STREET DAVENPORT, IA52803	EMPLOYEE/BENEFIT/TRUST	IA	501(C)(3)	11/TYPE1	SYSTEM 42-1418847			

AMBULANCE TRANSFERS

501(C)(3)

11/TYPE1

gENESIS HEALTH

SYSTEM 42-1418847

Part III Identification of Related Organizations Taxable as a Partnership

				-							
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene man	J) eral or aging tner?
							Yes	No	1	Yes	No
GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA52722 56-2315623	AMBULATORY SURGERY CENTER	IA	GENESIS HEALTH SYSTEM 42- 1418847	RELATED	2,303,813	126,353		No			No
	OUTPATIENT SURGICAL CENTER	IA	GENESIS HEALTH SYSTEM 42- 1418847	RELATED	1,120,562	2,680,048		No			No
LARSON CENTER PARTNERSHIP LLC 801 ILLINI DRIVE SILVIS, IL61282 36-3738454	PROPERTY MANAGEMENT	IL	N/A	RELATED	471,963	-467,718		No		Yes	
DAVENPORT SRS LEASING LLC 1227 EAST RUSHOLME STREET DAVENPORT, IA52803 26-1655144	LEASING	IA	GENESIS HEALTH SYSTEM 42- 1418847	RELATED	-90,298	-3,178,739		No			No
INTEGRATED HEALTH PARTNERS LLC 2550 MIDDLE ROAD STE 601 BETTENDORF, IA52722 42-1513293	MEDICAL SERVICES	IA	GENESIS HEALTH SYSTEM 42- 1418847	RELATED	136,842	853,211		No	70,421		No
ROCK VALLEY INDUSTRIAL THERAPY CENTER 4200 24TH AVENUE MOLINE, IL61265 36-3702989	HEALTHCARE	IL	N/A	RELATED	2,946			No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
GENVENTURES INC 1227 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1269171	SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	N/A	С	14,486,077	46,425,924	100 000 %
QUAD CITY HEART INSTITUTE 1236 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1504979	HEALTHCARE MANAGEMENT	IA	N/A	С			100 000 %
MISERICORDIA ASSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN CJ 98-0457943	OTHER FINANCIAL VEHICLE	CJ	N/A	С	3,984,987	21,688,447	100 000 %

(5)

(6)

Part V	Transactions with Related Organizations

F C	iransactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II	-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	tity		1a		No		
b	b Gift, grant, or capital contribution to other organization(s)							
c	Gift, grant, or capital contribution from other organization(s)			1c		No		
d	Loans or loan guarantees to or for other organization(s)			1 d		No		
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes			
k	Performance of services or membership or fundraising solicitations for other or	ganızatıon(s)		1k		No		
ı	Performance of services or membership or fundraising solicitations by other org	ganization(s)		11	Yes			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No		
n	Sharing of paid employees			1n	Yes			
0	Reimbursement paid to other organization for expenses			10	Yes			
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	O ther transfer of cash or property to other organization(s)			1 q		No		
r	O ther transfer of cash or property from other organization(s)			1r		No		
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relations	hips and transaction thresholds					
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved					
(1)		71 ()						
See								
Add Dat Tab								
(2)								
(3)								
(4)								
. ,								

Part VI Unrelated Organizations Taxable as a Partnership

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

									_		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	end-of-year allocations? arr c)(3) assets		(F) (Gisproprtionate locations? Code Viamount 20 of		(F) roprtionate cations? (G) Code V—UBI amount on Box 20 of K-1		(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No	
			•			•	•	Sabadula	D / Form	000) 2000	

(C)

A mount Involved

(B)

Transaction

Software ID: Software Version:

EIN: 36-3616314

Name: Genesis Health System

Form 990, Schedule R, Part V - Transactions with Related Organizations
(A)
Name of other organization

		type(a-r)	(\$)
(1)	GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	В	264,194
(2)	ILLINI HOSPITAL FOUNDATION	В	100,580
(3)	GENESIS HEALTH SYSTEM - IOWA	I	228,123
(4)	LARSON CENTER PARTNERSHIP LLC	ĵ	327,242
(5)	GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	L	130,125
(6)	ILLINI HOSPITAL FOUNDATION	N	90,150
(7)	GENESIS HEALTH SYSTEM - IOWA	0	89,663,161
(8)	GENVENTURES INC	0	220,786
(9)	MISERICORDIA ASSURANCE COMPANY LTD	0	690,551
(10)	GENESIS HEALTH SYSTEM - IOWA	Р	12,407,784
(11)	GENVENTURES INC	Р	292,945
(12)	ILLINI HOSPITAL FOUNDATION	Р	75,258
(13)	LARSON CENTER PARTNERSHIP LLC	Р	165,358