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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Genesis Health System	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 1227 E Rusholme	Room/suite
		City or town, state or country, and ZIP + 4 Davenport, IA 528032498	
		<b>F</b> Name and address of principal officer Mark G Rogers 1227 E Rusholme Davenport, IA 528032498	
<b>D</b> Employer identification number 42-1418847		<b>E</b> Telephone number (563) 421-6508	
<b>G</b> Gross receipts \$ 550,973,472			
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ www.genesishealth.com			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1994	<b>M</b> State of legal domicile IA







## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities GENESIS HEALTH SYSTEM EXISTS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED	
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 1
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 1
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 4,91
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 1,13
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 881,51
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> -28,80	

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	2,072,965	1,511,240
	9	Program service revenue (Part VIII, line 2g)	442,659,914	444,894,265
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,772,963	8,282,065
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,046,967	7,228,434
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	457,552,809	461,916,004
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,505,952	3,509,212
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	213,880,145	225,867,420
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangle^0$		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	227,376,640	216,334,185
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	442,762,737	445,710,817
	19	Revenue less expenses Subtract line 18 from line 12	14,790,072	16,205,187
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	483,818,744	520,487,697
	21	Total liabilities (Part X, line 26)	157,310,176	177,765,873
	22	Net assets or fund balances Subtract line 21 from line 20	326,508,568	342,721,824

<b>Part II</b>	<b>Signature Block</b>
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<div> <div>Sign Here</div> </div>	<div> <div>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</div> </div>	
	<div> <div>*****</div> </div>	<div> <div>2011-02-14</div> </div>
	<div> <div>Signature of officer</div> </div>	<div> <div>Date</div> </div>
	<div> <div>MARK G ROGERS VICE PRESIDENT, FINANCE/CFO</div> </div>	
	<div> <div>Type or print name and title</div> </div>	

<b>Paid Preparer's Use Only</b>	Preparer's signature  John J Romano	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	RSM McGladrey Inc 201 N Harrison Ste 300 Davenport, IA 528011999		
	EIN 	Phone no  (563) 888-4000		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

GENESIS HEALTH SYSTEM EXISTS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 290,293,472 including grants of \$ 3,404,799 ) (Revenue \$ 275,821,240 )

Genesis Health System is a health system located in Eastern Iowa, consisting of three hospitals, two based in Iowa Genesis Medical Center-Davenport, containing 502 licensed Acute Beds Statistics include 89,592 Patient Days, 22,056 Patient Discharges and 176,383 Out-patient Visits, Genesis Medical Center-DeWitt, containing licensed 13 Acute Beds and 77 Skilled Beds Statistics inCLude 1,670 Patient Days, 297 Patient Discharges, and 19,223 Outpatient Visits Genesis Health System also includes a Family Medicine Residency Program that continues to educate residents in the hospital setting

4b

(Code ) (Expenses \$ 100,886,646 including grants of \$ ) (Revenue \$ 149,840,723 )

Genesis Health Group, a physician group within Genesis Health System, consists of 42 clinics and 124 physicians encompassing a wide variety of specialties and family practice groups serving Iowa, Illinois and surrounding communities in Eastern Iowa and Western Illinois Statistics include total Practitioner Hours 194,873 and RVU's (Relative Value Units) 744,997

4c

(Code ) (Expenses \$ 23,535,361 including grants of \$ 104,413 ) (Revenue \$ 24,458,340 )

Genesis at Home VNA & Hospice, a visiting nurse and hospice care program within Genesis Health System, encompasses Home Health services including Physical Therapy, Occupational/Speech Therapy, Skilled Nursing and Medical Social Worker visits, and the Hospice House, which cares for terminally ill patients Statistics include Home Health visits 121,378 and Hospice/ Hospice House Days 46,510

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 75,033 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses➤\$ 414,790,512

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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 U S ? <i>If "Yes," complete Schedule F, Part II</i>	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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	345	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	4,917	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes
b If "Yes," enter the name of the foreign country: <span>CJ</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	17	
b	Enter the number of voting members that are independent . . .	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IA , IL
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 G Rogers 1227 E Rusholme Davenport, IA 528032498 (563) 421-6508

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

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

Form **990** (2009)



1b	Total	6,551,843	0	1,267,269
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶237

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Metropolitan Medical Lab 1814 EAST LOCUST STREET DAVENPORT, IA 52803	Laboratory DIAGNOSTICS	8,936,230
DAVENPORT EMERGENCY ROOM PHYSICIANS 2116 MAIN STREET DAVENPORT, IA 52803	EMERGENCY PHYSICIAN CARE	5,387,464
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	COMPUTER SOFTWARE SUPPORT & MAINTENANCE	4,877,270
COGENT HEALTHCARE PO BOX 974451 DALLAS, TX 75397	CONTRACTED MEDICAL STAFF	1,872,687
the MIDLAND GROUP PO BOX 29161 SHAWNEE MISSION, KS 66201	COLLECTION SERVICES	1,313,849

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶64

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	522,136			
	e	Government grants (contributions)	1e	115,527			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	873,577			
	g	Noncash contributions included in lines 1a-1f \$ 9,237					
	h	Total. Add lines 1a-1f . . . . .		1,511,240			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE	900,099	486,862,207	486,862,207		
	b	OUTPATIENT REVENUE	621,400	396,134,509	396,134,509		
	c	CLINIC REVENUE	621,400	88,157,799	88,157,799		
	d	HOME HEALTH & HOSPICE	621,610	24,808,836	24,808,836		
	e	OTHER OPERATING REVENUE	624,100	7,923,504	6,946,067	977,437	
	f	All other program service revenue		-558,992,590	-558,896,668	-95,922	
	g	Total. Add lines 2a-2f . . . . .		444,894,265			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		5,157,635			5,157,635
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real 1,164,415	(ii) Personal			
	b	Less rental expenses	43,902				
	c	Rental income or (loss)	1,120,513				
	d	Net rental income or (loss) . . . . .		1,120,513			1,120,513
	7a	Gross amount from sales of assets other than inventory	(i) Securities 91,661,673	(ii) Other 16,272			
	b	Less cost or other basis and sales expenses	88,017,697	535,818			
	c	Gain or (loss)	3,643,976	-519,546			
	d	Net gain or (loss) . . . . .		3,124,430			3,124,430
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .					
	b	Less cost of goods sold . . . . .					
	c	Net income or (loss) from sales of inventory . . .		317,708	317,708		
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900,099	3,191,867	3,191,867			
b	DIETARY	900,099	2,141,896	2,141,896			
c	HOUSEKEEPING	900,099	456,450	456,450			
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		5,790,213				
12	Total revenue. See Instructions . . . . .		461,916,004	450,120,671	881,515	9,402,578	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,204,390	3,204,390		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	304,822	304,822		
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 . . . . .	2,710,833	529,673	2,181,160	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	417,082	268,847	148,235	
7	Other salaries and wages	181,151,190	173,831,146	7,320,044	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	9,081,426	8,670,675	410,751	
9	Other employee benefits . . . . .	20,131,424	19,896,906	234,518	
10	Payroll taxes . . . . .	12,375,465	12,048,321	327,144	
11	Fees for services (non-employees)				
a	Management . . . . .	11,986,812	11,505,149	481,663	
b	Legal . . . . .	1,210,704		1,210,704	
c	Accounting . . . . .	287,255		287,255	
d	Lobbying . . . . .	118,330		118,330	
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	24,187,190	22,097,785	2,089,405	
12	Advertising and promotion . . . . .	1,151,886	147,060	1,004,826	
13	Office expenses . . . . .	45,002,409	41,669,261	3,333,148	
14	Information technology . . . . .	3,316,609	1,114,160	2,202,449	
15	Royalties . . . . .				
16	Occupancy . . . . .	17,402,462	14,155,161	3,247,301	
17	Travel . . . . .	1,900,949	1,348,283	552,666	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	52,859	30,130	22,729	
20	Interest . . . . .	4,372,326	4,206,621	165,705	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	28,953,192	28,636,136	317,056	
23	Insurance . . . . .	3,772,158	125,920	3,646,238	
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 )				
a	PATIENT SUPPLY COST OF	42,560,161	42,560,161		
b	PROVISION FOR BAD DEBTS	27,401,892	27,401,892		
c	MISCELLANEOUS	2,656,991	1,038,013	1,618,978	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	445,710,817	414,790,512	30,920,305	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,768,090	1	3,437,343
	2	Savings and temporary cash investments . . . . .			46,294,703	2	40,029,286
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			60,995,977	4	62,527,236
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			11,035,056	7	20,351,406
	8	Inventories for sale or use . . . . .			8,728,963	8	9,392,564
	9	Prepaid expenses and deferred charges . . . . .			3,458,205	9	3,768,127
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	470,838,940			
	b	Less accumulated depreciation . . . . .	10b	300,586,556	175,456,064	10c	170,252,384
	11	Investments—publicly traded securities . . . . .			112,552,269	11	129,055,977
	12	Investments—other securities See Part IV, line 11 . . . . .			32,585,992	12	35,662,465
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			20,000	14	20,000
	15	Other assets See Part IV, line 11 . . . . .			29,923,425	15	45,990,909
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			483,818,744	16	520,487,697
Liabilities	17	Accounts payable and accrued expenses . . . . .			43,087,279	17	46,005,476
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			78,220,000	20	94,794,486
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			34,187	23	2,506
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			35,968,710	25	36,963,405
	26	Total liabilities. Add lines 17 through 25 . . . . .			157,310,176	26	177,765,873
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			316,233,314	27	331,777,982
	28	Temporarily restricted net assets . . . . .			10,275,254	28	10,943,842
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			326,508,568	33	342,721,824
	34	Total liabilities and net assets/fund balances . . . . .			483,818,744	34	520,487,697

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Genesis Health System	Employer identification number 42-1418847
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. 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 qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Genesis Health System	Employer identification number 42-1418847
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

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

▶ \$
- 2

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

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

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

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

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

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		0
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		37,172
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		887
	i Other activities? If "Yes," describe in Part IV	Yes		80,271
j Total lines 1c through 1i			118,330	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	IN MARCH OF 2010, GENESIS HEALTH SYSTEM - IOWA RECEIVED PROFESSIONAL LOBBYING AND GOVERNMENTAL RELATIONS CONSULTING SERVICES FROM EIDE & HEISINGER, LLC AT A COST OF \$25,000 LOBBYING EXPENDITURES RELATED TO MEMBERSHIP DUES INCLUDED 23% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION, OR \$28,320, 26 3% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, OR \$12,923, 50% OF MEMBERSHIP DUES TO THE SCOTT COUNTY MEDICAL SOCIETY, OR \$5,225, AND VARIOUS OTHER ASSOCIATIONS - \$8,803
Part IV, Supplemental Information		PART II-B, LINE 1(D), MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC EMPLOYEES OF GENESIS HEALTH SYSTEM - IOWA ARE ENCOURAGED TO PARTICIPATE IN THE IOWA HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS" THE EMPLOYEES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS IN AN E-MAIL FORMAT THERE IS NO DIRECT COST TO GENESIS HEALTH SYSTEM - IOWA REGARDING THIS ACTIVITY

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Genesis Health System

Employer identification number  
42-1418847

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	5,010,740	5,224,450		
b	Contributions . . . . .	28,352	30,636		
c	Investment earnings or losses . . . . .	297,861	-243,446		
d	Grants or scholarships . . . . .	296,096	900		
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	5,040,857	5,010,740		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 63 000 % %

b

Permanent endowment ▶ 37 000 % %

c

Term endowment ▶ 0 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		8,878,425		8,878,425
b Buildings . . . . .		185,689,804	97,798,418	87,891,386
c Leasehold improvements . . . . .		18,228,078	12,999,895	5,228,183
d Equipment . . . . .		229,791,121	177,096,974	52,694,147
e Other . . . . .		28,251,512	12,691,269	15,560,243
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				170,252,384

Schedule D (Form 990) 2009



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

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	

Part XIVSupplemental Information
----------------------------------

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part 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 IS 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
Part X	Description of Uncertain Tax Positions Under FIN 48	GHS Iowa, GHS Illinois, the Genesis HEALTH SERVICES Foundation, the Illini HOSPITAL Foundation and the GENESIS HEALTH SYSTEM Workers' Compensation PLAN AND 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 Forms 990 and 990T filed by GHS Iowa, GHS Illinois, the Genesis HEALTH SERVICES Foundation, the Illini HOSPITAL Foundation and the GENESIS HEALTH SYSTEM Workers' Compensation PLAN AND Trust are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return Forms 990 and 990T filed by GHS Iowa, GHS Illinois, the Genesis HEALTH SERVICES Foundation, the Illini HOSPITAL Foundation and the GENESIS HEALTH SYSTEM Workers' Compensation PLAN AND Trust are no longer subject to examination for the fiscal years ended June 30, 2006 and prior GenVentures, INC is a taxable organization and currently files income tax returns in the U S federal jurisdiction and various state jurisdictions GenVentures, INC is no longer subject to income tax examinations for years June 30, 2006 and prior As of June 30, 2010 and 2009, the total amount of uncertain tax positions have reduced income tax expense and have increased excess of revenue over expenses by \$40,000 and \$5,000, respectively Interest expense associated with uncertain tax positions from the years ended June 30, 2010 and 2009 is approximately \$7,000 and \$9,000, respectively No amount has been accrued for penalties During the years ended June 30, 2010 and 2009, \$265,000 and none, respectively, in federal and state income taxes were paid for uncertain tax positions existing as of June 30, 2009 and 2008, as amended or past due income tax returns were filed Management believes that it is reasonably possible the liability for uncertain tax positions associated with unrelated business income will decrease in the next twelve months as a result of the expiration of statutes of limitations in major jurisdictions THE CURRENT YEAR GROUP LIABILITY IS \$45,000 GENESIS HEALTH SYSTEM - IOWA'S SHARE OF THIS LIABILITY IS APPROXIMATELY \$0



Additional Data

Software ID:

Software Version:

EIN: 42-1418847

Name: Genesis Health System

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
OTHER INVESTMENTS - GMC	54,109	F
INVESTMENT IN GENVENTURES, INC	26,181,121	C
INVESTMENT IN MISERICORDIA	120,000	C
INVESTMENT IN MRIOWA, LLC	187,655	C
INVESTMENT IN HEI COOP	1,707,372	C
INVESTMENT IN HEI VENTURES	101,483	C
INVESTMENT IN HEI IOWA ECHO/ULTRASOUND	93,538	C
INVESTMENT IN HEI BREAST BIOPS	3,163	C
INVESTMENT IN HEI DIGITAL MAMMOGRAPHY	14,860	C
INVESTMENT IN DAVENPORT SRS LEASING	1,323,168	C
INVESTMENT IN SPRING PARK SURGERY CENTER	4,110,921	C
INVESTMENT IN GENGASTRO LLC	875,863	C
INVESTMENT IN GENORTHO	634,084	C
OTHER INVESTMENTS - DEWITT	231,811	C
INVESTMENT IN HEI	10,372	C
INVESTMENT IN HEI BONE DENSITY	12,945	C

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
OTHER ASSETS	738,927
INTEREST IN NET ASSETS OF FOUNDATION	6,855,025
UNAMORTIZED BOND COSTS	641,318
GOODWILL & COVENANT NOT TO COMPETE	866,777
DEFERRED COMPENSATION ANNUITY	5,021,911
CERTIFICATES OF DEPOSIT	12,343,444
INTEREST RECEIVABLE	169,020
DUE FROM RELATED PARTY	6,161,793
DEBT SERVICE RESERVE FUND	13,192,694

**SCHEDULE F**  
**(Form 990)**

## Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization  
Genesis Health System

Employer identification number

42-1418847

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

**2 For grant makers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICAN AND THE CARIBBEAN			INVESTMENTS		
Totals . . . . . ►	0	0			0

[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Genesis Health System

Employer identification number  
42-1418847

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .			
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			6,036,502	0	6,036,502	1 440 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			42,076,642	29,020,557	13,056,085	3 120 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0		
d Total Charity Care and Means-Tested Government Programs . . . . .			48,113,144	29,020,557	19,092,587	4 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			327,724	159,353	168,371	0 040 %
f Health professions education (from Worksheet 5) . . . .			2,773,578	1,064,967	1,708,611	0 410 %
g Subsidized health services (from Worksheet 6) . . . .			2,309,473	0	2,309,473	0 550 %
h Research (from Worksheet 7)			97,744	0	97,744	0 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			2,031,098	0	2,031,098	0 490 %
j Total Other Benefits . . . .			7,539,617	1,224,320	6,315,297	1 510 %
k Total. Add lines 7d and 7j . . . .			55,652,761	30,244,877	25,407,884	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			8,523	0	8,523	0 %
2Economic development			11,926	0	11,926	0 %
3Community support			5,108	0	5,108	0 %
4Environmental improvements			71	0	71	0 %
5Leadership development and training for community members			480	0	480	0 %
6Coalition building			476	0	476	0 %
7Community health improvement advocacy			23,674	0	23,674	0 010 %
8Workforce development			2,412	0	2,412	0 %
9Other			0	0		
10Total			52,670		52,670	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	9,993,313	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	69,701	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	130,397,684	
6Enter Medicare allowable costs of care relating to payments on line 5	6	152,975,862	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-22,578,178	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1MOB 1 OWNERS' ASSOCIATION	PROPERTY MANAGMENT	81 700 %		18 300 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V**   **Facility Information**

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital

See Additional Data Table



Part VI

Supplemental Information

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions  
Part I, Line 3c NOT APPLICABLE

Part I, Line 6a NOT APPLICABLE

Part I, Line 7g No costs associated with a physician clinic were reported in subsidized health services

Part I, Line 7f \$27,401,892 OF BAD DEBT EXPENSE IS SUBTRACTED FOR PURPOSES OF COMPUTING THE PERCENTAGE IN PART I, LINE 7K, COLUMN F THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF TOTAL EXPENSES, LESS BAD DEBT, IS 13 30%, AND THE PERCENTAGE INCREASES TO 49 87% IF MEDICARE ALLOWABLE COSTS ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE

Part I, Line 7 Genesis Health System utilized Worksheet 2 to calculate its cost-to-charge ratio The calculated cost-to-charge ratio was used to calculate the cost of Charity Care and Unreimbursed Medicaid The cost of subsidized health services was obtained from Genesis Health System's cost accounting system (i e , Decision Support System) that calculates the per unit reimbursement and cost for each type of service and supply that the non-Medicare and non-Medicaid patients consumed in the departments reported Costs of the "Other Benefits" (excluding subsidized health services) reported in 7e -7i were compiled throughout the year in the community benefit database (i e , CBISA) that Genesis Health System utilizes

Part III, Line 4 i The text from the footnote to Genesis Health System's financial statement is as follows Patient receivables due directly from the patients are carried at the original charge for the service provided less amounts covered by third-party payErs and less an estimated allowance for doubtful receivables based on a review of all outstanding amounts on a monthly basis Management determines the allowance for doubtful accounts by identifying troubled accounts, by historical experience applied to an aging of accounts, and by considering the patient's financial history, credit history and current economic conditions Receivables are written off as bad debts when deemed uncollectible Recoveries of receivables previously written off are recorded as a reduction of bad debt expense when received ii The rationale and costing methodology used to calculate bad debt expense at cost (line 2) consisted of multiplying the total bad debt expense per the income statement by the ratio of patient care cost to charges to arrive at estimated cost of bad debt Payments received after an account had been written off to bad debt were credited to a bad debt recovery account Discounts on patient accounts provided by third-party payers were written off to a contractual allowance account iii Shared Business Services uses a separate transaction code to identify accounts written off to bad debt that have no financial documentation and may have qualified for charity care had paperwork been submitted The estimated amount of Genesis Health System's bad debt expense attributable to patients eligible under the organization's charity care policy (line 3) was calculated by taking the total of these accounts and multiplying them by the ratio of patient care cost to charges iv No bad debt amounts were included in community benefit

Part III, Line 8 i For the hospitals and the home health division, the Medicare cost report was used to compute the total revenue received from Medicare, including the disproportionate share adjustment and indirect medical education adjustment The Medicare cost report was also used to compute the Medicare allowable costs of care The Provider Statistical and Reimbursement System (PS&R) Provider Summary Reports were also used to determine charges, costs and reimbursement ii No Medicare shortfalls were included in community benefit The Medicare shortfall represents the difference between the total revenue received from Medicare based on Medicare reimbursement rates and the costs incurred by Genesis Health System in providing healthcare services to the elderly In 2009, the percent of persons 65 years and over was 16 0% in Rock County, Illinois and 12 7% in Scott County, Iowa In accordance with Genesis Health System's mission statement, "To Provide Compassionate, Quality Health Services to All Those in Need," the elderly were served despite the Medicare loss of \$22,578,178 For the third straight year, Genesis Health System was recognized by SDI as one of the nation's Top 100 health systems for integrating services to improve quality and improve efficiency Accordingly, the loss was not attributable to poor operating practices but from inadequate reimbursements Genesis Health System has a clear mission to serve all those in need and to improve the health of the community including the elderly Furthermore, there are no for-profit hospitals in the community, and therefore Genesis Health System is one of two tax-exempt healthcare organizations in the community who provide access to healthcare for Medicare patients Accordingly, it is Genesis Health System's position for the reasons stated above that the Medicare shortfall of \$22,578,178 represents a Community Benefit Pursuant to the instructions to the Form 990, Schedule H, the Medicare shortfall is not included in Part I, Line 7 If the Medicare shortfall was included in Part I, Line 7, then Part I, Line 7k, Column f would be 11 48%

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

Part V All health care facilities were reported in Part V

**2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Genesis Health System utilizes the community health assessments created by the Quad City Health Initiative (QCHI) and the Community Vitality Task Force of United Way QCHI was formed by Genesis Health System, which is headquartered in Scott County, Iowa, and Trinity Regional Health System, which is headquartered in Rock Island County, Illinois QCHI is now a community partnership of over 100 organizations consisting of 500 active individuals pursuing initiatives to create a healthier community, serving as a catalyst for improving the health and overall quality of life within the Quad Cities A community health assessment was conducted by QCHI in 2003, and then re-assessed in 2007 Each year, the Community Vitality Task Force of United Way produces an annual Snapshot of Community Indicators, including information on the health status of the communities that Genesis Health System serves

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

Part VI, Line 3 Information on the availability of financial assistance is posted in visible locations in the admission departments of the hospitals In addition, the hospital registration staff make available informative brochures for patients in the Emergency Room registration area explaining their eligibility for assistance Genesis Health System provides patient financial counselors on each hospital campus to discuss options with the patients Shared business services prepares and provides a letter to each patient, explaining their current balance and advising them of their options A phone number is provided with the letter encouraging the patient to call if needed In addition, the Genesis Health System website also lists the options for payment, and on a monthly basis a Power Point presentation is given to incoming cancer patients informing them of their payment options The outpatient physician clinics and the home health division make available their financial policy brochures along with directing patients to government programs such as SCHIP and Hawkeye

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

Part VI, Line 4 Genesis Health System's mission is "to provide compassionate, quality health services to all those in need " Genesis lives its mission each and every day by serving a 10-county region of Eastern Iowa and Western Illinois, including both urban and rural areas The region served by Genesis Health System has a population of 378,163 The median age of the population in 2009 was 38 9 in Rock Island County, Illinois and 36 7 in Scott County, Iowa The percent of persons 65 years and over was 16 0% in Rock Island County, Illinois and 12 7% in Scott County, Iowa The percent of families living in poverty in 2009 was 5 8% in Rock Island County, Illinois and 9 8% in Scott County, Iowa The homeless population in Genesis Health System's service area was 1,510 in January 2010 The average unemployment rate in 2009 was 9 2% for Rock Island County, Illinois and 6 6% in Scott County, Iowa The percentage of people ages 18-64 who did not have any health insurance in 2009 was 12 0% in Rock Island County, Illinois and 8 2% in Scott County, Iowa The percentage of adults who currently smoked in 2009 was 20 0% in Rock Island County, Illinois and 17 0% in Scott County, Iowa The percentage of adults who were obese in 2009 was 27 7% in Rock island County, Illinois and 21 9% in Scott County, Iowa

**5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 1 Physical improvements and housing Genesis Health System employees promote the health of the community by supporting community outreach programs, including Habitat for Humanity, area shelters for the homeless, shelters for abused women and dependent children, and food pantries A new employee effort in the spring of 2010 helped a food pantry restock its shelves at a time when the need was increasing 2 Economic Development Genesis Health System executives and employees serve on dozens of volunteer boards throughout the region on important projects and initiatives, such as new library construction, homeless shelters, mental health, downtown redevelopment and events and festivals 3 Community Support Genesis Health System participates in a volunteer partnership with Junior Achievement Several Genesis Health System employees travel to local community schools to teach the importance of workforce readiness, entrepreneurship, and financial literacy Genesis Health System conducts multiple disaster and decontamination drills throughout the year 4 Environmental Improvements Genesis Health System's "Takin' it to the Streets" committee organized a crew of employees and their families to clean up the waterways of the communities it serves Planning of this event started in early 2010 5 Leadership development and training for community members Genesis Health System works with local community colleges to educate its staff on cultural considerations and skills 6 Coalition Building Genesis Health System was a key community partner in developing "Let's Move Davenport", a group formed in 2010 to promote health, fitness and good nutrition for children in Davenport The program includes a number of events in the spring, summer and fall to get school children active The program was patterned after "Let's Move", the national initiative of First Lady Michelle Obama Genesis Health System is a participant in "Tobacco Free Quad Cities" "Tobacco Free Quad Cities" is a coalition of interested persons from both Illinois and Iowa who work to eliminate tobacco use in the Quad Cities The Health Departments of both Scott and Rock Island Counties have dedicated employees to guide the implementation of various projects and activities of the coalition 7 Community Health Improvement Advocacy Genesis Health System maintains an active effort to advocate for access to health care with the Iowa and Illinois state governments and in Washington D C Genesis employees participate in a Voter Voice initiative to also advocate on important health issues 8 Workforce Development Genesis Health System partners with the local community colleges and universities to address the health care work force shortage Genesis Health System works with the local community colleges and universities to address community-wide workforce issues by supporting job creation and training programs

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

Part VI, Line 6 Genesis Health System'S Board of Directors is a diverse representation of persons who reside in the primary service area that Genesis Health System serves A MAJORITY OF THEM are neither employees or contractors of the organization, nor family members thereof Genesis Health System extends medical staff privileges to all qualified physicians in its communities Genesis Health System has endeavored to improve access to health care for the communities it serves by participating in appropriate joint ventures that offer needed health care services to under-served areas Surplus funds resulting from efficient operations and cost-containment measures are re-invested in the healthcare operations of Genesis Health System to improve the healthcare services that Genesis provides Advances in medical equipment and technology, staff education, and new medical services are examples of operational investments that ultimately improve the health of the communities that Genesis serves

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

Part VI, Line 7 Genesis Health System (tax ID #42-1418847), an Iowa nonprofit corporation, and Genesis Health System (tax ID #36-3616314), an Illinois not-for-profit corporation, have identical governing boards, management and bylaws and can act jointly Genesis Health System (tax ID #42-1418847) is also the sole member of Genesis Health Services Foundation and Genesis Health System Workers' Compensation Plan and Trust, the sole stockholder of GenVentures, Inc , a member of Misericordia Assurance Company, Ltd and a partner in Davenport SRS Leasing, LLC Genesis Health System (tax ID #36-3616314) is the sole member of Illini Hospital Foundation and a partner in The Larson Center Partnership Genesis Health System (tax ID #42-1418847) operates the following business units to promote the health of the communities it serves Genesis Health System provides administrative, management, information technology and other support services to its affiliates Genesis Clinical Services Genesis Health System owns and operates physician medical practices, convenient care practices, operates an occupational medicine clinic and provides behavioral health services to the residents of eastern Iowa and western Illinois Genesis Medical Center - Davenport (GMC - Davenport) is licensed as a 502-bed acute care hospital which provides services from two hospital facilities located in Davenport, Iowa Genesis Family Medical Center (GFMC) is a family practice residency training program that operates clinics in Davenport and Blue Grass, Iowa to provide a clinical setting for the residents to treat patients Genesis Medical Center - DeWitt (GMC - DeWitt) is certified as a critical access hospital, which has 13-acute care and swing beds, and has a 77-bed long-term care facility, which provides services from its facility in DeWitt, Iowa Genesis Illinois Properties (GIP) was formed in October 1999 and shall continue perpetually Genesis Illinois Properties owns land located in Moline, Illinois Genesis Visiting Nurse Association and Hospice (VNA) provides home health care, community nursing services and hospice services to patients in eastern Iowa and western Illinois Genesis Health System Iowa has a controlling ownership interest or membership in the following organizations Genesis Health Services Foundation (Genesis Foundation) is an organization whose mission is to develop, manage and grant charitable support to meet the health-related needs of the communities served by Genesis Health System GenVentures, Inc (GenVentures) is a wholly-owned for-profit corporation which operates the following divisions, primarily in the Quad Cities Genesis at Home, Continuing Care sells and leases home medical equipment, provides intravenous therapy services, including sales of related solutions and supplies to patients, and provides retail pharmaceutical and over the counter products to patients and employees of the System GenProperties owns, leases and/or manages office space in fourteen medical office buildings located in Davenport, Eldridge, LeClaire, Muscatine and Bettendorf, Iowa Crescent Laundry provides commercial laundry services to health care facilities in eastern Iowa and north-central Illinois Genesis Health System Workers' Compensation Plan and Trust (Workers' Compensation Trust) provides a fund which can be used to pay workers' compensation claims and costs for the benefit of Genesis Health System Misericordia Assurance Company, Ltd (Misericordia) is a wholly owned Cayman based captive insurance company which underwrites the general and professional liability risks of Genesis Health System and affiliates Davenport SRS Leasing, LLC (SRS) is a limited liability company, which was formed in 2008, which leases medical equipment Genesis Health System is a general partner and owned 55% of SRS as of June 30, 2009 On September 30, 2009, Genesis Health System acquired an additional 38 75% interest in SRS to obtain a 93 75% ownership interest as of June 30, 2010 Genesis Health System (tax ID #36-3616314) operates the following business units to promote the health of the communities it serves Genesis Medical Center - Illini (GMC - Illini) is licensed as a 149-bed acute care hospital which provides services from its facility in Silvis, Illinois Illini Hospital Nursing Home (INH) operates Illini Restorative Care Center and Crosstown Square Illini Restorative Care Center operates a 75-bed licensed nursing facility which provides skilled and intermediate health care and related services to patients Twenty-two of Illini Restorative Care Center's beds are designated as Hospital-based Medicare certified beds Illini Restorative Care's Sheltered Care unit is a 45-bed facility which provides rehabilitative and personal care in a family-oriented setting Crosstown Square is an independent living facility containing 76 rentable apartments and two guestrooms that offers services designed to meet the needs of our senior adults Genesis Health System (tax ID #36-3616314) has a controlling ownership interest oR membership in the following organizations Illini Hospital Foundation (Illini Foundation) supports Genesis Medical Center - Illini by providing financial and fundraising assistance The mission of the Illini Foundation is to assist GMC - Illini in providing quality, compassionate care for all those in need by raising, managing and granting charitable funds The Larson Center Partnership (LCP) is a for-profit real estate partnership which owns a medical office building adjacent to GMC- Illini and leases space for clinics, laboratory, pharmacy and offices to GMC - Illini and other third-party organizations GHS Illinois is a general partner and owns approximately 76% of LCP

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

IL,IA

Additional Data

Software ID:

Software Version:

EIN: 42-1418847

Name: Genesis Health System

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GENESIS MEDICAL CENTER EAST - DAVENPORT 1227 EAST RUSHOLME STREET DAVENPORT,IA 52803	X	X					X		
GENESIS MEDICAL CENTER - DEWITT 1118 11TH STREET DEWITT,IA 52742	X	X					X		
GENESIS MEDICAL CENTER WEST - DAVENPORT 1401 WEST CENTRAL PARK DAVENPORT,IA 52804	X	X			X		X		
SCOTT COUNTY YMCA 3800 TANGLEFOOT LANE BETTENDORF,IA 52722									OUTPATIENT REHABILITATION CLINIC
GENESIS PHYSICAL REHAB - VALLEY FAIR 2720 WEST LOCUST STREET UNIT 2B DAVENPORT,IA 52804									O/P PHYSICAL THERAPY CLINIC
GENESIS PHYSICAL REHAB - CROW VALLEY 2300 53RD AVENUE STE LL02 BETTENDORF,IA 52722									O/P PHYSICAL THERAPY CLINIC
RICK'S HOUSE OF HOPE 4867 FOREST GROVE ROAD BETTENDORF,IA 52722									COUNSELING SERVICES
ELDRIDGE PHYSICAL THERAPY 170 SOUTH 4TH AVENUE ELDRIDGE,IA 52748									OUTPATIENT PHYSICAL THERAPY CLINIC
GENESIS PHYSICAL THERAPY AT LECLAIRE 1003 CANAL SHORE DRIVE LECLAIRE,IA 52751									OUTPATIENT PHYSICAL THERAPY CLINIC
DEWITT WEST WING PLACE 1118 11TH STREET DEWITT,IA 52742									L-T NURSING CARE FACILITY
DEWITT FAMILY PRACTICE 1008 11TH STREET DAVENPORT,IA 52742									HOME HEALTH, COUNSELING SERVICES, & O/P DR CLINIC
CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 WEST CENTRAL PARK AVENUE DAVENPORT,IA 52804									O/P CANCER, REHAB, WOUND & DR
MEDICAL OFFICE BUILDING #1 1228 EAST RUSHOLME STREET DAVENPORT,IA 52803									O/P MAMMOGRAPHY & DIALYSIS SERVICES
GENESIS CENTER FOR BARIATRIC SURGERY 1230 EAST RUSHOLME STREET DAVENPORT,IA 52803									O/P COMPREHENSIVE BARIATRIC PRGM
GENESIS HEART INSTITUTE 1236 EAST RUSHOLME STREET DAVENPORT,IA 52803									O/P CARDIAC DIAGNOSTICS & REHAB CARE
GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF,IA 52722									O/P REHAB, PAIN, PHYS THERAPY & DR
BETTENDORF IMAGING CENTER 4017 DEVILS GLEN ROAD STE 205 BETTENDORF,IA 52722									OUTPATIENT RADIOLOGY SERVICES
ELDRIDGE FAMILY PRACTICE 301 NORTH 4TH AVENUE ELDRIDGE,IA 52748									OUTPATIENT LAB & PHYSICIAN CLINIC
DIVISION STREET CLINIC 3618 NORTH DIVISION STREET DAVENPORT,IA 52804									OUTPATIENT LAB & PHYSICIAN CLINIC
LECLAIRE FAMILY PRACTICE 532 NORTH CODY ROAD LECLAIRE,IA 52751									OUTPATIENT PHYSICIAN CLINIC
CONVENIENT CARE - DAVENPORT 1520 WEST 53RD STREET DAVENPORT,IA 52806									OUTPATIENT URGENT CARE CLINIC
NORTH FAMILY PRACTICE 210 WEST 53RD STREET DAVENPORT,IA 52806									OUTPATIENT LAB & PHYSICIAN CLINIC
LECLAIRE FAMILY PRACTICE - RIVERVIEW 200 SOUTH CODY LECLAIRE,IA 52751									OUTPATIENT PHYSICIAN CLINIC
GENESIS HEALTH GROUP 864-866 LINCOLN ROAD BETTENDORF,IA 52722									OUTPATIENT PHYSICIAN CLINIC
GENESIS PSYCHOLOGY ASSOCIATES 4455 EAST 56TH STREET DAVENPORT,IA 52807									OUTPATIENT COUNSELING CLINIC
DURANT FAMILY PRACTICE 619 5TH STREET DURANT,IA 52747									OUTPATIENT PHYSICIAN CLINIC
FAMILY PRACTICE AT WEST CAMPUS 1345 WEST CENTRAL PARK AVENUE DAVENPORT,IA 52804									OUTPATIENT PHYSICIAN CLINIC
BLUE GRASS FAMILY MEDICAL 413 SOUTH MISSISSIPPI BLUE GRASS,IA 52726									OUTPATIENT PHYSICIAN CLINIC
VISITING NURSE ASSOCIATION & HOSPICE 611 NORTH 2ND AVENUE CLINTON,IA 52732									HOME HEALTH & HOSPICE
VISITING NURSE ASSOCIATION & HOSPICE 2535 MAPLECREST ROAD DAVENPORT,IA 52807									HOME HEALTH & HOSPICE
CLARISSA C COOK HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF,IA 52722									HOSPICE HOUSE
ILLINI BUILDING #1 903-05 ILLINI DRIVE SILVIS,IL 61282									HOME HEALTH & O/P PHYSICIAN CLINIC
ILLINI BUILDING #2 1504 10TH STREET SILVIS,IL 61282									OUTPATIENT PHYSICIAN CLINIC
HEDBERG BUILDING - MOLINE FAMILY PRACTIC 2526 41ST STREET MOLINE,IL 61265									OUTPATIENT PHYSICIAN CLINIC
ALPHA FAMILY PRACTICE 202 PICARD STREET ALPHA,IL 61413									OUTPATIENT PHYSICIAN CLINIC
ERIE FAMILY PRACTICE 530 12TH STREET ERIE,IL 61205									OUTPATIENT PHYSICIAN CLINIC
MOLINE FAMILY PRACTICE - 7TH STREET 1410 7TH STREET MOLINE,IL 61265									OUTPATIENT PHYSICIAN CLINIC
MOLINE VALLEY VIEW 615 VALLEY VIEW DRIVE MOLINE,IL 61265									OUTPATIENT PHYSICIAN CLINIC
ROCK ISLAND ARSENAL FAMILY PRACTICE 1634 WHITTERMORE STE 101 ROCK ISLAND,IL 61201									OUTPATIENT PHYSICIAN CLINIC
ROCK ISLAND INTERNAL MEDICINE 2560 24TH STREET ROCK ISLAND,IL 61201									OUTPATIENT PHYSICIAN CLINIC
ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS,IL 61282									OUTPATIENT LAB & PHYSICIAN CLINIC
CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE,IL 61265									OUTPATIENT URGENT CARE CLINIC
DEWITT AMBULANCE 1220 11TH STREET DEWITT,IA 52742									AMBULANCE SERVICES
SILVIS ANESTHESIOLOGY 801 ILLINI DRIVE SILVIS,IL 61282									OUTPATIENT PHYSICIAN CLINIC
MEDICAL OFFICE BUILDING #2 1230 EAST RUSHOLME STREET DAVENPORT,IA 52803									OUTPATIENT PHYSICIAN CLINIC
GENESIS MEDICAL PARK 4017 DEVILS GLEN ROAD BETTENDORF,IA 52722									OUTPATIENT PHYSICIAN CLINIC
CONVENIENT CARE - BETTENDORF 4017 DEVILS GLEN ROAD BETTENDORF,IA 52722									OUTPATIENT URGENT CARE CLINIC
EAP - CLINTON 1127 NORTH 2ND STREET CLINTON,IA 52732									COUNSELING SERVICES
EAP - MUSCATINE 1605 PLAZA PLACE MUSCATINE,IA 52761									COUNSELING SERVICES
EAP - ROCK ISLAND 2100 18TH AVENUE ROCK ISLAND,IL 61201									COUNSELING SERVICES
EAP - DAVENPORT 4455 EAST 56TH STREET DAVENPORT,IA 52807									COUNSELING SERVICES
GENESIS OCCUPATIONAL HEALTH 3319 SPRING STREET DAVENPORT,IA 52807									OUTPATIENT OCCUPATIONAL HEALTH PRGM
GENESIS OCCUPATIONAL HEALT 2350 41ST STREET MOLINE,IL 61265									OUTPATIENT OCCUPATIONAL HEALTH PRGM
GENESIS PLASTIC SURGERY SPECIALISTS 5335 EASTERN AVENUE DAVENPORT,IA 52807									OUTPATIENT PHYSICIAN CLINIC
MUSCATINE FAMILY PRACTICE 2104 CEDARWOOD STREET MUSCATINE,IA 52761									OUTPATIENT PHYSICIAN CLINIC
DEWITT PAVILION 1 1118 11TH STREET DEWITT,IA 52742									OUTPATIENT PHYSICAL THERAPY CLINIC

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Genesis Health System

Employer identification number  
42-1418847

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

21

3

Enter total number of other organizations . . . . .

3



Software ID:  
Software Version:  
EIN: 42-1418847  
Name: Genesis Health System

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIGGE ART MUSEUM225 WEST 2ND STREET DAVENPORT,IA 52801	42-6090398	501(C)(3)	5,000				ART OF LIVING EXHIBITION SPONSORSHIP
AMERICAN HEART ASSOCIATION1111 NINTH STREET DES MOINES,IA 50314	13-5613797	501(C)(3)	5,000				HEART WALK SPONSORSHIP
MARCH OF DIMES2117 STATE STREET BETTENDORF,IA 52722	13-1846366	501(C)(3)	5,000				CHEF'S AUCTION SPONSORSHIP
NIABI ZOOLOGICAL SOCIETYNIABI ZOO ROAD COAL VALLEY,IL 61240	36-3293641	501(C)(3)	5,000				NIABI ZOO FAMILY FUN RUN/WALK SPONSORSHIP
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST1227 EAST RUSHOLME STREET DAVENPORT,IA 52803	39-1905171	501(C)(3)	1,147,679				CLAIM PAYMENTS
GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	263,217				ONCOLOGY FUNDING, FLU FREE, GOLF CHALLENGE, HEALTHCARE RELATED CONTRIBUTIONS
BALLET QUAD CITIES613 17TH STREET ROCK ISLAND,IL 61201	42-1366753	501(C)(3)	10,000				SPONSORSHIP OF FOUR PERFORMANCES
CENTER FOR ACTIVE SENIORS INC1035 WEST KIMBERLY ROAD DAVENPORT,IA 52806	42-1011267	501(C)(3)	7,717				RENT AND UTILITIES COVERAGE
DAVENPORT ONE130 WEST SECOND STREET DAVENPORT,IA 52801	42-1500610	501(C)(3)	72,500				PLEDGE/SPONSORSHIP - ARTIST IN RESIDENCE, RED, WHITE, & BOOM, QC FAMILY FESTIVAL, TRANS, EXPENSE WITH MERGERS, D1 INITIATIVE II
QUAD CITY ARTS1715 2ND AVENUE ROCK ISLAND,IL 61201	36-3122824	501(C)(3)	17,000				SPONSORSHIP - FESTIVAL OF TREES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY SYMPHONY ASSOCIATION327 BRADY STREET DAVENPORT,IA 52801	42-6017663	501(C)(3)	23,000				SPONSORSHIP - TICKET PROGRAMS, RUNOUTS, BROADCASTS
SCOTT COUNTY FAMILY Y606 WEST 2ND STREET DAVENPORT,IA 52801	42-0703278	501(C)(3)	25,500				SPONSORSHIP FOR CLA CAMPAIGN, GOLF CHALLENGE, PARTNER WITH YOUTH
ST AMBROSE UNIVERSITY518 WEST LOCUST STREET DAVENPORT,IA 52804	42-0703280	501(C)(3)	437,200	610,000	FAIR MARKET VALUE	SITE DEVELOPMENT & IMPROVEMENTS	CONTRIBUTION TO HEALTH SCIENCE BUILDING, SITE DEVELOPMENT & IMPROVEMENTS FOR HEALTH SCIENCE BUILDING
VERA FRENCH COMMUNITY MENTAL HEALTH CENTER1441 WEST CENTRAL PARK DAVENPORT,IA 52804	42-0716337	501(C)(3)	25,000				FIRST AID MENTAL HEALTH COMMUNITY SPONSORSHIP
AMERICAN RED CROSSPO BOX 73563 CHICAGO,IL 60673	36-6000114	501(C)(3)	20,000				HAITI RELIEF EFFORTS
DEWITT PARK & RECREATION900 14TH STREET DEWITT,IA 52742	42-6004584		23,187				EXERCISE EQUIPMENT FOR PARK, LITTLE TREES PARK BASKETBALL COURT DONATION
ROAD RUNNERS CLUB OF AMERICA315 EAST GEORGE WASHINGTON BLVD DAVENPORT,IA 52803	93-0708918	501(C)(3)	50,000				BIX 7 PLATINUM SPONSORSHIP
COMMUNITY FOUNDATION OF THE GREAT RIVER BEND852 MIDDLE ROAD BETTENDORF,IA 52722	42-6122716	501(C)(3)	25,000				PARTNERS IN NURSING PLEDGE
IOWA HEALTHCARE COLLABORATIVE100 EAST GRAND AVENUE STE 100 DES MOINES,IA 50309	20-3869767	501(C)(3)	35,000				PLEDGE TO SUPPORT IHC CONFERENCES, RESEARCH, AND EDUCATION
THE BALLGAME CLASSIC PO BOX 5267 DAVENPORT,IA 52808	41-2279129		150,000				PSP BALLGAME CLASSIC SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEDO PARK DISTRICTPO BOX 221 ALEDO, IL 61231	36-2715313		22,187				EXERCISE EQUIPMENT FOR PARK
IOWA-ILLINOIS HIGH SCHOOL BASKETBALL SHOOTOUT LTD516 EAST DOVER COURT DAVENPORT, IA 52803	83-0413194	501(C)(3)	6,000				PSP SHOOT OUT SPONSORSHIP
DEWITT AREA FOUNDATIONPO BOX 260 DEWITT, IA 52742	42-1296691	501(C)(3)	50,000				2010 STAR PLEDGE
MEDICAL MINISTRY USA PO BOX 1339 ALLEN, TX 75013	75-2601647	501(C)(3)		13,428	FAIR MARKET VALUE	MEDICAL SUPPLIES	DONATED MEDICAL SUPPLIES FOR MISSION TRIP

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Genesis Health System

Employer identification number  
42-1418847

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



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

[illegible]

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Genesis Health System provides the following to individuals reported in Part VII, Section A, line 1a: Travel for companions. This benefit is offered to all employees. The organization requires reimbursement of these expenses directly to the organization. Gross-up payments. This benefit is offered to qualifying executives who had contributions made on their behalf in the Supplemental Executive Retirement Plan. Contributions to the plan are included with reportable compensation for individuals with vested contributions. HOUSING ALLOWANCE. Genesis Health System provided a housing allowance in fiscal year 2010 to one newly-hired individual as a result of relocation. Health club dues. This benefit is offered to the presidents of the individual departments within the organization. The dues are included in the reportable compensation for the participating individuals.
	Part I, Line 4a	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2009 SPONSORED BY GENESIS HEALTH SYSTEM - IOWA: JEFFREY M. COOPER - \$23,171 AND ROBERT W. FRIEDEN - \$63,954. THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY GENESIS HEALTH SYSTEM - IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2009 AND THE GROSS-UP PAYMENT TO COVER TAX. THIS INFORMATION IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II. THE FOLLOWING INDIVIDUALS ALSO PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2009 SPONSORED BY GENESIS HEALTH SYSTEM - IOWA: DOUGLAS P. CROPPER - \$209,926, HEIDI KAHLY-MCMAHON - \$16,867, DR. WILLIAM LANGLEY - \$79,283, JULIE MANAS - \$87,230, DR. ROBERT NELSON - \$49,453, JUDITH PRANGER - \$28,800, MARK G. ROGERS - \$78,661, MIKE SHARP - \$35,694, AND FLORENCE L. SPYROW - \$76,328. THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY GENESIS HEALTH SYSTEM - IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2009. THIS INFORMATION IS INCLUDED IN DEFERRED COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II.

Software ID:

Software Version:

EIN: 42-1418847

Name: Genesis Health System

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JAMES A BULL	(i) 160,847 (ii) 0	0 0	40,635 0	12,113 0	12,482 0	226,077 0	0 0
DOUGLAS P CROPPER	(i) 541,243 (ii) 0	0 0	41,196 0	219,726 0	21,803 0	823,968 0	0 0
MARK G ROGERS	(i) 221,503 (ii) 0	0 0	113,667 0	91,064 0	12,247 0	438,481 0	0 0
ROBERT W FRIEDEN	(i) 223,267 (ii) 0	0 0	74,942 0	13,005 0	18,565 0	329,779 0	0 0
DR WILLIAM LANGLEY	(i) 238,071 (ii) 0	0 0	49,284 0	125,406 0	15,043 0	427,804 0	0 0
JULIE MANAS	(i) 282,411 (ii) 0	0 0	25,748 0	87,230 0	13,622 0	409,011 0	0 0
JUDITH PRANGER	(i) 158,828 (ii) 0	0 0	23,462 0	79,808 0	11,504 0	273,602 0	0 0
FLORENCE L SPYROW	(i) 229,918 (ii) 0	25,000 0	22,000 0	78,778 0	1,184 0	356,880 0	0 0
DR NICHOLAS AUGELLI	(i) 402,743 (ii) 0	46,485 0	40,548 0	9,800 0	16,887 0	516,463 0	0 0
DR TERRILL BANER	(i) 495,667 (ii) 0	0 0	25,564 0	9,800 0	12,891 0	543,922 0	0 0
DR ROBERT FIETSAM	(i) 443,172 (ii) 0	78,767 0	23,620 0	9,800 0	15,695 0	571,054 0	0 0
DR DARRYL JOHNSON	(i) 545,379 (ii) 0	0 0	1,320 0	12,250 0	18,666 0	577,615 0	0 0
DR GEORGE KONTOS JR	(i) 466,578 (ii) 0	0 0	40,486 0	9,800 0	16,909 0	533,773 0	0 0
DR ANDREW ANDRESEN	(i) 198,672 (ii) 0	0 0	33,062 0	16,211 0	11,776 0	259,721 0	0 0
DR DEAN BUNTING	(i) 178,053 (ii) 0	0 0	14,253 0	18,478 0	18,545 0	229,329 0	0 0
JEFFREY M COOPER	(i) 132,407 (ii) 0	0 0	40,203 0	9,059 0	18,928 0	200,597 0	0 0
DR ALEXANDER JONES	(i) 122,874 (ii) 0	0 0	16,238 0	5,607 0	5,723 0	150,442 0	0 0
HEIDI KAHLY-MCMAHON	(i) 137,980 (ii) 0	0 0	7,919 0	24,024 0	16,538 0	186,461 0	0 0
DR ROBERT NELSON	(i) 172,488 (ii) 0	0 0	82,869 0	61,266 0	14,925 0	331,548 0	0 0
MIKE SHARP	(i) 133,540 (ii) 0	0 0	62,568 0	64,020 0	13,540 0	273,668 0	0 0
CRAIG SOMMERS	(i) 120,270 (ii) 0	0 0	16,096 0	5,629 0	16,922 0	158,917 0	0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization Genesis Health System	Employer identification number 42-1418847

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	46246PLP4	06-24-2010	95,545,195	REFUND 12-23-97 AND 08-02-00 BOND ISSUE, RENOVATE AND EQUIP FACILITY		X		X

Part II Proceeds

	A	B	C	D	E
1	Total proceeds of issue	95,545,195			
2	Gross proceeds in reserve funds				
3	Proceeds in refunding or defeasance escrows	70,477,896			
4	Other unspent proceeds				
5	Issuance costs from proceeds	1,367,299			
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds	11,947,778			
8	Year of substantial completion	2010			
		YesNo	YesNo	YesNo	YesNo
9	Were the bonds issued as part of a current refunding issue?	X			
10	Were the bonds issued as part of an advance refunding issue?		X		
11	Has the final allocation of proceeds been made?		X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A	B	C	D	E
	YesNo	YesNo	YesNo	YesNo	YesNo
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 910 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 910 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Genesis Health System	Employer identification number 42-1418847
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			YesNo
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .			▶ \$							

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				YesNo
See Additional Data Table				

Additional Data

Software ID:  
Software Version:  
EIN: 42-1418847  
Name: Genesis Health System

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KOEHLER ELECTRIC	JIM KOEHLER, A DIRECTOR OF GHS-IOWA, OWNS KOEHLER ELECTRIC	65,431	GENESIS HEALTH SYSTEM - IOWA USES SERVICES PROVIDED BY KOEHLER ELECTRIC		No
LANE & WATERMAN	C DANA WATERMAN, III, DIRECTOR OF GHS-IA, IS MNG PTR OF LANE & WATERMAN	583,517	GENESIS HEALTH SYSTEM - IOWA USES LANE & WATERMAN FOR LEGAL SERVICES		No
EDWARD TED J ROGALSKI	EDWARD J ROGALSKI IS THE SON OF DR EDWARD ROGALSKI, CHAIRMAN OF GHS	140,505	EDWARD J ROGALSKI RECEIVES COMPENSATION FROM GENESIS HEALTH SYSTEM - IOWA AS THE DIRECTOR OF NEUROSCIENCE		No
LISA ROGALSKI	LISA ROGALSKI IS DAUGHTER-IN-LAW OF DR EDWARD ROGALSKI, CHAIRMAN OF GHS	97,382	LISA ROGALSKI RECEIVES COMPENSATION FROM GENESIS HEALTH SYSTEM - IOWA AS THE DIRECTOR OF MATERIALS MANAGEMENT		No
DR W DAVID MCECHRON	DR MCECHRON IS THE SPOUSE OF RITA WATTS, FORMER VICE CHAIRMAN OF GHS	161,578	DR MCECHRON RECEIVES COMPENSATION FROM GENESIS HEALTH SYSTEM - IOWA FOR SERVICES PROVIDED AS A PHYSICIAN		No
S & D REAL ESTATE	SEE BELOW ON SCH O	186,528	DR MCECHRON HAS AN OWNERSHIP INTEREST IN S & D REAL ESTATE, LLC GENESIS HEALTH SYSTEM - IOWA RENTS SPACE IN A BUILDING OWNED BY S & D REAL ESTATE		No
GENVENTURES INC	SEE BELOW ON SCH O	24,561,859	GENVENTURES, INC PAID GENESIS HEALTH SYSTEM AS A COMMON PAYMASTER AND REIMBURSEMENT OF INTEREST		No
GENVENTURES INC	SEE BELOW ON SCH O	20,029,121	GENESIS HEALTH SYSTEM PAID GENVENTURES, INC FOR LEASE PAYMENTS AND MEDICAL SUPPLIES		No

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Genesis Health System

Employer identification number  
42-1418847

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 PRESIDENT/CEO, VICE PRESIDENT, FINANCE/CFO, VICE PRESIDENT, LEGAL AFFAIRS, AND VICE PRESIDENT, HUMAN RESOURCES 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
Form 990, Part VI, Section B, line 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
Form 990, Part VI, Section B, line 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 ESTABLISHED 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, THE BASE COMPENSATION FOR THE CEO OF GHS, AT APPROPRIATE TIMES THE LAST TIME THIS PROCESS WAS UNDERTAKEN WAS JANUARY 2009 IN 2009 THE GHS COMPENSATION COMMITTEE MET, AND THE CEO AND EXECUTIVE MANAGEMENT OPTED TO VOLUNTARILY FOREGO THE ANNUAL SALARY INCREASE IN 2009
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
FORM 990, PART XI, LINE 2C		THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR
Schedule K Supplemental Information		A formal Bond Compliance Policy has been developed, with plans for adoption by the Board of Directors of Genesis Health System prior to June 30, 2011 Prior to that date and during the reporting year, management ENSUred post-issuance compliance by assigning responsibility to appropriate personnel based on the covenants contained in the System's Tax Exemption Agreements and related Bond documents for each issue, including regular consultation during the reporting year with the System's Bond Counsel and a compliance seminar presented by, and related compliance guidelines prepared by, Bond Counsel, all as now reflected in the Bond Compliance Policy
FORM 990, SCHEDULE L, PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - DR W DAVID MCECHRON	DR W DAVID MCECHRON IS THE SPOUSE OF FORMER VICE CHAIRMAN, RITA WATTS DR MCEHRON HAS AN OWNERSHIP INTEREST IN S & D REAL ESTATE
FORM 990, SCHEDULE L, PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - GENVENTURES, INC	MARK G ROGERS IS AN OFFICER, FLORENCE L SPYROW IS A KEY EMPLOYEE, AND MIKE SHARP IS A FORMER KEY EMPLOYEE OF GENESIS HEALTH SYSTEM AND ARE REPORTED ON THE FORM 990, PART VII DURING THE TAX YEAR, MARK G ROGERS WAS AN OFFICER OF GENVENTURES, INC , AND FLORENCE L SPYROW AND MIKE SHARP WERE DIRECTORS OF GENVENTURES, INC

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A		Genesis Health System, EIN 42-1418847, and Genesis Health System, EIN 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 elsew here in PART VII, 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 PART VII, is paid by Genesis Health System, EIN 42-1418847



FORM 990, PART I, LINES 9 & 17, PRIOR YEAR THE FORM 990, PART I, LINE 9, PRIOR YEAR COLUMN WAS UPDATED TO REFLECT PROGRAM SERVICE REVENUE NET OF CONTRACTUAL ADJUSTMENTS AND CHARITY CARE THE FORM 990, PART I, LINE 17, PRIOR YEAR COLUMN WAS UPDATED TO REFLECT THE REDUCTION OF EXPENSES RELATED TO THE RECLASSIFICATION OF CONTRACTUAL ADJUSTMENTS AND CHARITY CARE THE AMOUNTS REPORTED IN THE PRIOR YEAR COLUMN DIFFER FROM THE 2008 (FISCAL YEAR 2009) FILED FORM 990, BUT ARE REFLECTED AS SUCH ON THE CURRENT FISCAL YEAR RETURN FOR COMPARABILITY PURPOSES

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

Cat No 51056K

Schedule O (Form 990) 2009



Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
GENGASTRO LLC												
2222 53RD AVENUE BETTENDORF, IA52722 56-2315623	AMBULATORY SURGERY CENTER	IA	N/A		RELATED	2,440,830	140,124	No				No
SPRING PARK SURGERY CENTER LLC												
3319 SPRING STREET STE 202A DAVENPORT, IA52807 42-1483989	OUTPATIENT SURGICAL CENTER	IA	N/A		RELATED	1,134,953	2,840,380	No				No
LARSON CENTER PARTNERSHIP LLC												
801 ILLINI DRIVE SILVIS, IL61282 36-3738454	PROPERTY MANAGEMENT	IL		GENESIS HEALTH SYSTEM 36-3616314	RELATED	280,478	2,217,273	No				No
DAVENPORT SRS LEASING LLC												
1227 EAST RUSHOLME STREET DAVENPORT, IA52803 26-1655144	LEASING	IA	N/A		RELATED	-664,938	7,165,439	No			Yes	
INTEGRATED HEALTH PARTNERS LLC												
2550 MIDDLE ROAD STE 601 BETTENDORF, IA52722 42-1513293	MEDICAL SERVICES	IA		GENESIS HEALTH SYSTEM 42-1418847	RELATED	-125,787		No		-95,922		No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GENVENTURES INC 1227 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1269171	SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	N/A	C	-293,371	47,241,728	100 000 %
GENESIS HEART INSTITUTE 1236 EAST RUSHOLME STREET DAVENPORT, IA52803 42-1504979	HEALTHCARE MANAGEMENT	IA	N/A	C			100 000 %
MISERICORDIA ASSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN CJ 98-0457943	OTHER FINANCIAL VEHICLE	CJ	N/A	C		26,685,808	100 000 %
MOB 1 OWNERS' ASSOCIATION 1227 EAST RUSHOLME STREET DAVENPORT, IA52803 27-0865075	PROPERTY MANAGEMENT	IA	GENVENTURES INC	C			81 700 %

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m No

1n No

1o Yes

1p Yes

1q Yes

1r Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 42-1418847

Name: Genesis Health System

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	GENVENTURES INC	A	227,110
(2)	GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	B	1,147,679
(3)	GENESIS HEALTH SERVICES FOUNDATION	B	263,217
(4)	GENESIS HEALTH SERVICES FOUNDATION	C	515,111
(5)	GENESIS HEALTH SYSTEM - ILLINOIS	J	228,523
(6)	GENVENTURES INC	J	6,698,811
(7)	LARSON CENTER PARTNERSHIP LLC	J	634,105
(8)	DAVENPORT SRS LEASING LLC	J	2,178,309
(9)	GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	L	327,739
(10)	GENESIS HEALTH SYSTEM - ILLINOIS	O	15,103,854
(11)	GENVENTURES INC	Q	8,353,490
(12)	GENESIS HEALTH SERVICES FOUNDATION	O	2,508,447
(13)	MISERICORDIA ASSURANCE COMPANY LTD	O	4,194,698
(14)	GENESIS HEALTH SYSTEM - ILLINOIS	P	80,177,241
(15)	GENVENTURES INC	P	24,334,749
(16)	GENESIS HEALTH SERVICES FOUNDATION	P	3,812,415
(17)	miSERICORDIA ASSURANCE COMPANY LTD	P	941,399
(18)	larSON CENTER PARTNERSHIP LLC	Q	678,805
(19)	GENESIS HEALTH SERVICES FOUNDATION	Q	210,168
(20)	GENVENTURES INC	Q	4,976,820
(21)	GENESIS HEALTH SYSTEM - ILLINOIS	R	8,938,329
(22)	GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	P	1,407,679
(23)	GENGASTRO LLC	R	2,627,000
(24)	SPRING PARK SURGERY CENTER LLC	R	1,083,600
(25)	DAVENPORT HOSPITAL AMBULANCE CORPORATION	L	5,284,083
(26)	DAVENPORT HOSPITAL AMBULANCE CORPORATION	K	232,954
(27)	DAVENPORT HOSPITAL AMBULANCE CORPORATION	R	66,825
(28)	GENORTHO LLC	R	542,400
(29)	INTEGRATED HEALTH PARTNERS LLC	R	724,362
(30)	DAVENPORT SRS LEASING LLC	R	195,355

Additional Data

Software ID:  
Software Version:  
EIN: 42-1418847  
Name: Genesis Health System

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	75,033 including grants of \$	) (Revenue \$
Genesis Illinois Properties, an entity within Genesis Health System, owns land in Illinois for future expansion purposes			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN C BAHLS DIRECTOR	4 00	X						0	0	0
MARK D BAWDEN VICE CHAIRMAN	4 00	X		X				0	0	0
DR JAMES A BULL DIRECTOR	44 00	X						201,482	0	24,595
GREGORY J BUSH TREASURER	4 00	X		X				0	0	0
DR EDMUND P COYNE JR DIRECTOR	4 00	X						0	0	0
DOUGLAS P CROPPER BOARD PRESIDENT/CEO GHS	44 00	X		X				582,439	0	241,529
THOMAS A GILDEHAUS DIRECTOR	4 00	X						0	0	0
ROGER J HILL SECRETARY	4 00	X		X				0	0	0
MARK C KILMER DIRECTOR	4 00	X						0	0	0
JAMES W KOEHLER DIRECTOR	4 00	X						0	0	0
CHARLENE E MAASKE DIRECTOR	4 00	X						0	0	0
DR EDWIN V MOTTO DIRECTOR	4 00	X						0	0	0
DR EDWARD J ROGALSKI CHAIRMAN	10 00	X		X				0	0	0
G CHRISTOPHER WAHLIG DIRECTOR	4 00	X						0	0	0
C DANA WATERMAN III DIRECTOR	4 00	X						0	0	0
DR CAROL A WATSON DIRECTOR	4 00	X						0	0	0
DALE D ZUDE DIRECTOR	4 00	X						0	0	0
MARK G ROGERS V P FINANCE/CFO	40 00			X				335,170	0	103,311
ROBERT W FRIEDEN V P INFORMATION SERVICES	40 00				X			298,209	0	31,570
DR WILLIAM LANGLEY EXECUTIVE DIRECTOR	40 00				X			287,355	0	140,449
JULIE MANAS PRESIDENT/CEO - GMC	40 00				X			308,159	0	100,852
JUDITH PRANGER V P PATIENT SERVICES	40 00				X			182,290	0	91,312
FLORENCE L SPYROW V P OUTPATIENT SERVICES	40 00				X			276,918	0	79,962
DR NICHOLAS AUGELLI PHYSICIAN	40 00					X		489,776	0	26,687
DR TERRILL BANER PHYSICIAN	40 00					X		521,231	0	22,691



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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR ROBERT FIETSAM PHYSICIAN	40 00					X		545,559	0	25,495
DR DARRYL JOHNSON PHYSICIAN	40 00					X		546,699	0	30,916
DR GEORGE KONTOS JR PHYSICIAN	40 00					X		507,064	0	26,709
DR ANDREW ANDRESEN PHYSICIAN	40 00						X	231,734	0	27,987
DR DEAN BUNTING ASSOCIATE DIRECTOR	40 00						X	192,306	0	37,023
JEFFREY M COOPER PRESIDENT, GMC DEWITT	40 00						X	172,610	0	27,987
DR ALEXANDER JONES PHYSICIAN	40 00						X	139,112	0	11,330
HEIDI KAHLY-MCMAHON FORMER ASST V P HUMAN RESOURCES	40 00						X	145,899	0	40,562
DR ROBERT NELSON V P CLINICAL SERVICES	40 00						X	255,357	0	76,191
MIKE SHARP V P SUPPORT SERVICES	40 00						X	196,108	0	77,560
CRAIG SOMMERS EXECUTIVE DIRECTOR	40 00						X	136,366	0	22,551

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

	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
INPATIENT REVENUE	900,099	486,862,207	486,862,207		
OUTPATIENT REVENUE	621,400	396,134,509	396,134,509		
CLINIC REVENUE	621,400	88,157,799	88,157,799		
HOME HEALTH & HOSPICE	621,610	24,808,836	24,808,836		
OTHER OPERATING REVENUE	624,100	7,923,504	6,946,067	977,437	