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Form **990**

Department of the Treasury Internal Revenue Service

Return of O_anization Exempt From Inco ie Tax

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

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

2012
Open to Public Inspection

	<u>A F</u>	or the	2012 calendar year, or tax year beginning $$	d ending d	<u>JUN 30, 20</u>	13
		heck if oplicable			D Employer ide	entification number
		Address change	GENESIS MEDICAL CENTER, ALEDO			
		Name change	Doing Business As		45	-4475683
		Initial return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) 409 NW 9TH AVENUE	Room/suite		mber 3-421-6508
		Amende return	City, town, or post office, state, and ZIP code		G Gross receipts \$	7,789,761.
	X	Application			H(a) Is this a gro	
		pending	F Name and address of principal officer: MARK G. ROGERS		for affiliates	
			SAME AS C ABOVE		⊣ ''	es included? Yes No
			mpt status: X 501(c)(3)) or 52	-	ich a list. (see instructions)
			e: ► WWW.GENESISHEALTH.COM organization	l Von		nption number > .2 M State of legal domicile. IL
			Summary	L Yea	rontormation: 201	. 2 M State of legal domicile. TT
	·		Briefly describe the organization's mission or most significant activities: GENE	ESIS H	EALTH SYST	EM (GHS
	Activities & Governance		ILLINOIS), SOLE MEMBER OF GENESIS MEDICA	L CEN	TER, ALEDO	EXISTS TO
	E	_	Check this box if the organization discontinued its operations or disp			
	S S		Number of voting members of the governing body (Part VI, line 1a)			3 18
SCANNED	0	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			
⋛	s	5]	otal number of individuals employed in calendar year 2012 (Part V, line 2a)			5 0
3	Ϋ́					6 16
iñ	Act	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12			7a 0.
		<u>t</u> d	Net unrelated business taxable income from Form 990-T, line 34 ECFIVE		<u></u>	7b 0.
ΞŢ			Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	70	Prior Year	Current Year
MAR	9	8 (Contributions and grants (Part VIII, line 1h)	:		11,463. 5,016,182.
0	Revenue	9	Program service revenue (Part VIII, line 2g)	}		3,451.
G	Re	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e N, 11	::::::::::::::::::::::::::::::::::::::		2,758,665.
2						7,789,761.
£102	_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,138.
			Benefits paid to or for members (Part IX, column (A), line 4)			0.
	(A)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	L	<u> </u>	2,660,120.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
	De		Fotal fundraising expenses (Part IX, column (D), line 25)	^		
	Ü		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,576,927.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			5,238,185.
		19 i	Revenue less expenses. Subtract line 18 from line 12			2,551,576.
	3 OF			E	Beginning of Current \	
	sset: 3alar		Fotal assets (Part X, line 16)			6,066,705.
	Net Assets or Fund Balances		Total liabilities (Part X, line 26)			3,461,985.
			Net assets or fund balances. Subtract line 21 from line 20			2,604,720.
			Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedu	lee and state	manta and to the heat	t of my knowledge and heliof it is
		•	ties of perjury, I declare that I have examined this feturif, including accompanying scriedt, t, and complete. Declaration of preparer (other than officer) is based on all information of		•	•
	uue,	COLLECT	May D. Rogue	wilicii piepai		18-14
	Sign	,	Signature of officer		Date	
	Her		MARK G. ROGERS, V.P. FINANCE/CFO GHS	& ASS	T. TREAS.	
			Type or print name and title			
			Print/Type preparer's name Preparer's signature		Date Che	eck PTIN
	Paid		JOHN J. ROMANO	•	2 11 14 self	femployed P00227323
	Prep	arer	Firm's name MCGLADREY LLP		Firm's El	N► 42-0714325
	Use	Only	Firm's address 201 N. HARRISON STREET, SUITE	300		
			DAVENPORT, IA 52801-1999		Phone no	o. 563-888-4000
	<u>May</u>	the IF	RS discuss this return with the preparer shown above? (see instructions)		······································	X Yes No
	2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruc	tions.		Form 990 (2012)

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Form 990 (2012) GENESIS ME Part IV Checklist of Required Schedules

,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		17
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	İ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ĺ
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	41	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		_	<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19	X	├ ^
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	X	+
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>_2UD</u>		(0040)

Form 990 (2012) GENESIS METCAL CE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		1 42	140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
	Did the organization-act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	.,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			_v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	22		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	And the control of th	28b	X	 **
þ	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete conservation Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u></u>		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	The state of the s	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

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	rm 990 (2012) GENESIS MEN CAL CENTER, ALEDO			Page 5
* 241	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	_ ,. <u></u>	<u> </u>	. X
		_	Ye	s No
1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		,
	The state of the s	0		
	militaria de la compansión de la compans	gaming		
	(gambling) winnings to prize winners?		1c	
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b			2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority of			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b	b If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X_
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X_
c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Ba Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz	ation solicit		1
	any contributions that were not tax deductible as charitable contributions?		6a	X
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif	ts		
	were not tax deductible?		6ь	
7				
а		ided to the payor?		X
b			7b	
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d		٠,,
	to file Form 8282?		7c	X
d	d If 'Yes,' indicate the number of Forms 8282 filed during the year	- · · · · · · · · · · · · · · · · · · ·		
e			7e	X
f			7f	- ^ -
9		as required?	7g	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h	
8		orting		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time d	unng the year?	8	
9				
	a Did the organization make any taxable distributions under section 4966?		9a 9b	
b	b Did the organization make a distribution to a donor, donor advisor, or related person?		1 20	-
10				
	a littlation less and suprial contributions institute of the time in the contribution of the contribution		1	
			1	
11				
	a Closs income norm mornore or characters	· · · · · · · · · · · · · · · · · · ·	1	
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
40	amounts due or received from them.)		12a	
	19h			_
	and the state of t			
13	a Is the organization licensed to issue qualified health plans in more than one state?		13a	·····
8	Note. See the instructions for additional information the organization must report on Schedule O.			
	hore. See the instructions for additional information the organization must report on concessions. b. Enter the amount of reserves the organization is required to maintain by the states in which the			

Form 990 (2012)

14a

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI	· - <u></u>	<u></u>		<u> </u>	
Sec	ion A. Governing Body and Management					
		1	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing]				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
_	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by ti	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be res					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
	TOTAL DE L'ANGE			•	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ty bef	ore filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•				
12a				12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
Ĭ	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve			[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a	<u> </u>	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b	<u> </u>	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in S	chedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	nd fina	ncial	
. 0	statements available to the public during the tax year.		. •			
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiz	ation:	▶ _	
	MARK G. ROGERS - 563-421-6508					
	1227 E RUSHOLME STREET, DAVENPORT, IA 52803					
23200				F	00/	10040

12-10-12

Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box,	(C) Position (do not check more than of box, unless person is both officer and a director/trust				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated at employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEVEN C. BAHLS DIRECTOR	4.00	х						0.	0.	0.
(2) MARK D. BAWDEN CHAIRPERSON	10.00	x		х				0.	0.	0.
(3) GREGORY J. BUSH	4.00	х		х				0.	0.	0.
TREASURER (4) CHRISTOPHER J. COX	4.00	X		Δ.				0.	0.	0.
(5) RDMUND P. COYNE, JR., M.D.	4.00							0.	0.	
DIRECTOR (6) DOUGLAS P. CROPPER	44.00	X		.,						0.
PRESIDENT/CEO GHS (7) THOMAS A. GILDEHAUS	4.00	X		Х	_			0.	·	
DIRECTOR (8) ROGER J. HILL	4.00	X					_	0.	0.	0.
SECRETARY (9) MARK C. KILMER	4.00	X	_	X		-		0.	0.	0.
DIRECTOR (10) JAMES W. KOEHLER	4.00	X	_		_			0.	0.	0.
DIRECTOR (11) GEORGE J. KONTOS, JR., M.D.	40.00	X	-			-	_	0.	0.	0.
DIRECTOR	4.00	X			_	_		0.	528,797.	28,544.
(12) CHARLENE E. MAASKE DIRECTOR		x			_	-		0.	0.	0.
(13) EDWIN V. MOTTO, M.D. DIRECTOR	10.00	x				ļ		0.	0.	0.
(14) EDWARD J. ROGALSKI, PH.D. DIRECTOR	10.00	x			<u> </u>	_		0.	0.	0.
(15) G. CHRISTOPHER WAHLIG VICE CHAIRPERSON	8.00	X		x				0.	0.	0.
(16) C. DANA WATERMAN, III DIRECTOR	4.00	X						0.	0.	0.
(17) CAROL A. WATSON, PH.D., RN, CEN DIRECTOR	4.00	x						0.	0.	0.
232007 12-10-12	· · · · · · · · · · · · · · · · · · ·									Form 990 (2012)

Name and title Name and business address NoNE Name and title Name	Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related organizations Noutre for related for related organizations Noutre for related		(A)	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	C) ition more rson	than is bot	one h an	(D) Reportable compensation from	(E) Reportab compensat from relate	tion ed	Estimamou oth	nated unt of ner
(18) DALE D, ZUDE 10 JUDITH A, MONDELLO 40.00 X 0. 0. 330,369. 45,324.			hours for related organizations below	Motual trustee or director	dutional trustee	18	employee	hast compensated playee	1	organization	_		from organi and re	n the ization elated
DIRECTOR X	/19\	DATE D. STIDE		를	_≅	통	ē.	골통	ıΣ					
1.19) JUDITER A. NONDELLO ASSISTANT SECRETARY (20) MARK G. ROSERS V.P. FINANCE/CPO GISS & ASST. TREAS. 1.		•	4.00	x						0.		ا م		0.
ASSESTANT EXCRETARY (20) MARK G. ROGERS (21) WARK G. ROGERS (22) MARK G. ROGERS (23) MARK G. ROGERS (24) D. SECTION COMES & ASST. TREAS. (25) MARK G. ROGERS (26) MARK G. ROGERS (27) FINANCE/CPO GHS & ASST. TREAS. (28) MARK G. ROGERS (29) MARK G. ROGERS (27) FINANCE/CPO GHS & ASST. TREAS. (29) MARK G. ROGERS (20) MARK G. ROGERS (27) FINANCE/CPO GHS & ASST. TREAS. (27) MARK G. ROGERS (27) M			40.00		┢			┢						
(20) MARK 0, ROGRES V.P. FINANCE/CPO GISS & ASST. TREAS. 1b Sub-total 1c Treat from continuation sheets to Pert VII, Section A 1c Total from continuation sheets to Pert VII, Section A 1c Total from continuation sheets to Pert VII, Section A 1c Total field diffies 1b and 1c) 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1at 7 lt "Yes," complete Schedule J for such individual 1c Total number of individual gind on line 1a, is the sum of reportable compensation and related organization greater than \$150,000 ft "Yes," complete Schedule J for such individual 1c Total number of individual sted on line 1a receive or accrue compensation from any unrelated organization greater than \$150,000 ft "Yes," complete Schedule J for such individual 1c Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization of the calendar year ending with or within the organization is tax year. (A) Name and business address NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.				1		X		ļ	ļ	0.	330,3	369.	45,	324.
1b Sub-total 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1c Total add lines 1b and 1c) 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization star ny former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1c Total number of individual star or line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization of the accuracy compensation from my unrelated organization or individual for services (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. None 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization at xive year. 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services. 1 Compensation from the organization of services. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization or services.	(20)	MARK G. ROGERS	40.00		i									
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No								•						
One of the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													258	<u>,959.</u>
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is the organization from the organization is the organization from the organization is the organization from the organization is the organization from the organization is the organiz			not limited to th	1056	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reports	able		0
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. 0													Y	es No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		line 1a? If "Yes," complete Schedule J for :	such individual										3	х
rendered to the organization? If "Yes," complete Schedule J for such person											the organizatio	n 	4	x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		* *												.,
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	1	Complete this table for your five highest co										ompens	ation fro	m
Name and business address NONE Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0			(III Calellual)	eai	GIIQ	ng v	MILLI	OI W	/1011	L	you		(C)	
\$100,000 of compensation from the organization ▶ 0			s address	N	ON	E_					services	C		ation
\$100,000 of compensation from the organization ▶ 0														
\$100,000 of compensation from the organization ▶ 0										<u> </u>	·	-		
\$100,000 of compensation from the organization ▶ 0														
\$100,000 of compensation from the organization ▶ 0														
\$100,000 of compensation from the organization ▶ 0					_									
\$100,000 of compensation from the organization ▶ 0														
\$100,000 of compensation from the organization ▶ 0			<u>. </u>									1		
\$100,000 of compensation from the organization ▶ 0	2	Total number of independent contractors	(including but i	not l	ımite	ed to	the	se li	ste	d above) who received r	nore than	+	`	
		•	_					0					<u> </u>	M ~~

CAL CENTER, ALEDO GENESIS ME Form 990 (2012) GENESIS
Part VIII Statement of Revenue

			Check if Schedule O contains a response	to any question	in this Part VIII			
**********			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9 g	<u></u>		Federated campaigns 1a		V-11	10401100	10101100	313,01314
Eg			Membership dues					
عَ ق			Fundraising events 1c					
₹ ¥			Related organizations 1d					
Ç.≝			Government grants (contributions) 1e	· · · · · · · · · · · · · · · · · · ·				
Sign			All other contributions, gifts, grants, and					
돌			similar amounts not included above	11,463.				
풀이		g	Noncash contributions included in lines 1a-1f. \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		11,463.			
				Business Code				
8	2		PROFESSIONAL SERVICES			7,345,297.		
و ڲٙ			CLINIC REVENUE			1,541,347.		
Program Service Revenue			NURSING SERVICES	622110		624,009.		
e a			PATIENT ANCILLARY SERV		54,038.	 		
<u> </u>			LESS: CONTRACTUALS, BA		~4,548,509.	-4,548,509.		
ا ته		f	All other program service revenue	<u> </u>	5 016 100			
			Total. Add lines 2a-2f		5,016,182.			
ļ	3		Investment income (including dividends, inte		2 451			2 451
			other similar amounts)		3,451.	-		3,451.
	4		Income from investment of tax-exempt bond					
	5		Royalties	l	· · · · · · · · · · · · · · · · · · ·		***************************************	
	_		Gross rents (i) Real 19,649	(ii) Personal	-			
ŀ	6				ł			
			10 640		1			
			, , , , , , , , , , , , , , , , , , ,		19,649.			19,649.
İ	_		Net rental income or (loss)		13/0436			
	-	а	assets other than inventory	(ii) Other	1			
		_	Less: cost or other basis		1			
		U	and sales expenses					
		_	Gain or (loss)		1			
			Net gain or (loss)		1			
	8		Gross income from fundraising events (not					
an l		Ī	including \$ of					
Other Reven			contributions reported on line 1c). See					
Ŗ.			Part IV, line 18	a				
the		þ		b				
0			Net income or (loss) from fundraising events	<u></u>				
	9		Gross income from gaming activities. See					
			Part IV, line 19	a	1			
	l		2000: 0,1000 0,4000	b	1			
		c	Net income or (loss) from gaming activities	. <u> </u>		<u></u>		
	10	a	Gross sales of inventory, less returns				į.	
			and allowances	ľ				
			Less: cost of goods sold	b				
		С	Net income or (loss) from sales of inventory	1			-	
	L		Miscellaneous Revenue	Business Code		2 540 070	•	
	11		OTHER INCOME			2,540,070.		
		b	OUTSIDE SERVICE REVENU		51,479 23,979			
	1	C	VENDING/CAFETERIA SALE	00000				
		d	All other revenue				 	+
			Total. Add lines 11a-11d	🛴	7.789.761	.7,755,198.	1	23,100.
2320	<u>12</u>	<u>. </u>	Total revenue. See instructions	· · <u>/</u>	1, 1, 1, 0, 2, 1, 0, 1	· / / J J 1 J U •		Form 990 (2012)
23200 12-10)-12							FUIII 330 (2012)

Form 990 (2012) GENESIS MECC Part IX Statement of Functional Expenses

GENESIS ME

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	1 120	1,138.		
_	organizations in the United States. See Part IV, line 21	1,138.	1,130.		•••••
2	Grants and other assistance to individuals in		Į.		
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		[
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				***************************************
5	Compensation of current officers, directors,				
•	trustees, and key employees	66,405.		66,405.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	İ			
7	Other salaries and wages	2,147,160.	2,072,480.	74,680.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	56,324.	54,411.	1,913.	
9	Other employee benefits	227,843.	225,891.	1,952.	
10	Payroll taxes	162,388.	154,556.	7,832.	
11	Fees for services (non-employees):		-		
а	Management	363,431.	361,431.	2,000.	
b	Legal				
c	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,358.		3,358.	
g	, ,		015 500	01 456	
	column (A) amount, list line 11g expenses on Sch O.)	339,188.	317,732.	21,456.	
12	Advertising and promotion	21,226.	5,283.	15,943.	
13	Office expenses	507,653.	464,095.	43,558.	· · · · · · · · · · · · · · · · · · ·
14	Information technology	328,367.	1,003.	321,304.	
15	Royalties	117,205.	113,935.	3,270.	
16	Occupancy	9,333.	5,400.	3,933.	
17	Travel	9,333.	3,400.	3,333.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,001.	1,106.	3,895.	
19	Conferences, conventions, and meetings	3,784.	3,784.	3,055	- -
20	Interest	3,704.	2,104.		
21	Payments to affiliates	21,057.	21,057.		
22		51,935.	33,770.	18,165.	
23 24	Other expenses Itemize expenses not covered	,	= - ,		······································
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			-	
_	amount, list line 24e expenses on Schedule 0.)	757,621.		757,621.	
a	COCC DAMIENM CUDDIV	33,121.	33,121.	,	
b	MICCELLANDOUS	14,647.	4,172.	10,475.	···
C					
d e					
25	Total functional expenses. Add lines 1 through 24e	5,238,185.	3,874,365.	1,363,820.	0
25 26	Joint costs. Complete this line only if the organization	, <u>, , , , , , , , , , , , , , , , , , </u>		•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) **(B)** End of year Beginning of year 607,867. 1 1 414,682. 2 2 3 3 Pledges and grants receivable, net 2,897,189. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 246,797. 8 155,439. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,765,788. basis. Complete Part VI of Schedule D 10a 1,744,731. 0. b Less: accumulated depreciation 10b 10c 11 11 12 12 13 Investments · program-related. See Part IV, line 11 13 14 14 15 15 6,066,705. О. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,152,130. 17 17 18 18 121,103. 19 19 Deferred revenue 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities. Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,188,752. 0. 25 3,461,985. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigcup \big[\bigX \end{and} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,551,576. 27 Unrestricted net assets 27 28 53,144. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ L and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 0. 2,604,720. 33 Total net assets or fund balances 6,066,705. 0. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) GENESIS MENCAL CENTER, ALEDO	45-44	75683	Pag	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,789	7,7	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,238		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,55	1,5	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5	3,1	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,60	4,7	<u> 20.</u>
Pat	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Well the organization of mariotal oracomonto complication of the mariotal oracomonto complication of the mariotal oracomonto complication oracomonto c		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	<u> X</u>	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		17	1
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		. 3a_		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service 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

2012

Open to Public Inspection

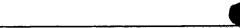
Vam	e of t	he organizati	on						E	mployer	identificati	on nu	mber
			GENESIS	MEDICAL CEN	TER,	ALEDO				_4	5-4475	683	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
The	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check c	only one b	ox.)					-
1		A church, cor	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)	•				
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3	X	A hospital or	a cooperative hospi	tal service organization of	described i	n section	170(b)(1)((A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	prtal descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter t	he hospital	s nam	Θ,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental un	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general (public desc	ibed i	n
		section 170(b)(1)(A)(vi). (Comple	te Part il.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contri	butions, m	embersh	ip fees, ar	nd gross red	eipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2) no more	than 33 1	/3% of its	s support	from gross	invest	ment
		income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bus	sinesses a	acquired b	y the orga	anization a	after June 3	0, 197	5.
			509(a)(2). (Complete	-									
10	닏			perated exclusively to tes									
11				perated exclusively for th									or
		more publicly	supported organiza	ations described in section	on 509(a)(1	I) or sectio	n 509(a)(2	2). See se c	tion 509	(a)(3). Che	eck the box	that	
				organization and comple									
		a L Type I				nctionally i	-				n-functional		-
е	Ш			t the organization is not									n
				han one or more publicly						9(a)(1) or	section 509	(a)(2).	
f				ten determination from t				II, or Type	111				
			rganization, check th										L
9				organization accepted ar								V	
				lirectly controls, either al							1	Yes	No
				upported organization?							11g(i)		
		• •	•	n described in (i) above?									
		• •	-	person described in (i) o			•••••				. 11g(iii)	l	<u> </u>
h		Provide the t	ollowing information	about the supported or	ganization	(5).							
					(hu) is the	organization	(v) Did you	u notify the	(vi)	s the	(nell) A manual	4	
(1)		of supported	(II) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organizat	ion in col.	(vii) Amouni	oi mo port	netary
	ory	anization		above or IRC section	governing	document?	(i) of you	r support?	(I) organi U.S	S.?	1	port	
				(see instructions))	Yes	No	Yes	No	Yes	No	•		
						<u> </u>							
								<u> </u>					
											<u></u>		
			1		<u> </u>								
_													
					1	<u> </u>							
						<u> </u>		<u> </u>					
Tot	al			1	1	1	.		1	l	!		

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for



Schedule A (Form 990 or 990-EZ) 2012

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

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

	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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				ļ		
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		1	1			
	amount shown on line 11,						
	column (f)		<u> </u>	 			
	Public support. Subtract line 5 from line 4	<u></u>	<u> </u>	<u> </u>	1	<u> </u>	
	ction B. Total Support	r 		T	T	1 ,,,,,,,,	T 22 = 1.
	indar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				ļ		<u> </u>
8	Gross income from interest,			1			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources .						
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ł					
	assets (Explain in Part IV.)		ļ		 		
	Total support. Add lines 7 through 10		<u> </u>				
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	► [
_	organization, check this box and sto	p here			· · · · · · · · · · · · · · · · · · ·		
	ction C. Computation of Pub					144	
	Public support percentage for 2012 (1 1	
	Public support percentage from 201						
16	a 33 1/3% support test - 2012. If the						
	stop here. The organization qualifies						
١	b 33 1/3% support test - 2011. If the						
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes	st - 2012. If the or	ganization did no	this boy and stan	here Eveleis is D	, and mic 14 is 10:	onization
	and if the organization meets the "fa						
	meets the "facts-and-circumstances"						
	b 10% -facts-and-circumstances tes	st - 2011. If the or	ganization did no	cneck a box on III	ne 13, 162, 166, 0	r i / a, and line 15 l	IS IU76 OF
	more, and if the organization meets t						ue
							▶ !
	organization meets the "facts-and-cii						



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, please comp	Diete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(u) 2000	(0) 2000	(0) 2010	(4) 2011	(0) 2012	ti) Total
membership fees received. (Do not						
include any "unusual grants.")				į		
2 Gross receipts from admissions.		·	<u> </u>	 		
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose				ļ <u></u>		
3 Gross receipts from activities that		•				
are not an unrelated trade or bus-						
iness under section 513		_				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			•			
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		}				
· · · · · · · · · · · · · · · · · · ·		 		 	 	
6 Total. Add lines 1 through 5				-	· ·	
7a Amounts included on lines 1, 2, and				1		
3 received from disqualified persons				 	+	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the		1				
amount on line 13 for the year						<u> </u>
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from Interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						•
b Unrelated business taxable income				-		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
					 	
c Add lines 10a and 10b		ļ				
11 Net income from unrelated business activities not included in line 10b,					1	
whether or not the business is						
regularly carried on					<u> </u>	
12 Other income. Do not include gain					1	
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	-			-		▶□
Section C. Computation of Public				·	•	
15 Public support percentage for 2012 (lir			column (f))		15	
16 Public support percentage from 2011					16	
Section D. Computation of Inves					<u> </u>	
					17	
					18	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2012. If the			on line 14, and lin			17 is not
* -	-					i / is not ⊾ —
more than 33 1/3%, check this box an						▶∟
b 33 1/3% support tests - 2011. If the d						
line 18 is not more than 33 1/3%, chec					-	
20 Private foundation. If the organization	ald not check a	DOX ON line 14, 19	a, or 19b, check t			
222222 12 04 10				6~	hadula A /Form 00	M 000 E7 00

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Suppremental Financial Statements

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

2012 Open to Public Inspection

Name of the organization

GENESIS MEDICAL CENTER, ALEDO

Employer identification number 45-4475683

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
	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 adv	sed fun	ds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor of			
Par		panization answered "Yes" to Form 990		
	<u> </u>		r cut iv,	
1	Purpose(s) of conservation easements held by the organization		ictorical	ly important land area
	Preservation of land for public use (e.g., recreation or e	Preservation of a ce		
	Protection of natural habitat	Freservation of a ces	i tilleu i li	Stone Structure
_	Preservation of open space	e		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	or a co	onservation easement on the last
	day of the tax year.			Hold at the End of the Tay Year
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	ne orgar	nization during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per		f	
	violations, and enforcement of the conservation easements i	it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during t	he year >
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(E	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the or	ganization's accounting for
	conservation easements.		•••	
Pa	rt 朋 Organizations Maintaining Collections o		Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		_	
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex		rance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (A)			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	oublic se	ervice, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS:			
а				. • \$
b				
_				

232051 12-10-12

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

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 GENESIS	DICAL CI	ENTER, ALE	EDO		45-4	475683	Page 2
	t III Organizations Maintaining C				r Other			
	Using the organization's acquisition, accessi							
_	(check all that apply):		•	•	•			
а	Public exhibition	đ	Loan or exc	change progra	ms			
ь	Scholarly research	е		0,0				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit of	•	=					
_	to be sold to raise funds rather than to be ma						Yes	☐ No
	t IV Escrow and Custodial Arran							
4 111111111	reported an amount on Form 990, Pa						,	
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other ass	sets not inc	iuded		
	on Form 990, Part X?		-			Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
_							Amount	
c	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.							□ ```
	t V Endowment Funds. Complete					•		
L. C. L. C. C. C.	Within M. T. T. T. T. T. T. T. T. T. T. T. T. T.	(a) Current year	(b) Prior year			Three years bad	k (e) Four ye	ars back
1a	Beginning of year balance	53,144.				-		
ь	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships			-				
_	Other expenditures for facilities							
Ŭ	and programs							
f	Administrative expenses							
9	End of year balance	53,144.						
2	Provide the estimated percentage of the cur		e (line 1a. column	(a)) held as:				
_ a	Board designated or quasi-endowment	81.00	%					
b	Permanent endowment ► 19.00	%						
c	Temporarily restricted endowment ▶	.00 %						
•	The percentages in lines 2a, 2b, and 2c shot							
За	Are there endowment funds not in the posse		ation that are held	and administe	red for the	organization		
	by:	•				•	T	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•						
Par	t VI Land, Buildings, and Equipn							
	Description of property	(a) Cost or o		st or other	(c) Accu	umulated	(d) Book	/alue
		basis (investr	nent) basis	s (other)	depre	ciation		
1a	Land			65,000.			65	,000.
	Buildings		2:	24,226.	1	0,078.		,148.
	Leasehold improvements							
	Equipment	l.	1:	20,713.	1	0,979.	109	,734.
	Other		1,3	55,849.			1,355	
	I. Add lines 1a through 1e. (Column (d) must e					🕨	1,744	

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(11)

1,188,752.

Schedule D (Form 990) 2012

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 CONSOLIDATED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY.

TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.

FORMS 990 AND 990T FILED BY GHS IOWA, GHS ILLINOIS, GSL, ALEDO, GENESIS FOUNDATION, ILLINI FOUNDATION AND WORKERS' COMPENSATION TRUST ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. FORMS 990 AND 990T FILED BY GHS IOWA, GHS ILLINOIS, GSL, ALEDO, GENESIS FOUNDATION, ILLINI FOUNDATION AND Schedule D (Form 990) 2012

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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

2012

Open to Public Inspection

Name of the organization

GENESIS MEDICAL CENTER, ALEDO

Employer identification number

45-4475683

Par	Financial Assistance a	nd Certain Ot	<u>her Communi</u>	ity Benefits at	Cost				
								Yes	No
1 a	Did the organization have a financial	assistance policy (during the tax yea	r? If "No," skip to c	uestion 6a		1a	X	
b	If "Yes," was it a written policy? . If the organization had multiple hospital facilities,	Indiana cataba assa sa	mudng hont danadha	application of the financial	peciatorno nolles to lan	various hospital	1b	X	
2	facilities during the tax year					ranous nospital			
	Applied uniformly to all hospita	il facilities	Applie Applie	d uniformly to mos	t hospital facilities				
	Generally tailored to individual	•							
	Answer the following based on the financial assist								
a	Did the organization use Federal Pov					e care?		v	
	If "Yes," indicate which of the following 100% 150%	ng was the FPG fa X 200%	mily income limit to the community of th	for eligibility for free %	care:		3a	X	
b	Did the organization use FPG as a fa	ctor in determining	eligibility for prov	riding <i>discounted</i> c	are? If "Yes," indic	ate which			
	of the following was the family incom	e limit for eligib <u>ility</u>	for discounted ca				3ь	X	ļ
	X 200% _ 250% _	□ 300% □			her %				
¢	If the organization used factors other	rthan FPG in deter	rmining eligibility,	describe in Part VI	the income based	criteria for			
	determining eligibility for free or disco	ounted care. Includ	de in the descripti	on whether the org	anization used an	asset test or	ļ		
	other threshold, regardless of income Did the organization's financial assistance policy	e, as a tactor in de	termining eligiblift	y for free or discoul	ide for free or discounter	i care to the		.,	1
4	"medically indigent"?						4	X	1.5
	Did the organization budget amounts for						5a_	₩-	X
b	If "Yes," did the organization's finance	cial assistance exp	enses exceed the	budgeted amount	?		5b	-	-
C	If "Yes" to line 5b, as a result of budg						_		
	care to a patient who was eligible for						5c	\ \\	
	Did the organization prepare a comm						6a	X	<u> </u>
b	If "Yes," did the organization make it						6Ь	X	
	Complete the following table using the workshee			not submit these workshe	ets with the Schedule H		l	1	1
7	Financial Assistance and Certain Ott			(c) Take	(d) Direct	(e) Net	14) Percen	t of
	Financial Assistance and	(a) Number of activities or	(b) Persons served	(C) Total community	offsetting revenue	community benefit expense		tal expen	
	ins-Tested Government Programs	programs (optional)	(optional)	benefit expense	Invertue	Actions avhering	-		
a	Financial Assistance at cost (from			120 617		129,617.	-	2.47	19-
	Worksheet 1)			129,617.	0.	123,01/.	1	. • 4 /	
b	Medicaid (from Worksheet 3,			762 464	567 207	106 157	-	3.74	9-
	column a)			103,404.	567,307.	130,13/.	+	. / 4	0
C	Costs of other means-tested								
	government programs (from			. 0.	0.				
	Worksheet 3, column b)			ļ. U.	<u> </u>		-		
d	Total Financial Assistance and			002 001	567 207	225 774	4	5.21	9-
	Means-Tested Government Programs			093,001.	567,307 <u>.</u>	343,114.	+	<i>.</i> . <u> </u>	<u> </u>
	Other Benefits								
е	Community health	1					1		
	improvement services and								
	community benefit operations			13,202.	0.	13,202.	1	.25	5 9-
	(from Worksheet 4)	<u> </u>	 	13,202.		13,202	'	• 2 .	, 0
f	Health professions education	1			o.				
	(from Worksheet 5)		<u> </u>	0.	U •		+		
9	Subsidized health services			_					
	(from Worksheet 6)			0.	0.		 	-	
h	Research (from Worksheet 7)			0.	0.		+-		
i	Cash and in-kind contributions		1						
	for community benefit (from			2 603		2 601	1	^ -	E Q.
	Worksheet 8)		<u> </u>	2,601.	0.			.0!	
j	Total. Other Benefits		ļ	15,803.		15,803		.30	
L	Total Add lines 7d and 7i		l	1908,884.	567,307.	341,577	•	6.5	Τŧ

232091 12-10-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2012

Schedule H	(Form 990)	2012
	II OIIII 930	2012

Schedule H ((Form 990) 2012	GENESIS					45-4475683	
Part II	Community	Building Activitie	S Complete thi	s table if the org	anization cond	ucted any communi	ty building activities duri	ng the

	tax year, and describe in Part	(a) Number of activities or programs	Inity building activ (b) Persons served (optional)	(c) Total	e health of the co	(e) Net	(f)	Percent	
		(optional)		building expense	<u> </u>	building expense			
1	Physical improvements and housing					1-014			
2	Economic development			1,014		1,014.		.02	
3	Community support			1,014	•	1,014.		.02	<u> </u>
4	Environmental improvements	-			 				
5	Leadership development and								
	training for community members								
6_	Coalition building				-				
7	Community health improvement]							
	advocacy			507		507.		.01	<u>a. </u>
8_	Workforce development			507	•	507.		.01	б
9_	Other			2 525	 	2 5 2 5	-	.05	<u>. </u>
10	Total	 	l	2,535	•1	2,535.		• 05	<u>ъ </u>
	rt III Bad Debt, Medicare, &	& Collection P	ractices	·	 			Yes	No
Sect	ion A. Bad Debt Expense						$\overline{}$	res	
1	Did the organization report bad deb	t expense in accor	dance with Health	care Financial Ma	anagement Assoc	clation		v	
					• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	1	Х	
2	Enter the amount of the organization				1 - 1	215 241			
	methodology used by the organization				2	315,241.	-		
3	Enter the estimated amount of the c	-							
	patients eligible under the organizat								
	methodology used by the organization	ion to estimate this				0			
	for including this portion of bad deb				3	0.	-		
4	Provide in Part VI the text of the foo					ot			
	expense or the page number on wh	ich this footnote is	contained in the	attached financial	statements.				
Sect	ion B. Medicare				1 1	0 006 401			
5	Enter total revenue received from M					2,006,431.			
6	Enter Medicare allowable costs of c	are relating to pay	ments on line 5			1,986,564.			
7	Subtract line 6 from line 5. This is the					19,867.	4		
8	Describe in Part VI the extent to wh								
	Also describe in Part VI the costing	methodology or so	ource used to dete	rmine the amoun	t reported on line	∍ 6 .			
	Check the box that describes the m	ethod used:	-	===					
	Cost accounting system	Cost to cha	rge ratio	Other					
Sect	tion C. Collection Practices								
	Did the organization have a written						9a	Х	
b	If "Yes," did the organization's collection							١ ا	
	collection practices to be followed for pa	tients who are know	n to qualify for financ	cial assistance? Des	<u>cribe in Part VI</u>	<u> </u>	<u>9b</u>	X	
Pa	rt IV Management Compa	nies and Joint	Ventures (owne	d 10% or more by offic	ers, directors, trustees	, key employees, and phys	cians - s	ee instru	ctions)
	(a) Name of entity		scription of primal ctivity of entity	pre	(c) Organization's profit % or stock ownership % (d) Officers, directors, trustees, or key employees' profit % or stock ownership %			profit % or	
							<u>-</u> .		
2320	92 1-12		<u></u>			Schedule	H (For	m 990	2012

232093 12-10-12



ICAL CENTER, Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group GENESIS MEDICAL CENTER, ALEDO For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) Yes No Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) 1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health X needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply): A definition of the community served by the hospital facility Demographics of the community Existing health care facilities and resources within the community that are available to respond to the health needs of the community How data was obtained The health needs of the community Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups The process for identifying and prioritizing community health needs and services to meet the community health needs The process for consulting with persons representing the community's interests Information gaps that limit the hospital facility's ability to assess the community's health needs Other (describe in Part VI) Indicate the tax year the hospital facility last conducted a CHNA: 3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons 3 the hospital facility consulted Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI 5 If "Yes," indicate how the CHNA report was made widely available (check all that apply): Hospital facility's website Available upon request from the hospital facility Other (describe in Part VI) If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date): Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA **Execution of the implementation strategy** Participation in the development of a community-wide plan Participation in the execution of a community-wide plan Inclusion of a community benefit section in operational plans Adoption of a budget for provision of services that address the needs identified in the CHNA Prioritization of health needs in its community Prioritization of services that the hospital facility will undertake to meet health needs in its community Other (describe in Part VI) Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs 8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA 8a b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? 8ь c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720

for all of its hospital facilities? \$

Schedule H (Form 990) 2012

b

d

Reporting to credit agency

Other similar actions (describe in Part VI)

Liens on residences Body attachments

Lawsurts

If "Yes," check all actions in which the hospital facility or a third party engaged:

If "Yes," explain in Part VI.

ALEDO, IL 61231	OUTPATIENT PHYSICIAN CLINIC
	-
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	1
	1
	Cabadula U (Ta 000) 0040

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- '7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- Facility reporting group(s). If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: NOT APPLICABLE
PART I, LINE 6A: NOT APPLICABLE
PART I, LINE 7: GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) UTILIZED
WORKSHEET 2 TO CALCULATE ITS COST-TO-CHARGE RATIO. THE CALCULATED
COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE COST OF CHARITY CARE AND
UNREIMBURSED MEDICAID. COSTS OF THE "OTHER BENEFITS" REPORTED IN 7E -7I
WERE COMPILED THROUGHOUT THE YEAR IN THE COMMUNITY BENEFIT DATABASE (I.E.,
CBISA) THAT GMC, ALEDO UTILIZES.
PART I, LINE 7G: NO COSTS ASSOCIATED WITH A PHYSICIAN CLINIC WERE
REPORTED IN SUBSIDIZED HEALTH SERVICES.
PART I, LN 7 COL(F): NO BAD DEBT EXPENSE WAS INCLUDED IN THE DENOMINATOR
BECAUSE BAD DEBT WAS REPORTED IN LINE 2F OF PART VIII, STATEMENT OF
REVENUE. THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS A
PERCENTAGE OF TOTAL EXPENSES IS 17.35%, AND THE PERCENTAGE INCREASES TO
232098 12-10-12 Schedule H (Form 990) 2012

PART III, LINE 3:

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PAYERS WERE WRITTEN OFF TO A CONTRACTUAL ALLOWANCE ACCOUNT.

GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) UTILIZES AVADYNE HEALTH TO

PROCESS AGING PATIENT ACCOUNTS. AVADYNE HEALTH'S COLLECTION PROCESS

UTILIZES PUBLICLY AVAILABLE INFORMATION TO ENSURE ALL AGING PATIENT

ACCOUNTS RECEIVE FINANCIAL ASSISTANCE IN ACCORDANCE TO GMC, ALEDO

POLICY BEFORE BEING DEEMED BAD DEBT. GMC, ALEDO REPORTED ZERO DOLLARS

FOR THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO

PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

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. RECEIVABLES DUE FROM MEDICAL OFFICE BUILDING TENANTS AND FROM
COMMERCIAL LAUNDRY CUSTOMERS ARE CARRIED AT THE ORIGINAL INVOICE AMOUNT
LESS AN ESTIMATE MADE FOR DOUBTFUL ACCOUNTS. 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. GENESIS MEDICAL CENTER, ALEDO DOES NOT CHARGE
INTEREST ON PATIENT RECEIVABLES. 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.

PART III, LINE 8: THE MEDICARE COST REPORT WAS USED TO DETERMINE THE

AMOUNT REPORTED IN PART III, LINES 5, 6, AND 7 FOR THE HOSPITAL. NO

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MEDICARE SHORTFALLS WERE INCLUDED IN COMMUNITY BENEFIT. THE MEDICARE COST REPORT SHORTFALL REPRESENTS THE DIFFERENCE BETWEEN THE TOTAL REVENUE RECEIVED FROM MEDICARE BASED ON MEDICARE COST REPORT REIMBURSEMENT RATES AND THE COSTS INCURRED BY GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) IN PROVIDING HEALTHCARE SERVICES TO THE ELDERLY. THE TOTAL MEDICARE SHORTFALL, WHICH INCLUDES FEE SCREEN SERVICES, WAS \$55,070. IN ACCORDANCE WITH GMC, ALEDO'S MISSION STATEMENT, "TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED, "THE ELDERLY WERE SERVED DESPITE THE TOTAL MEDICARE LOSS OF \$55,070. GMC, ALEDO 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 GMC, ALEDO IS THE ONLY HEALTHCARE ORGANIZATION IN THE COMMUNITY WHO PROVIDES ACCESS TO HEALTHCARE FOR MEDICARE PATIENTS. ACCORDINGLY, IT IS GMC, ALEDO'S POSITION FOR THE REASONS STATED ABOVE THAT THE TOTAL MEDICARE SHORTFALL OF \$55,070 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 TOTAL MEDICARE SHORTFALL WAS INCLUDED IN PART I, LINE 7, THEN PART I, LINE 7K, COLUMN F WOULD BE 7.57%.

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 VI, LINE 2: GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) WAS

Schedule H (Form 990)

INCORPORATED IN FEBRUARY 2012 AND REQUESTED EXEMPTION FROM THE INTERNAL REVENUE SERVICE. AS A NEWLY FORMED ORGANIZATION, GMC, ALEDO IS REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE IDENTIFIED COMMUNITY NEEDS BY THE LAST DAY OF THE SECOND TAXABLE YEAR BEGINNING AFTER THE DATE OF 501(C)(3) RECOGNITION. SINCE THE YEAR-ENDED JUNE 30, 2013 REPRESENTS THE FIRST TAXABLE YEAR AFTER INCORPORATION, GMC, ALEDO DID NOT CONDUCT A CHNA.

PART VI, LINE 3: INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN VISIBLE LOCATIONS IN THE ADMISSION DEPARTMENT OF THE HOSPITAL. IN ADDITION, THE HOSPITAL REGISTRATION STAFF MAKE AVAILABLE INFORMATIVE BROCHURES FOR PATIENTS IN THE EMERGENCY ROOM REGISTRATION AREA EXPLAINING THEIR ELIGIBILITY FOR ASSISTANCE. GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) PROVIDES A PATIENT FINANCIAL COUNSELOR 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 GMC, ALEDO WEBSITE WWW.GENESISHEALTH.COM ALSO LISTS THE OPTIONS FOR PAYMENT.

PART VI, LINE 4: THE MISSION OF GENESIS HEALTH SYSTEM (GHS ILLINOIS), SOLE MEMBER OF GENESIS MEDICAL CENTER, ALEDO, (GMC, ALEDO) IS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED. GMC, ALEDO AND ITS RELATED ORGANIZATIONS LIVE ITS MISSION EACH AND EVERY DAY BY SERVING A 10-COUNTY REGION OF EASTERN IOWA AND WESTERN ILLINOIS, INCLUDING BOTH URBAN AND RURAL AREAS.

MERCER COUNTY IS A COUNTY LOCATED IN THE STATE OF ILLINOIS. ACCORDING TO Schedule H (Form 990) THE 2010 CENSUS, IT HAS A POPULATION OF 16,434, WHICH IS A DECREASE OF

3.1% FROM 16,957 IN 2000. ITS COUNTY SEAT IS ALEDO. IT IS ONE OF THE FOUR

COUNTIES THAT MAKE UP THE DAVENPORT - MOLINE - ROCK ISLAND METROPOLITAN

STATISTICAL AREA.

AS OF THE CENSUS OF 2000, THERE WERE 16,957 PEOPLE, 6,624 HOUSEHOLDS, AND 4,915 FAMILIES RESIDING IN THE COUNTY. OUT OF THE 6,624 HOUSEHOLDS, 32.10% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 63.5% WERE MARRIED COUPLES LIVING TOGETHER, 7.2% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT, AND 25.8% WERE NON-FAMILIES. 22.8% OF ALL HOUSEHOLDS WERE MADE UP OF INDIVIDUALS AND 11.6% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OLDER. THE AVERAGE HOUSEHOLD SIZE WAS 2.53 AND THE AVERAGE FAMILY SIZE WAS 2.96.

IN THE COUNTY THE POPULATION WAS SPREAD OUT WITH 24.80% UNDER THE AGE OF

18, 7.3% FROM 18 TO 24, 26.6% FROM 25 TO 44, 25.4% FROM 45 TO 64, AND

15.90% WHO WERE 65 YEARS OF AGE OR OLDER. THE MEDIAN AGE WAS 40 YEARS. FOR

EVERY 100 FEMALES THERE WERE 96.90 MALES. FOR EVERY 100 FEMALES AGE 18 AND

OVER, THERE WERE 94.20 MALES.

THE RACIAL MAKEUP OF THE COUNTY WAS 98.37% WHITE, 0.29% BLACK OR AFRICAN

AMERICAN, 0.12% NATIVE AMERICAN, 0.17% ASIAN, 0.01% PACIFIC ISLANDER,

0.35% FROM OTHER RACES, AND 0.68% FROM TWO OR MORE RACES. 1.27% OF THE

POPULATION WERE HISPANIC OR LATINO OF ANY RACE. 25.4% WERE GERMAN, 14.1%

AMERICAN, 13.0% SWEDISH, 12.3% ENGLISH AND 11.3% IRISH ANCESTRY.

THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$40,893, AND THE

MEDIAN INCOME FOR A FAMILY WAS \$47,192. MALES HAD A MEDIAN INCOME OF

Schedule H (Form 990)

\$35,138 VERSUS \$22,227 FOR FEMALES. THE PER CAPITA INCOME FOR THE COUNTY WAS \$18,645. 7.8% OF THE POPULATION AND 5.8% OF FAMILIES WERE BELOW THE POVERTY LINE. 10% OF THOSE UNDER THE AGE OF 18 AND 8.4% OF THOSE 65 AND OLDER WERE LIVING BELOW THE POVERTY LINE.

PART VI, LINE 5: GENESIS MEDICAL CENTER, ALEDO'S (GMC, ALEDO) BOARD OF DIRECTORS IS A DIVERSE REPRESENTATION OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA THAT GMC, ALEDO AND ITS RELATED ORGANIZATIONS SERVE.

GMC, ALEDO AND ITS RELATED ORGANIZATIONS' EXECUTIVES AND EMPLOYEES SERVE ON DOZENS OF VOLUNTEER BOARDS THROUGHOUT THE REGION ON IMPORTANT PROJECTS AND INITIATIVES, SUCH AS HOMELESS SHELTERS, MENTAL HEALTH, DOWNTOWN REDEVELOPMENT AND EVENTS AND FESTIVALS. GMC, ALEDO EMPLOYEES SERVE THE COMMUNITIES WHERE THEY LIVE BY SERVING IN ELECTED OFFICES IN CITY AND COUNTY GOVERNMENT.

GMC, ALEDO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES.

THE EMPLOYEES OF GMC, ALEDO AND ITS RELATED ORGANIZATIONS SUPPORT COMMUNITY OUTREACH PROGRAMS THROUGH A PROGRAM CALLED "TAKIN IT TO THE STREETS." PROJECTS HAVE INCLUDED PRIMARY SPONSORSHIP OF A HABITAT FOR HUMANITY HOUSE (280 VOLUNTEERS); COLLECTION OF ITEMS FOR DOMESTIC VIOLENCE SHELTERS AND HUMILITY OF MARY HOMELESS SHELTER; X-STREAM CLEANUP (85 VOLUNTEERS), A CLEANUP PROJECT OF RIVERS AND STREAMS, AND ADOPT A HIGHWAY. EMPLOYEES HAVE USED THEIR COLLECTIVE IMPACT AND GENEROSITY TO SECURE DONATIONS FOR FOOD PANTRIES.

GMC, ALEDO PROVIDES THE COMMUNITY WITH CLASSES AND EVENTS PROMOTING HEALTH AND HEALTH EDUCATION. RESIDENTS IN THE REGION SERVED BY GMC, ALEDO LEARN CPR, FIRST AID, PARENTING SKILLS AND NEWBORN CARE BY ENROLLING IN CLASSES.

GMC, ALEDO AND ITS RELATED ORGANIZATIONS LAUNCHED GENESIS DINEWELL, A HEALTHY EATING PLAN FOR ITS OWN CAFETERIAS AND FOR RESTAURANTS IN THE REGION. GENESIS DINEWELL WILL WORK WITH LOCAL RESTAURANTS TO MAKE INFORMATION PUBLIC ABOUT HEALTHY RECIPES AND MENU ITEMS. THE IDEA IS THAT THE PUBLIC WILL BE BETTER ABLE TO MAKE INFORMED DECISIONS ABOUT THEIR FOOD CHOICES. DIETITIANS WILL COMPILE HEALTH RECIPES TO PROVIDE TO THE PUBLIC. THERE WILL ALSO BE AN "ASK THE DIETITIAN" FEATURE AVAILABLE AT WWW.GENESISHEALTH.COM.

GMC, ALEDO AND ITS RELATED ORGANIZATIONS LAUNCHED A TOBACCO-FREE PARKS PROJECT IN 2013. A PETITION DRIVE WILL ASK COMMUNITIES TO BAN SMOKING WITHIN A DEFINED DISTANCE FROM PLAYGROUNDS, YOUTH ATHLETIC FIELDS AND OTHER AREAS WHERE CHILDREN PLAY AND ENJOY SPORTS EVENTS. HUNDREDS OF PEOPLE HAVE SIGNED THE PETITION.

GMC, ALEDO AND ITS RELATED ORGANIZATIONS HAS REDUCED ITS ENVIRONMENTAL FOOTPRINT ON THE COMMUNITIES IT SERVES BY IMPLEMENTING BULK WASTE RECYCLING, POLYSTYRENE RECYCLING, REDUCING SHARPS DISPOSAL, IMPLEMENTING WATER RUNOFF MEASURES, AND REDUCING WATER AND CHEMICAL USAGE IN THE MEDICAL LAUNDRY.

GMC, ALEDO AND ITS RELATED ORGANIZATIONS MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCESS TO HEALTH CARE IN IOWA AND ILLINOIS STATE GOVERNMENT AND IN WASHINGTON D.C. EMPLOYEES ALSO PARTICIPATE IN A VOTER VOICE

Schedule H (Form 990)

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INITIATIVE TO ADVOCATE ON IMPORTANT HEALTH ISSUES WITH CITY, COUNTY, STATE
AND NATIONAL ELECTED OFFICIALS.

SURPLUS FUNDS RESULTING FROM EFFICIENT OPERATIONS AND COST-CONTAINMENT

MEASURES ARE RE-INVESTED IN THE HEALTHCARE OPERATIONS OF GMC, ALEDO TO

IMPROVE THE HEALTHCARE SERVICES THAT GMC, ALEDO 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 GMC, ALEDO SERVES.

PART VI, LINE 6: GENESIS HEALTH SYSTEM (GHS IOWA), AN IOWA NONPROFIT

CORPORATION, AND GENESIS HEALTH SYSTEM (GHS ILLINOIS), AN ILLINOIS

NOT-FOR-PROFIT CORPORATION, HAVE IDENTICAL GOVERNING BOARDS, MANAGEMENT

AND BYLAWS AND CAN ACT JOINTLY. GHS IOWA IS ALSO THE SOLE MEMBER OF

GENESIS 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 GENGASTRO,

LLC. GHS ILLINOIS IS THE SOLE MEMBER OF GENESIS MEDICAL CENTER, ALEDO AND

GENESIS SENIOR LIVING, ALEDO AND IS A PARTNER IN THE LARSON CENTER

PARTNERSHIP.

THE FOLLOWING ENTITIES WERE FORMED DURING THE YEAR ENDED JUNE 30, 2013:

GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) IS CERTIFIED AS A CRITICAL

ACCESS HOSPITAL, WHICH HAS 22-ACUTE CARE AND SWING BEDS, AS WELL AS A

PHYSICIAN CLINIC, WHICH PROVIDES SERVICES FROM ITS FACILITY IN ALEDO,

ILLINOIS.

Schedule H (Form 990)

GENESIS SENIOR LIVING, ALEDO (GSL, ALEDO) IS CERTIFIED AS A NURSING FACILITY, WHICH HAS A 92-BED LONG-TERM CARE FACILITY, WHICH PROVIDES SERVICES FROM ITS FACILITY IN ALEDO, ILLINOIS.

ON FEBRUARY 1, 2013, GSL, ALEDO ACQUIRED ALL OF THE ASSETS AND ASSUMED ALL THE LIABILITIES OF THE NURSING HOME IN ALEDO, ILLINOIS FROM MERCER COUNTY, ILLINOIS FOR APPROXIMATELY \$2,250,000. THE ASSETS ACQUIRED EXCEED THE LIABILITIES ASSUMED AND CONSIDERATION PAID BY APPROXIMATELY \$725,000, A CONTRIBUTION WHICH IS PRESENTED AS A COMPONENT OF OTHER NONOPERATING INCOME.

GHS IOWA, GHS ILLINOIS, GMC, ALEDO, AND GSL, ALEDO COLLECTIVELY REPRESENT THE OBLIGATED GROUP ON CERTAIN COMPONENTS OF THE OBLIGATED GROUP'S LONG-TERM DEBT.

GHS IOWA AND GHS ILLINOIS OPERATE THE FOLLOWING BUSINESS UNITS:

GENESIS HEALTH SYSTEM PROVIDES ADMINISTRATIVE, MANAGEMENT, INFORMATION TECHNOLOGY AND OTHER SUPPORT SERVICES TO ITS AFFILIATES.

GENESIS CLINICAL SERVICES OPERATES PHYSICIAN MEDICAL PRACTICES, CONVENIENT CARE PRACTICES AND AN OCCUPATIONAL MEDICINE CLINIC AND PROVIDES BEHAVIORAL Schedule H (Form 990) 232271 05-01-12

DURING THE YEAR ENDED JUNE 30, 2012, GIP SOLD ITS LAND TO GENESIS MEDICAL CENTER - ILLINI AND GIP WAS DISCONTINUED AS A BUSINESS UNIT.

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 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 Schedule H (Form 990) AND CROSSTOWN SQUARE. ILLINI RESTORATIVE CARE CENTER IS A 120-BED LICENSED NURSING FACILITY, CONSISTING OF 75 SKILLED CARE BEDS AND 45 SHELTERED CARE BEDS. TWENTY-TWO OF THE SKILLED CARE BEDS ARE DESIGNATED AS HOSPITAL-BASED MEDICARE CERTIFIED BEDS. THE SHELTERED CARE UNIT PROVIDES REHABILITATIVE AND PERSONAL CARE IN A FAMILY-ORIENTED SETTING. CROSSTOWN SQUARE IS AN INDEPENDENT LIVING FACILITY CONTAINING 76 RENTABLE APARTMENTS AND TWO GUEST ROOMS THAT OFFERS SERVICES DESIGNED TO MEET THE NEEDS OF SENIOR ADULTS.

GHS IOWA AND GHS ILLINOIS HAVE 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. THE GENESIS FOUNDATION IS REFERRED TO AS THE FOUNDATION.

ILLINI HOSPITAL FOUNDATION (ILLINI FOUNDATION) SUPPORTED GMC - ILLINI BY
PROVIDING FINANCIAL AND FUNDRAISING ASSISTANCE. THE MISSION OF THE ILLINI
FOUNDATION WAS TO ASSIST GMC - ILLINI IN PROVIDING QUALITY, COMPASSIONATE
CARE FOR ALL THOSE IN NEED BY RAISING, MANAGING AND GRANTING CHARITABLE
FUNDS. DURING THE YEAR ENDED JUNE 30, 2012, ILLINI FOUNDATION MERGED WITH
GENESIS FOUNDATION AND ILLINI FOUNDATION WAS DISSOLVED.

GENGASTRO, LLC (D/B/A THE CENTER FOR DIGESTIVE HEALTH) IS A LIMITED

LIABILITY COMPANY, WHICH WAS FORMED IN 2003, A SINGLE-SPECIALTY

GASTROENTEROLOGY AMBULATORY SURGERY CENTER LOCATED IN BETTENDORF, IOWA.

UPON OBTAINING A CONTROLLING INTEREST, THE SYSTEM CONSOLIDATED THE

Schedule H (Form 990)

232271 05-01-12 ACCOUNTS OF GENGASTRO, LLC IN ITS CONSOLIDATED FINANCIAL STATEMENTS IN JANUARY 2011. DURING THE YEAR ENDED JUNE 30, 2012, GHS IOWA ACQUIRED AN ADDITIONAL 8.33% INTEREST IN GENGASTRO, LLC FROM NONCONTROLLING INTERESTS AND MAINTAINS A 75% OWNERSHIP INTEREST AS OF JUNE 30, 2013 AND 2012.

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 75.6% OF LCP.

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 15 MEDICAL OFFICE BUILDINGS LOCATED IN BETTENDORF, CLINTON, DAVENPORT, ELDRIDGE, LE CLAIRE AND MUSCATINE, IOWA.

CRESCENT LAUNDRY PROVIDES COMMERCIAL LAUNDRY SERVICES TO HEALTH CARE FACILITIES IN EASTERN IOWA AND IN NORTH-CENTRAL ILLINOIS.

GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC (GENESIS ACO) IS AN IOWA LIMITED LIABILITY COMPANY FORMED IN DECEMBER 2011. ITS PURPOSE IS TO

Schedule H (Form 990)

ENGAGE IN ANY LAWFUL BUSINESS AND ANY BUSINESS RELATED TO CREATION AND
ORGANIZATION OF A "PHYSICIAN-DRIVEN" NETWORK TO ACT AS, AND/OR PARTICIPATE
IN, AN ACCOUNTABLE CARE ORGANIZATION WITHIN THE MEANING OF THE FEDERAL
PATIENT PROTECTION AND AFFORDABLE CARE ACT. THE COMPANY IS ALSO ORGANIZED
TO DEVELOP A CLINICALLY INTEGRATED NETWORK OF PROVIDERS INCLUDING
PHYSICIANS, HEALTH PROFESSIONALS, HOSPITALS AND ANCILLARY PROVIDERS
WORKING TOGETHER TO PROMOTE HIGH QUALITY, COORDINATED AND EFFICIENT CARE
TO PATIENTS INCLUDING MEMBERS OF VARIOUS MANAGED CARE PAYORS AND THE
COMMUNITY AT LARGE.

GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST (WORKERS'

COMPENSATION TRUST) PROVIDES A FUND WHICH CAN BE USED TO PAY WORKERS'

COMPENSATION CLAIMS AND COSTS FOR THE BENEFIT OF GMC, ALEDO.

MISERICORDIA ASSURANCE COMPANY, LTD. (MISERICORDIA) IS A WHOLLY-OWNED

CAYMAN BASED CAPTIVE INSURANCE COMPANY WHICH UNDERWRITES THE GENERAL AND

PROFESSIONAL LIABILITY RISKS OF GHS IOWA AND AFFILIATES.

DAVENPORT SRS LEASING, LLC (SRS) IS A LIMITED LIABILITY COMPANY, WHICH WAS FORMED IN 2008, WHICH LEASES MEDICAL EQUIPMENT. GHS IOWA MAINTAINED A 93.75% OWNERSHIP INTEREST AS OF JUNE 30, 2011. DURING THE YEAR ENDED JUNE 30, 2012, GMC - DAVENPORT ACQUIRED THE REMAINING INTEREST OF SRS, TO OBTAIN 100% OWNERSHIP. UPON OBTAINING 100% OWNERSHIP, THE ASSETS, LIABILITIES AND OPERATIONS OF SRS WERE TRANSFERRED TO GMC - DAVENPORT AND SRS WAS DISSOLVED.

GENESIS PHILANTHROPY IS A WHOLLY-OWNED TAX-EXEMPT ENTITY FORMED IN 2013,

WHICH WILL PARTNER WITH OTHER HOSPITAL FOUNDATIONS TO FORM A REGIONAL

Schedule H (Form 990)

232271 05-01-12

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Open to Public Inspection

Schedule J (Form 990) 2012

Name of the organization

GENESIS MEDICAL CENTER, ALEDO

Employer identification number 45-4475683

P	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		}
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
Ī	organization or a related organization:			
а		4a		X
b	The state of the s	4b	X	
c	The state of the s	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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:			1
а		5a	ĺ	X
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			1
R	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a	ĺ	X
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		1	1
7			Ì	1
•	not described in lines 5 and 6? If "Yes," describe in Part III	7	1	X
۵	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>	 	†
8		8	1	X
^			 	+
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?		1	1

232111 12-10-12

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

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 an	W-2 and/or 1099-Mis	nd/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0·(D)	reported as deferred in prior Form 990
(1) DOUGLAS P. CROPPER	Ξ	0.						
IDENT/CEO GHS	€	610,687.	179,153.	499,740.	98,37	22,92	1,410,88	341,127.
NTOS JR. M.D.	ε	0.	0	0.				0
CTOR	: €	498,555.	3,819.	26,423.	11,250.	17,294.	557,341.	0.
ITH A. MONDELLO	8	0	0	0				0
STANT SECRETARY	: 3	243,522.	43,20	43,64	38,126.	7,19	375,693.	
	8	0	1	0		• 0		- 1
FINANCE/CFO GHS & ASST. TREAS.	(ii)	292,096.	65,263.	209,747.	50,775.	13,013.	630,894.	132,586.
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232112				49				

Page 3

Part # Supplemental Information

Complete this part to provide the Information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL EXECUTIVE RETIREMENT SAVINGS BENEFIT PLAN IN 2012 SPONSORED BY THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY THE INDIVIDUALS TO THE PLAN IN 2012. THIS INFORMATION \$480,670, MARK G. ROGERS - \$190,594, AND JUDITH A. MONDELLO DOUGLAS P. IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND 4B: THE FOLLOWING INDIVIDUALS PARTICIPATED IN A GENESIS HEALTH SYSTEM (GHS IOWA), A RELATED ORGANIZATION: GHS IOWA ON BEHALF OF PART II LINE SCHEDULE J, 1 \$24,876. CROPPER PART I,

JUDITH A. MONDELLO - \$26,876. THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR THE PLAN IN RETIREMENT SAVINGS BENEFIT PLAN IN 2012 SPONSORED BY GHS IOWA, A RELATED THE FORM THE FOLLOWING INDIVIDUALS ALSO PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE - \$38,307, 2012. THIS INFORMATION IS INCLUDED IN DEFERRED COMPENSATION ON οĮ DOUGLAS P. CROPPER - \$87,128, MARK G. ROGERS CONTRIBUTION MADE BY GHS IOWA ON BEHALF OF THE INDIVIDUALS PART VII AND SCHEDULE J, PART II ORGANIZATION: 990,

PART II, COLUMN F: THE FOLLOWING INDIVIDUALS ALSO

Schedule J (Form 990) 2012

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PLAN IN	OWA), A		BY GHS	1. THIS	5' FORM
PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT SAVINGS BENEFIT PLAN IN	2009, 2010, 2011, AND 2012 SPONSORED BY GENESIS HEALTH SYSTEM (GHS IOWA), A	RELATED ENTITY: DOUGLAS P. CROPPER - \$341,127 AND MARK G. ROGERS -	\$132,586. THE DOLLAR AMOUNT REPRESENTS PRIOR YEAR CONTRIBUTIONS MADE BY GHS	IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2009, 2010, AND 2011. THIS	INFORMATION WAS INCLUDED IN DEFERRED COMPENSATION ON THE PRIOR YEARS' FORM
PARTICIPATED IN A	2009, 2010, 2011,	RELATED ENTITY: 1	3132,586. THE DOL	COWA ON BEHALF OF	INFORMATION WAS IN

SPECIFIED LEVEL OF VESTING IN 2012, SO THE DOLLAR AMOUNT IS NOW INCLUDED IN

990, PART VII AND SCHEDULE J, PART II. THESE INDIVIDUALS REACHED A

REPORTABLE COMPENSATION ON THE CURRENT YEAR FORM 990, PART VII AND SCHEDULE

J, PART II. THE DOLLAR AMOUNT IS ALSO LISTED AS COMPENSATION REPORTED IN A

PRIOR YEAR FORM 990 ON THE CURRENT YEAR FORM 990, SCHEDULE J, PART II.

Schedule J (Form 990) 2012

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

Transactors With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

GENESIS MEDICAL CENTER, ALEDO

Employer identification number 45-4475683

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. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

2	Enter the amount of tax incurred by 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 an	d/or From Inte	erested Per	sons	.								
Complete if the	organization answ	rered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	Form 990, Part IV, lii	ne 26; «	or if th	ne orga	anizati	on	
reported an amo	ount on Form 990,	Part X, line 5,	6, or 2	2.					<u> </u>			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	ean to or in the ization?	(e) Original principal amount	(f) Balance due	(g) defa		(h) Ap by bo comm	ard or	(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No
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<u>.</u>				1					†			

▶ \$ **Total**

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between assistance assistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 GENES IS EDICAL CENTER, ALEDO 45-4475683 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No 66,405.EDWARD EDWARD (TED) J. ROGALSKI SEE BELOW IN PART (TED X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: EDWARD (TED) J. ROGALSKI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SEE BELOW IN PART V (C) AMOUNT OF TRANSACTION \$ 66,405. (D) DESCRIPTION OF TRANSACTION: EDWARD (TED) J. ROGALSKI RECEIVES COMPENSATION FROM GENESIS HEALTH SYSTEM (GHS IOWA), AS GENESIS MEDICAL CENTER, ALEDO ADMINISTRATOR. (E) SHARING OF ORGANIZATION REVENUES? = NO FORM 990, SCHEDULE L, PART IV, COLUMN B DESCRIPTION OF RELATIONSHIP - EDWARD (TED) J. ROGALSKI EDWARD (TED) J. ROGALSKI IS THE SON OF EDWARD J. ROGALSKI, PH.D., DIRECTOR OF GENESIS MEDICAL CENTER, ALEDO.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplementanformation to Form 990 or 9

9 -EZ

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

QUIZ
Open to Public Inspection

Name of the organization

GENESIS MEDICAL CENTER, ALEDO

Employer identification number 45-4475683

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED.

FORM 990, PART I, LINE 4 & PART VI, SECTION A, LINE 1B:

THE FOLLOWING GENESIS MEDICAL CENTER, ALEDO DIRECTORS ARE NOT

INDEPENDENT DUE TO TRANSACTIONS DISCLOSED ON FORM 990, SCHEDULE L OF

GENESIS HEALTH SYSTEM (GHS IOWA), A RELATED TAX-EXEMPT ORGANIZATION:

EDMUND P. COYNE, JR., M.D., THOMAS A. GILDEHAUS, ROGER J. HILL, MARK C.

KILMER, JAMES W. KOEHLER, EDWIN V. MOTTO, M.D., AND C. DANA WATERMAN

III.

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF GENESIS MEDICAL

CENTER, ALEDO IS GENESIS HEALTH SYSTEM (GHS ILLINOIS), AN ILLINOIS

NONPROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: AS THE SOLE MEMBER OF GENESIS

MEDICAL CENTER, ALEDO (CORPORATION), GENESIS HEALTH SYSTEM (GHS ILLINOIS)

HAS THE POWER: 1) TO DETERMINE THE NUMBER OF DIRECTORS OF THE CORPORATION

AND TO ELECT, APPOINT, REMOVE OR FILL THE VACANCIES OF THE BOARD MEMBERS;

2) TO PRESENT AT ANY REGULAR OR SPECIAL BOARD MEETING I) AMENDMENTS TO THE

ARTICLES OF INCORPORATION OR BYLAWS, II) A PLAN OF MERGER OR CONSOLIDATION

BY THE CORPORATION INTO OR WITH ANY OTHER CORPORATION, III) A PROPOSAL FOR

ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, OR OTHER DISPOSITION OF ALL,

OR SUBSTANTIALLY ALL, OF THE CORPORATION'S ASSETS, AND III) A PROPOSAL FOR

DISSOLUTION OF THE CORPORATION AND PLAN OF DISTRIBUTION; 3) TO ESTABLISH

LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

676-64-19

Employer identification number 45-4475683

SYSTEM WIDE POLICIES AND PROCEDURES REGARDING QUALITY OF CARE, FINANCE,

UTILIZATION OF RESOURCES, MANAGED CARE CONTRACTING, STRATEGIC PLANNING, AND

EMPLOYEE BENEFITS; 4) TO ASSESS THE CORPORATION EXPENSES OF THE MEMBER

ATTRIBUTABLE TO THE CORPORATION AND AFFILIATES AND TO ASSESS TO THE

CORPORATION ITS SHARE OF GENERAL OVERHEAD OF THE MEMBER; AND 5) TO DIRECT

THE CORPORATION TO TRANSFER FUNDS TO THE MEMBER FOR THE DEVELOPMENT OF

SYSTEM WIDE PROJECTS.

FORM 990, PART VI, SECTION B, LINE 11: INTERNAL MANAGEMENT REVIEW IS

COMPLETED OF THE COMPILED INFORMATION PRIOR TO PREPARATION AND REVIEW BY

MCGLADREY LLP. FOLLOWING MCGLADREY LLP'S PREPARATION AND REVIEW OF THE FORM

990, IT IS REVIEWED WITH THE ORGANIZATION'S VICE PRESIDENT, FINANCE/CFO;

VICE PRESIDENT, LEGAL AFFAIRS; VICE PRESIDENT, HUMAN RESOURCES; AND CHIEF

COMPLIANCE RISK OFFICER. 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

MEDICAL CENTER, ALEDO (GMC, ALEDO) 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 Schedule O (Form 990 or 990-EZ) (2012)

ANY POSSIBLE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO AN INTEREST OR CONFLICT INVOLVING GMC, ALEDO, 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 AND MAXIMUM ARE ESTABLISHED OFF OF THE MIDPOINT. SPECIFIC PAY RATES FOR EXECUTIVES ARE SUBJECT TO CEO AND COMPENSATION COMMITTEE AND THE GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) BOARD OF DIRECTORS APPROVAL. PAY RANGES ARE REVIEWED EACH YEAR TO DETERMINE THE NEED FOR REVISION. WHEN MARKET CONDITIONS SUGGEST AN 232212 01-04-13

Employer identification number 45-4475683

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 GHS BOARD OF DIRECTOR APPROVAL. THE PRESIDENT

AND CEO HAVE THE AUTHORITY AND RESPONSIBILITY TO ESTABLISH AND ADJUST,

WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE AND THE GMC, ALEDO

BOARD OF DIRECTORS, THE BASE COMPENSATION OF EACH EXECUTIVE EMPLOYED BY

GMC, ALEDO, AT APPROPRAITE TIMES. THE GMC, ALEDO BOARD OF DIRECTORS SHALL

ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION

COMMITTEE, THE BASE COMPENSATION FOR THE CEO OF GMC, ALEDO, AT APPROPRIATE

TIMES. THE LAST TIME THIS PROCESS WAS FORMALLY UNDERTAKEN WAS NOVEMBER

2012.

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 VII, PART IX, AND SCHEDULE J:

COMPENSATION DISCLOSURE

GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO) BEGAN OPERATION IN FEBRUARY

2013. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, FISCAL YEAR

COMPENSATION EXPENSE HAS BEEN REPORTED IN PART IX, LINES 5 AND 7. AS

GMC, ALEDO PAID NO COMPENSATION IN CALENDAR YEAR 2012, NO COMPENSATION

FROM THE ORGANIZATION IS REPORTED ON PART VII, SECTION A, COLUMN D AND

SCHEDULE J, PART II.

FORM 990, PART VII, LINE 1A:

GENESIS HEALTH SYSTEM (GHS IOWA), GENESIS HEALTH SYSTEM (GHS ILLINOIS),

GENESIS MEDICAL CENTER, ALEDO, AND GENESIS SENIOR LIVING, ALEDO, HAVE

232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 45-4475683

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 ALL FOUR ORGANIZATIONS. FURTHERMORE, THE AMOUNTS REPORTED AS REPORTABLE COMPENSATION FOR THE OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES, UNLESS OTHERWISE NOTED ELSEWHERE IN PART VII, ARE FOR SERVICES RENDERED ON BEHALF OF ALL FOUR ORGANIZATIONS. IT WOULD BE ADMINISTRATIVELY IMPRACTICABLE FOR MEMBERS OF THE GOVERNING BOARD AND THE EXECUTIVE TEAM TO BREAKOUT THEIR HOURS DEVOTED AS WELL AS THEIR REPORTABLE COMPENSATION AMONG EACH ORGANIZATION. ALL REPORTABLE COMPENSATION, UNLESS OTHERWISE NOTED IN PART VII, IS PAID BY GHS IOWA. FORM 990, PART VIII, LINE 11A: ON FEBRUARY 1, 2013, GENESIS MEDICAL CENTER, ALEDO ACQUIRED ALL OF THE ASSETS AND ASSUMED ALL THE LIABILITIES OF THE HOSPITAL IN ALEDO, ILLINOIS FROM MERCER COUNTY, ILLINOIS, FOR NO CONSIDERATION. THE ASSETS ACQUIRED EXCEED THE LIABILITIES ASSUMED BY APPROXIMATELY \$2,540,070, A CONTRIBUTION WHICH IS PRESENTED AS A COMPONENT OF OTHER NONOPERATING

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CD 10,000.

INCOME ON THE AUDITED FINANCIALS AND AS OTHER INCOME ON FORM 990, PART

ENDOWMENT BALANCE 43,144.

TOTAL TO FORM 990, PART XI, LINE 9 53,144.

FORM 990, PART XII, LINE 2C:

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

VIII, LINE 11A.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Parti

Related Organizations and Unrelated Partnerships

2012

OMB No 1545-0047

Open to Public Inspection

GENESIS MEDICAL CENTER, ALEDO

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Employer identification number 45-4475683

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

GENESIS HEALTH SYSTEM BENESIS HEALTH SYSTER Direct controlling 1,600,877. DENVENTURES, INC. E 0. (GHS IOWA) 1,365,482. (GHS IOWA) End-of-year assets 9 1,365,482. Ö 142,927 Total income Legal domicile (state or foreign country) OWA LOWA IOWA **DUTPATIENT PHYSICAL THERAPY** ACCOUNTABLE CARE SERVICES Primary activity PROPERTY MANAGEMENT SERVICES LLC LLC GENESIS ACCOUNTABLE CARE ORGANIZATION, Name, address, and EIN (if applicable) GENESIS OUTPATIENT PHYSICAL THERAPY 20-8389282, 1227 E. RUSHOLME STREET 45-4168932, 1227 E. RUSHOLME STREET of disregarded entity SPIN ECHO, LLC - 42-1491373 1227 E. RUSHOLME STREET DAVENPORT, IA 52803 DAVENPORT, IA 52803 DAVENPORT, IA 52803 Part

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

(a)	(a)	(9)	(D)	(e)	ω	(6)	2057439
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(a)	Z(D) 13) led
of related organization		foreign country)	section	status (if section	entity	entity?	U
		•		501(c)(3))		Yes	S S
GENESIS HEALTH SYSTEM (GHS ILLINOIS) -							
36-3616314, 801 ILLINI DRIVE, SILVIS, IL					GENESIS HEALTH		
61282	HEALTHCARE	ILLINOIS	501(C)(3)	LINE 3	SYSTEM (GHS IOWA)	×	
GENESIS HEALTH SYSTEM (GHS IOWA) -					GENESIS HEALTH		
42-1418847, 1227 B. RUSHOLME STREET,			_		SYSTEM (GHS		
DAVENPORT, IA 52803	HEALTHCARE	IOWA	501(C)(3)	LINE 3	ILLINOIS)	×	
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION							
PLAN & TRUST - 39-1905171, 1227 B. RUSHOLME					GENESIS HEALTH		
STREET, DAVENPORT, IA 52803	EMPLOYEE/BENEFIT/TRUST	IOWA	501(C)(3)	LINE 11A, I	SYSTEM (GHS IOWA)	×	
DAVENPORT HOSPITAL AMBULANCE CORPORATION -						-	
42-1186903, 1204 E. HIGH STREET, DAVENPORT,					GENESIS HEALTH		
	AMBULANCE TRANSPERS	IOWA	501(C)(3)	LINE 11A, I	SYSTEM (GHS IOWA)	×	
ı -	is for Form 990.				Schedule R (Form 990) 2012	Form 990) 2012

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

232161 12-10-12 LHA

| Part | | Continuation of Identification of Related Tax-Exempt Organizations

(e)	(9)	(3)	9	(0)	€	(g) Section 512(b)(13)	26×13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Sont fo	led i
of related organization		foreign country)	section	status (if section	entity	organization?	thon?
				//-N-1		8	2
GENESIS SENIOR LIVING, ALEDO - 45-4475803					GENESIS HEALTH		
309 N.W. NINTH AVENUE					SYSTEM (GHS	1	
ALEDO, IL 61231	SENIOR LIVING SERVICES	ILLINOIS	501(C)(3)	LINE 3	ILLINOIS)	×	
S HE						_	
42-1421670, 1227 E. RUSHOLME STREET,					GENESIS HEALTH	Ì	
DAVENPORT, IA 52803	CHARITY	TOWA	501(C)(3)	LINE 7	SYSTEM (GHS IOWA)	×	1
GENESIS PHILANTHROPY - 46-2452851							
1227 B. RUSHOLME STREET					GENESIS HEALTH	-	
DAVENPORT IA 52803	CHARITY	IOWA	501(C)(3)	LINE 11A, I	SYSTEM (GHS IOWA)	×	
	1						
		_					
		-					
	,						
							
	- - -T-						
	.						
	T						(
							
	,						
	_						
		,					

45-4475683

Page 2

ALEDO CENTER, GENESIS MEDICAL Schedule R (Form 990) 2012

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

seneral or Percentage nanaging ownership N/AN/A N/A N/A 3 Yes A/N A/N A/N A/A amount in box 20 of Schedule K-1 (Form 1085) N/A N/A N/A N/A ate allocations? Disproportion-Yes No $\hat{\boldsymbol{\epsilon}}$ N/A N/A N/A N/A Share of end-of-year assets N/A N/A N/A N/A Share of total N/Aincome N/A N/A N/A E Predominant Income (related, unrelated, excluded from tax under sections 512-514) N/AN/A N/A N/A **e** Direct controlling entity N/A N/AN/A N/Aত্ত (c)
Legal
domicle
(state or
foreign IA IA SURGICAL CENTER SURGERY CENTER SURGERY CENTER Primary activity DRTHOPAEDIC MBULATORY DUTPATIENT KANAGEMENT 2 PROPERTY STREET, STE. 202A, DAVENPORT, - 42-1483989 3319 SPRING LLC - 36-3738454, 801 ILLINI 56-2315623 SPRING PARK SURGERY CENTER GENORTHO, LLC - 20-3406994 LARSON CENTER PARTNERSHIP IL 61282 Name, address, and EIN of related organization BETTENDORF, IA 52722 52722 1 2300 53RD AVENUE 2222 53RD AVENUE BETTENDORF, IA LLC DRIVE, SILVIS GENGASTRO 52807 LLC 5

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part 1∨

(a)	(g)	(3)	(5)	(9)	ω	(8)	ε	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
GENVENTURES, INC 42-1269171	SUPPORT							
1227 B. RUSHOLME STREET	SERVICES/PROPERTY		,		•	•		;
DAVENPORT , IA 52803	MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	×
GENESIS HEART INSTITUTE - 42-1504979								
1236 B. RUSHOLMB STREET							•	
DAVENPORT , IA 52803	HEALTHCARE MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	×
MISERICORDIA ASSURANCE COMPANY, LTD								
98-0457943, P.O. BOX 1051, GRAND CAYMAN,	OTHER FINANCIAL	CAYMAN	,		•	•		
CAYMAN ISLANDS	VEHICLE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	×
MOB 1 OWNERS' ASSOCIATION - 27-0865075								
1227 B. RUSHOLME STREET			,					
DAVENPORT , IA 52803	PROPERTY MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	×
							•	
								_
232162 12-10-12		62				Sche	Schedule R (Form 990) 2012	990) 2012

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

	3	(4)	5	(6)	£	(5)	ε	6	6	8
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share	Share of end-of-year assets	dons,	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
GENRAD IMAGING, LLC - 45-3571628, 1970 E, 53RD	DIAGNOSTIC IMAGING CRNTER	IA	N/A	N/A	N/A	N/A	N/A	N/A	Z \	N/A
20 - 45-4456824, STREET,	ONCOLOGY PROGRAM MANAGEMENT	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Page 3

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

					Tes	Š
1 During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts II-197	actions with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ntity	: :		1a	a	×
b Gift, grant, or capital contribution to related organization(s)		:		<u>-</u>	1 b	×
		:	: : : : : : : : : : : : : : : : : : : :	10	_	X
	•	:	: : : : : : : : : : : : : : : : : : : :		1d	X
Loans or loan guarantees by related organization(s)				<u> </u>	16	×
Dividends from related organization(s)	:		:	<u>-</u>	····-	×
Cala of accords to related arranization(c)				<u> </u>	5	×
	:	:		<u>-1 </u>	1	>
h Purchase of assets from related organization(s)	•				E .	4
i Exchange of assets with related organization(s)	: : : : :	: : : : : : : : : : : : : : : : : : : :	:::::::::::::::::::::::::::::::::::::::	=		×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>		×
					····	
k Lease of facilities, equipment, or other assets from related organization(s)	: :	: :		: *	+	4
Performance of services or membership or fundraising solicitations for related organization(s)	s organization(s)		:: ::	= : :	×	_
m Performance of services or membership or fundraising solicitations by related organization(s)	l organization(s)	:::	:	13 13	ε	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nization(s)			1		×
				10	•	×
				L		
Reimbursement paid to related organization(s) for expenses				. 1	×	
Reimbursement paid by related organization(s) for expenses				-	×	L
				L		
r Other transfer of cash or property to related organization(s)		:	:	-	_	×
Other transfer of cash or property from related organization(s)	• • •			18	×	
		his line, including covered	on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	mount involve	2	
(1) GENESIS HEALTH SYSTEM (GHS IOWA)	ц	3,200,905.	FAIR MARKET VALUE			
(2) GENESIS HEALTH SYSTEM (GHS IOWA)	Δų	7,649,698.	FAIR MARKET VALUE	77.7		
(3) GENESIS HEALTH SYSTEM (GHS IOWA)	တ	7,649,698.FAIR	FAIR MARKET VALUE			
(4) GENESIS HEALTH SYSTEM (GHS IOWA)	တ	3,200,905.	FAIR MARKET VALUE			
(9)						

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(b) (c) (d) (d)	(P)	9	(G)	9	€	(a)	ε	8	6	8
Name, address, and EIN of entity	Primary activity	micile oreign	t incom related,	Are all partners sec. 501(c)(3)	₽	Share of end-of-year	Dispropor- tionate	Dispressor Code V-UBI General or Percentage dorate amount in box 20 managing ownership	General c managin	Percentage ownership
		country)	excluded from tax under section 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	
				_						
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							-			
				_						
							-			
								Schedule	R (For	Schedule R (Form 990) 2012

Form **8868** (Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To Filmin

Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

	are filing for an Automatic 3-Month Extension, complet					▶ \X]			
-	are filing for an Additional (Not Automatic) 3-Month Ext		- · · · · -	•					
	complete Part II unless you have already been granted a		•	•					
	nic filing <i>(e-file)</i> . You can electronically file Form 8868 if y			•		•			
	to file Form 990-T), or an additional (not automatic) 3-mor		· ·		•				
	to file any of the forms listed in Part I or Part II with the exc	-							
	d Benefit Contracts, which must be sent to the IRS in paper		(see instructions). For more details	on the elec	tronic filing of	this form,			
	w.irs.gov/efile and click on e-file for Charities & Nonprofits.								
Part									
	ration required to file Form 990-T and requesting an auton			-		. [
	nlyr corporations (including 1120-C filers), partnerships, REMi come tax returns.				sion of time				
Type or	ype or Name of exempt organization or other filer, see instructions.								
File by the	GENESIS MEDICAL CENTER, ALE				45-447				
due date f filing your return Sec	or Number, street, and room or suite no. If a P.O. box, se	e instruc	tions.	Social sec	curity number	(SSN)			
Instruction		reign add	ress, see instructions.						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			01			
Applica	tion	Return	Application			Return			
Applica Is For		Code	Is For		Code				
	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A						
-	720 (individual)	03	Form 4720		09				
Form 99		04	Form 5227			10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	90-T (trust other than above)	06	Form 8870			12			
	MARK G. ROGERS								
	books are in the care of 1227 E RUSHOLME	STR		A 528	03				
	phone No. ► 563-421-6508		FAX No. ►			_			
	organization does not have an office or place of business								
	s is for a Group Return, enter the organization's four digit				-	•			
	. If it is for part of the group, check this box			-	ers the exten	sion is for.			
1 1	request an automatic 3-month (6 months for a corporation								
-	FEBRUARY 15, 2014, to file the exempt	t organiza	tion return for the organization nam	ed above.	i ne extensioi	ו			
IS	for the organization's return for: Calendar year or								
		an	dending JUN 30, 2013	ł					
	[25] tax year beginning	, ,	defining		-·				
2 If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final return	n				
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any						
	onrefundable credits. See instructions.			3a	\$	0.			
- ••	this application is for Form 990-PF, 990-T, 4720, or 6069,	•				^			
_	stimated tax payments made. Include any prior year overp			3b	\$	0.			
	latance due. Subtract line 3b from line 3a. Include your pa	-	·		•	^			
	y using EFTPS (Electronic Federal Tax Payment System). : n. If you are going to make an electronic fund withdrawal v			3c	•	0.			

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Consolidated Financial Report June 30, 2013

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Independent Auditor's Report	
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changes in net assets information	54 - 57
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Independent Auditor's Report

To the Audit and Compliance Committee Genesis Health System Davenport, Iowa

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Genesis Health System and related organizations (System) which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of Misericordia Assurance Company, Ltd., a consolidated subsidiary, which statements reflect total assets and revenue constituting approximately 4% and 1%, respectively, of the related consolidated totals in 2013 and 2012. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Misericordia Assurance Company, Ltd., is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Genesis Health System and related organizations as of June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the consolidated financial statements, the System changed its method of presentation and disclosure of patient service revenue and the provision for doubtful accounts as a result of the adoption of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Healthcare Entities*, during the year ended June 30, 2013, through retrospective application to the consolidated financial statements. Our opinion is not modified with respect to this matter.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and other supplementary information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. The information marked "unaudited" has not been subjected to the auditing procedures applied in the audits of the consolidated financial statements, and accordingly, we do not express an opinion or any assurance on it. In our opinion, based on our audits and the report of the other auditor's as explained above, except for that portion marked "unaudited", the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Davenport, Iowa October 18, 2013

McGladry ccp

Consolidated Balance Sheets June 30, 2013 and 2012

Assets	2013	2012
Current Assets:		
Cash and cash equivalents	\$ 75,980,41	2 \$ 73,634,131
Short-term investments	648,63	931,534
Receivables:		
Patients, net	85,722,86	84 ,743,485
Other, including assets limited as to use	29,036,22	22,209,064
Inventories, supplies and materials	12,916,98	12,535,665
Prepaid expenses and deposits	7,004,06	6,677,839
Total current assets	211,309,17	2 200,731,718
Investments	61,651,49	61,688,505
Assets Limited as to Use:		
Internally designated	174,235,59	155,221,439
Interest in net assets of Foundation	994,05	772,332
Donor restricted	19,004,08	18,565,591
	194,233,73	174,559,362
Property and Equipment, net	252,290,28	36 249,305,518
Other Assets:		
Bond issuance costs, net	664,83	761 ,945
Goodwill	30,730,87	77 30,730,877
Overfunded status of retirement plan	2,665,88	57 -
Other	321,49	958,230
	34,383,06	32,451,052
	\$ 753,867,74	19 \$ 718,736,155

See Notes to Consolidated Financial Statements.

Liabilities and Net Assets	2013	2012
Current Liabilities:		
Current maturities of long-term debt	\$ 8,421,389	\$ 8,170,148
Accounts payable	28,094,315	23,519,054
Accrued salaries and wages	10,541,034	10,228,100
Accrued paid leave	17,792,684	18,024,440
Due to third-party payors	8,568,819	8,455,553
Unpaid losses and loss adjustment expenses	12,685,044	13,660,547
Other accrued expenses	<u>8,429,423</u>	7,605,956
Total current liabilities	94,532,708	89,663,798
Long-Term Debt, less current maturities	79,273,240	88,094,376
Unpaid Losses and Loss Adjustment Expenses, Retirement Benefits and Other Long-Term Liabilities	34,292,885	48,189,338
Commitments and Contingent Liabilities (Note 11)		
Total liabilities	208,098,833	225,947,512
Net Assets:		
Unrestricted	517,156,303	465,032,263
Noncontrolling interests - unrestricted	8,455,723	8,418,457
Temporarily restricted	16,175,239	15,520,089
Permanently restricted	3,981,651	3,817,834
	545,768,916	492,788,643
	\$ 753,867,749	\$ 718,736,155

Consolidated Statements of Operations Years Ended June 30, 2013 and 2012

		2013	2012
Change in unrestricted net assets:			
Unrestricted revenue:			
Patient service revenue, net of contractual adjustments	\$	548,703,386	\$ 523,649,278
Less provision for doubtful accounts		35,672,919	 31,818,463
Net patient service revenue		513,030,467	491,830,815
Other service revenue, net of cost of revenue			
2013 \$11,426,714, 2012 \$11,819,576		5,870,389	6,611,835
Medical office building rental revenue		2,120,240	1,932,130
Other revenue		31,438,387	30,259,427
Total revenue		552,459,483	530,634,207
Expenses:			
Salaries and wages		239,375,705	230,714,637
Employee benefits		47,510,837	50,809,244
Contracted professionals and services		48,719,607	44,011,672
Supplies		83,721,196	82,681,048
Other		75,478,431	70,392,041
Interest		4,069,575	4,680,180
Depreciation and amortization		36,277,950	35,801,041
Total expenses		535,153,301	519,089,863
Operating income		17,306,182	 11,544,344
Nonoperating gains and losses.			
Interest and dividend income and realized gains on sales of investments		11,782,407	6,701,439
Current year change in unrealized gains (losses) on trading securities		6,838,810	(1,936,767)
Other nonoperating income (losses)		4,245,995	(523,106)
Nonoperating gains		22,867,212	4,241,566
Excess of revenue over expenses		40,173,394	15,785,910
Less excess of revenue (over) expenses attributable to			
noncontrolling interests		(1,340,443)	 (1,212,084)
Excess of revenue over expenses attributable			
to Genesis Health System		38,832,951	14,573,826
Change in unrecognized funded status of retirement plan		13,291,089	(15,464,620)
Increase (decrease) in unrestricted net assets	\$	52,124,040	\$ (890,794)

See Notes to Consolidated Financial Statements.

Consolidated Statements of Changes in Net Assets Years Ended June 30, 2013 and 2012

		Unrestricted Net Assets	Temporarily Restricted Net Assets	_	Permanently Restricted Net Assets	Noncontrolling Interests - Unrestricted Net Assets		 Total Net Assets
Net assets, June 30, 2011	\$	465,923,057	\$ 16,112,867	\$	1,903,871	\$	10,847,634	\$ 494,787,429
Excess of revenue over expenses		14,573,826	-		-		1,212,084	15,785,910
Change in unrecognized funded status								
of retirement plan		(15,464,620)	-		-		-	(15,464,620)
Purchase of investment from noncontrolling								
interests		-	-		-		(2,369,885)	(2,369,885)
Contributions, investment income and other		-	3,032,563		1,913,963		-	4,946,526
Net assets released from restrictions, for								
operating activities		-	(3,659,824)		-		-	(3,659,824)
Change in interest in net assets of Foundation		-	34,483		• -		-	34,483
Distributions to noncontrolling interests			-		-		(1,271,376)	(1,271,376)
Change in net assets		(890,794)	(592,778)		1,913,963		(2,429,177)	(1,998,786)
Net assets, June 30, 2012		465,032,263	15,520,089		3,817,834		8,418,457	492,788,643
Excess of revenue over expenses		38,832,951	-		-		1,340,443	40,173,394
Change in unrecognized funded status								
of retirement plan		13,291,089	-		-		-	13,291,089
Contributions, investment income and other		-	2,378,832		163,817		-	2,542,649
Net assets released from restrictions, for								
operating activities		-	(1,945,409)		-		-	(1,945,409)
Change in interest in net assets of Foundation		-	221,727		-		•	221,727
Distributions to noncontrolling interests	outions to noncontrolling interests (1,303,177)		(1,303,177)					
Change in net assets		52,124,040	655,150		163,817		37,266	52,980,273
Net assets, June 30, 2013	\$	517,156,303	\$ 16,175,239	\$	3,981,651	\$	8,455,723	\$ 545,768,916

See Notes to Consolidated Financial Statements

Consolidated Statements of Cash Flows Years Ended June 30, 2013 and 2012

		2013	2012
Cash Flows from Operating Activities:	_		
Change in net assets	\$	52,980,273	\$ (1,998,786)
Adjustments to reconcile change in net assets to net cash			
provided by operating activities:			
Depreciation		35,953,462	35,433,838
Amortization		324,488	367,203
Change in interest in net assets of Foundation		(221,727)	(34,483)
Loss on disposal of property and equipment		430,752	363,045
Earnings in (excess of) distributions of		·	
associated companies		105,269	(1,439,968)
Excess of fair value over consideration paid for acquisitions		(3,261,704)	-
Restricted contributions		(851,245)	(2,963,775)
Realized and unrealized (gains) on investments		(15,086,951)	(1,749,429)
Net changes in assets and liabilities:		, ,	(,
(Increase) in patient and other receivables		(4,056,592)	(13,653,018)
(Increase) decrease in inventories, supplies and materials		(81,734)	1,145,070
(Increase) in prepaid expenses and deposits		(256,949)	(911,241)
(Increase) decrease in funded status of retirement plan		(19,652,014)	11,086,157
Increase in accounts payable		3,741,250	5,988,078
Increase in accrued expenses, due to third-party payors,		-,,	-,,
retirement benefits and other		1,048,442	4,434,691
Net cash provided by operating activities		51,115,020	36,067,382
Cash Flows from Investing Activities:			
Purchase of property and equipment		(36,900,417)	(37,519,273)
Proceeds from sale of equipment		10,897	366,174
Cash received upon acquisition of Aledo organizations		3,431,975	-
Cash paid upon acquisition of Aledo organizations		(2,246,380)	-
Purchase of investments		(59,442,651)	(57,762,213)
Purchase of investment in associated company		-	(1,496,019)
Proceeds from sale of investments		55,291,599	63,087,182
(Increase) decrease in other assets		9,747	 (21,192)
Net cash (used in) investing activities		(39,845,230)	 (33,345,341)
Cash Flows from Financing Activities:			
Principal payments on long-term debt, including capital			
lease obligations		(9,774,754)	(8,292,892)
Restricted contributions		851,245	2,963,775
Net cash (used in) financing activities	\$	(8,923,509)	\$ (5,329,117)
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(Continued)

Consolidated Statements of Cash Flows (Continued) Years Ended June 30, 2013 and 2012

	 2013		2012
Net increase (decrease) in cash and cash equivalents	\$ 2,346,281	\$	(2,607,076)
Cash and cash equivalents:			
Beginning	73,634,131		76,241,207
Ending	\$ 75,980,412	\$	73,634,131
Supplemental Disclosure of Cash Flow Information,			
cash payments for interest, including capitalized			
interest 2013 \$128,089; 2012 \$97,929	\$ 4,197,699	\$	5,875,788
Supplemental Disclosure of Noncash Investing and			
Financing Activities, contribution of property and			
equipment for an investment in associated company	\$ -	\$	377,258
Supplemental Disclosures of Noncash Investing Activities,			
Acquisition of Genesis Medical Center-Aledo and			
Genesis Senior Living-Aledo:			
Assets acquired:			
Cash	\$ 3,431,975		
Net patient receivables	3,778,516		
Property and equipment	2,479,462		
Other current assets	340,284		
Liabilities assumed:	•		
Accounts payable	(834,011)		
Long term debt	(1,604,472)		
Due to third-party payors	(1,028,496)		
Other current liabilities	(1,055,174)		
Cash paid upon acquisition of Aledo organizations	 (2,246,380)	_	
Excess of fair value over consideration paid	\$ 3,261,704	_	

See Notes to Consolidated Financial Statements.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies

Nature of business:

Genesis Health System – Iowa (GHS Iowa), an Iowa nonprofit corporation, and Genesis Health System – Illinois (GHS Illinois), an Illinois not-for-profit corporation, have identical governing boards, management and bylaws and can act jointly. GHS Iowa is also the sole member of Genesis 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 GenGastro, LLC. GHS Illinois is the sole member of Genesis Medical Center – Aledo and Genesis Senior Living – Aledo, and is a partner in The Larson Center Partnership.

The following entities were formed during the year ended June 30, 2013:

<u>Genesis Medical Center – Aledo (GMC – Aledo)</u> is certified as a critical access hospital, which has 22-acute care and swing beds, as well as a physician clinic, which provides services from its facility in Aledo, Illinois.

On February 1, 2013, GMC – Aledo acquired all of the assets and assumed all the liabilities of the hospital in Aledo, Illinois from Mercer County, Illinois, for no consideration. The assets acquired exceed the liabilities assumed by approximately \$2,536,000, a contribution which is presented as a component of other nonoperating income.

<u>Genesis Senior Living – Aledo (GSL – Aledo)</u> is certified as a nursing facility, which has a 92-bed long-term care facility, which provides services from its facility in Aledo, Illinois.

On February 1, 2013, GSL – Aledo acquired all of the assets and assumed all the liabilities of the nursing home in Aledo, Illinois from Mercer County, Illinois for approximately \$2,250,000. The assets acquired exceed the liabilities assumed and consideration paid by approximately \$725,000, a contribution which is presented as a component of other nonoperating income.

GHS lowa, GHS Illinois, GMC - Aledo and GSL - Aledo collectively represent the Obligated Group on certain components of the System's long-term debt.

GHS lowa and GHS Illinois operate the following business units:

<u>Genesis Health System</u> provides administrative, management, information technology and other support services to its affiliates.

<u>Genesis Clinical Services</u> operates physician medical practices, convenient care practices and an occupational medicine clinic and provides behavioral health services to the residents of eastern Iowa and western Illinois.

<u>Genesis Medical Center – Davenport (GMC – Davenport)</u> is licensed as a 502-bed acute care hospital which provides services from two hospital facilities located in Davenport, Iowa.

<u>Genesis Family Medical Center (GFMC)</u> is a family practice residency training program that operates clinics in Davenport and Blue Grass, lowa to provide a clinical setting for the residents to treat patients.

<u>Genesis Medical Center – DeWitt (GMC – DeWitt)</u> 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.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

<u>Genesis Illinois Properties (GIP)</u> owned land located in Moline, Illinois. During the year ended June 30, 2012, GIP sold its land to Genesis Medical Center – Illini and GIP was discontinued as a business unit.

Genesis Visiting Nurse Association and Hospice (VNA) provides home health care, community nursing services and hospice services to patients in eastern lowa and western Illinois.

<u>Genesis Medical Center – Illini (GMC – Illini)</u> 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 is a 120-bed licensed nursing facility, consisting of 75 skilled care beds and 45 sheltered care beds. Twenty-two of the skilled care beds are designated as hospital-based Medicare certified beds. The sheltered care unit provides rehabilitative and personal care in a family-oriented setting. Crosstown Square is an independent living facility containing 76 rentable apartments and two guest rooms that offers services designed to meet the needs of senior adults.

GHS lowa and GHS Illinois have a controlling ownership interest or membership in the following organizations:

<u>Genesis Health Services Foundation (Genesis Foundation)</u> 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. The Genesis Foundation is referred to as the Foundation.

<u>Illini Hospital Foundation (Illini Foundation)</u> supported GMC – Illini by providing financial and fundraising assistance. The mission of the Illini Foundation was to assist GMC – Illini in providing quality, compassionate care for all those in need by raising, managing and granting charitable funds. During the year ended June 30, 2012, Illini Foundation merged with Genesis Foundation and Illini Foundation was dissolved.

GenGastro, LLC (d/b/a the Center for Digestive Health) is a limited liability company, which was formed in 2003, a single-specialty gastroenterology ambulatory surgery center located in Bettendorf, lowa. Upon obtaining a controlling interest, the System consolidated the accounts of GenGastro, LLC in its consolidated financial statements in January 2011. During the year ended June 30, 2012, Genesis Health System acquired an additional 8.33% interest in GenGastro, LLC from noncontrolling interests and maintains a 75% ownership interest as of June 30, 2013 and 2012.

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 75.6% of LCP.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

<u>GenVentures</u>, <u>Inc.</u> (<u>GenVentures</u>) is a wholly-owned for-profit corporation which operates the following divisions, primarily in the Quad Cities:

<u>Genesis at Home, Continuing Care</u> 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.

<u>GenProperties</u> owns, leases and/or manages office space in 15 medical office buildings located in Bettendorf, Clinton, Davenport, Eldridge, Le Claire and Muscatine, Iowa.

<u>Crescent Laundry</u> provides commercial laundry services to health care facilities in eastern lowa and in north-central Illinois.

Genesis Accountable Care Organization, LLC (Genesis ACO) is an lowa limited liability company formed in December 2011. Its purpose is to engage in any lawful business and any business related to creation and organization of a "physician-driven" network to act as, and/or participate in, an Accountable Care Organization within the meaning of the federal Patient Protection and Affordable Care Act. The company is also organized to develop a clinically integrated network of providers including physicians, health professionals, hospitals and ancillary providers working together to promote high quality, coordinated and efficient care to patients including members of various managed care payors and the community at large.

<u>Genesis Health System Workers' Compensation Plan and Trust (Workers' Compensation Trust)</u> provides a fund which can be used to pay workers' compensation claims and costs for the benefit of Genesis Health System.

<u>Misericordia Assurance Company, Ltd. (Misericordia)</u> is a wholly-owned Cayman based captive insurance company which underwrites the general and professional liability risks of Genesis Health System and affiliates.

<u>Davenport SRS Leasing, LLC (SRS)</u> is a limited liability company, which was formed in 2008, which leases medical equipment. Genesis Health System maintained a 93.75% ownership interest as of June 30, 2011. During the year ended June 30, 2012, GMC – Davenport acquired the remaining interest of SRS, to obtain 100% ownership. Upon obtaining 100% ownership, the assets, liabilities and operations of SRS were transferred to GMC – Davenport and SRS was dissolved.

Genesis Philanthropy is a wholly-owned tax-exempt entity formed in 2013, which will partner with other hospital foundations to form a regional network to attract donors to help fund specific health-related causes and promote wellness in the region. Genesis Philanthropy had no financial activity for the year ended June 30, 2013.

Genesis Health System and its related organizations are collectively referred to as the System.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued) Significant accounting policies:

<u>Principles of consolidation</u>: The accompanying consolidated financial statements include the accounts of Genesis Health System and related organizations. All significant intercompany balances and transactions have been eliminated upon consolidation.

Accounting estimates: The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in the estimates and assumptions in the near term would be material to the financial statements. Estimates that are particularly susceptible to significant changes in the near term and which require significant judgments by management include the allowances for doubtful accounts and contractual adjustments, estimated third-party payor settlements, self-insured professional, general, health and dental and workers' compensation liabilities, assumptions for the defined benefit retirement plan, fair value of financial instruments and recoverability of long-term assets (including goodwill).

<u>Cash and cash equivalents</u>: Cash and cash equivalents include unrestricted cash and temporary cash investments not limited as to use. The cash equivalents have a maturity of three months or less at date of issuance. Certain temporary cash investments internally designated as long-term investments are excluded from cash and cash equivalents.

<u>Patient receivables and net patient service revenue</u>: The collection of receivables from third-party payors and patients is the System's primary source of cash for operations and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance payor has paid, but patient responsibility amounts for deductibles and copayments remain outstanding. Patient receivables, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Patient receivables due directly from the patients are carried at the original charge for the service provided less amounts covered by third-party payors and less an estimated allowance for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Receivables due from medical office building tenants and from commercial laundry customers are carried at the original invoice amount less an estimate made for doubtful accounts. 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. The System does not charge interest on patient receivables. 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.

Receivables or payables related to estimated settlements on various payor contracts, primarily Medicare, are reported as amounts due from or to third-party payors. Significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental health care coverage could affect the System's collection of accounts receivable, cash flows and results of operations.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Net patient service revenue is reported net of the provision for doubtful accounts.

In evaluating the collectability of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for doubtful accounts, if necessary (for example, for expected uncollectible accounts for which the thirdparty payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records a significant provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The System's allowance for doubtful accounts and charity care, for all payors, increased from 8% of accounts receivable at June 30, 2012, to 9% of accounts receivable at June 30, 2013. In addition, the System's write-offs, for all payors, increased approximately \$5,477,000 from \$37,451,000 to \$42,928,000 for the years ended June 30, 2012 and 2013, respectively. Both increases were primarily the result of negative trends experienced in the collection of amounts from self-pay patients. A portion of the increase is also a result of an increase in write-offs correlated with the increased revenue for the year ended June 30, 2013. The System has not changed its charity care or uninsured discount policies during the year ended June 30, 2013.

The System recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy).

Patient service revenue at established rates, less third-party payor contractual adjustments (but before the provision for doubtful accounts), recognized in the year ended June 30, 2013, was approximately:

 Third-party payor
 \$ 478,316,171

 Self-pay
 70,387,215

 \$ 548,703,386

<u>Inventories, supplies and materials</u>: Inventories, supplies and materials are valued at the lower of cost (first-in, first-out method) or market.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Assets limited as to use: Assets limited as to use include assets internally designated by the System's Board of Directors for future capital improvements and other purposes, over which the Board retains control and may at their discretion subsequently use for other purposes, assets held by trustees under bond indenture agreements, interest in the net assets of the DeWitt Community Hospital Foundation and donor restricted assets.

Donor restricted assets limited as to use as of June 30, 2013 and 2012 include approximately \$159,000 and \$175,000, respectively, of pledges receivable for unconditional promises which are restricted by the donors to be used for capital projects. All of the pledges receivable are expected to be collected within the next year and are included in other receivables as a current asset on the accompanying consolidated balance sheets. The pledges are recorded net of an estimated allowance for uncollectible receivables of approximately \$8,000 as of June 30, 2013 and 2012.

Investments: Short-term investments consist of certificates of deposit which are stated at cost which approximates fair value. Investments in equity securities, including assets limited as to use, with readily determinable fair values and all investments in debt securities are measured at fair value on the consolidated balance sheets based on quoted market prices. Investments also include alternative investments which are carried at fair value using the practical expedient, which is estimated at the most recent valuations provided by external investment managers. The practical expedient allows for the use of net asset value (NAV), either as reported by the investee fund or as adjusted by the System based on various factors. Management has reviewed and evaluated the values provided by the managers and agrees with the valuation methods and assumptions used to determine their values.

Investment income includes dividends, interest and other investment income and realized gains and losses on investments. Changes in unrealized gains and losses on investments classified as trading securities are included in excess of revenue over expenses.

Investment income earned on Misericordia's investments, which are restricted for the payment of general and professional liabilities, is included in other operating revenue. Investment (loss) and income included as other operating revenue was approximately \$(110,000) and \$1,818,000 for the years ended June 30, 2013 and 2012, respectively.

The System classifies substantially all of its investments in debt and equity securities as trading. This classification as trading requires the System to recognize unrealized gains and losses on substantially all of its unrestricted and internally designated investments in debt and equity securities as a component of nonoperating income (losses) in the consolidated statements of operations.

Investments in associated companies are accounted for by the equity method of accounting under which the System's share of the net income (loss) of the associated companies that provide patient related services are recognized as operating income (loss) and the share of net income (loss) of the associated companies that do not provide patient related services are recognized as nonoperating income (loss) in the consolidated statements of operations and changes in net assets and added to (deducted from) the investment account. Dividends and distributions received from the associated companies are treated as a reduction of the investment account. The System has investments in companies that provide: lithotripsy, ultrasound services, endoscopy procedures, specialized and orthopedic care, ambulatory surgery procedures, radiology, occupational and physical therapy rehabilitation services, a medical office building partnership, an equipment leasing company, mobile clinical and medical services, health insurance plans and in the Genesis Heart Institute.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

<u>Property and equipment</u>: Property and equipment is carried at cost or, if donated, at fair market value at date of donation. Depreciation is computed by the straight-line method over the assets' estimated useful lives. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Amortization expense on assets acquired under capital leases is included with depreciation expense on owned assets.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support and are included in the income or loss from operations unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

<u>Bond issuance costs</u>: Bond issuance costs are being amortized over the term the bonds are outstanding.

<u>Goodwill</u>: A majority of the goodwill on the System's consolidated balance sheet arose from the acquisition of a controlling interest in GenGastro, LLC, during the year ended June 30, 2011, and consists primarily of current and future expected earnings and profitability.

Goodwill is being tested for impairment annually. Management performed assessments for impairment as of June 30, 2013 and 2012, and determined no goodwill impairment exists.

<u>Unpaid losses and loss adjustment expenses</u>: Misericordia and the Workers' Compensation Trust have liabilities for unpaid losses and loss adjustment expenses which are determined using case basis evaluations and statistical analyses and represent estimates of the ultimate net cost of all reported and unreported losses which are unpaid at year-end. Management concurs with the independent actuary on the determination of the estimated ultimate net costs for losses and loss adjustment expenses.

All estimates of unpaid losses and loss adjustment expenses are reviewed at least annually, and any adjustments determined to be necessary are reflected in current operations. Since these liabilities are based on estimates, the ultimate settlement of losses and related expense may vary from the amounts included in the consolidated financial statements. Misericordia records its estimated liability for unpaid losses and loss adjustment expenses at an undiscounted actuarially determined amount. The Workers' Compensation Trust records its estimated liability for unpaid losses and loss adjustment expenses based on assumptions and estimates including a discounted actuarially determined amount, discounted using a 3% yield for the years ended June 30, 2013 and 2012.

Although it is not possible to measure the degree of variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. No representation is made, however, that the ultimate liabilities may not be in excess of the amounts provided. Also, Misericordia and the Worker's Compensation Trust participants are obligated by the terms of the Trust agreement to contribute retrospective payments to the Trust, if deemed necessary, in order to support claims and costs in excess of the amounts provided.

Misericordia and the Workers' Compensation Trust record their estimated liabilities gross of any amounts recoverable under their own reinsurance, which amounts, if any, are recorded separately in the consolidated balance sheets. In the event that the reinsurers are unable to meet their obligations under the reinsurance agreements, they would be liable to pay all losses under the reinsurance assumed but would only receive reimbursement to the extent that the reinsurers can meet their obligations.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

<u>Premiums written and ceded</u>: Premiums written and ceded are recognized in income pro-rata over the term of the policies and the unearned and unexpensed portions at the consolidated balance sheet dates are transferred to unearned premiums or deferred reinsurance premiums ceded, respectively.

Reinsurance premiums ceded are similarly recognized on a pro-rata basis over the terms of the policy issued and the unearned portion, if any, deferred and transferred to deferred reinsurance premiums ceded in the consolidated balance sheets.

The policies insured by Misericordia are subject to a retrospective rating plan, under which retrospective premiums are recomputed annually based on incurred loss. Retrospective premium adjustments are included in income in the period in which they are determined.

Consistent with this policy, all available income of Misericordia is transferred to the provision for outstanding losses and retrospective premium adjustments. Accordingly, Misericordia's statements of income reflect a break-even position in income.

Temporarily and permanently restricted net assets: The System is required to report information regarding its financial position and operations according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The three classes are based on the presence or absence of donor-imposed restrictions. Temporarily restricted net assets include net assets restricted by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Noncontrolling interests: The System had a 93.75% interest in Davenport SRS Leasing through December 31, 2011 when GMC-Davenport obtained 100% ownership of SRS Leasing. The System has a 75.0% interest in GenGastro, LLC and a 75.6% interest in The Larson Center Partnership, LLC, while other members own a noncontrolling interest of the companies. A pro rata share of the income or losses and net assets, in the form of members' equity, applicable to this interest has been recognized in the System's consolidated financial statements.

<u>Fair value of financial instruments</u>: Financial instruments are described as cash or contractual obligations or rights to pay or to receive cash. The fair value for certain financial instruments approximates the carrying value because of the short-term maturity of these instruments which include cash and cash equivalents, short-term investments, receivables, accounts payable, accrued liabilities, due to third-party payors and other current liabilities. The System's investments and assets limited as to use are carried at fair value on the consolidated balance sheets. Based on borrowing rates currently available to the System with similar terms and maturities, the fair value of the long-term debt excluding capital leases and unamortized bond premium approximates \$80,483,000 and \$89,239,000 as of June 30, 2013 and 2012, respectively. The fair value of long-term debt is based on level 2 inputs within the fair value hierarchy.

<u>Fair value measurements:</u> The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification defines fair value, establishes a framework for measuring fair value and expands disclosure of fair value measurements, which applies to all assets and liabilities that are measured and reported on a fair value basis. See Note 6 for additional information.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Other service revenue, net of cost of revenue: The consolidated statements of operations include other service revenue, net of cost of revenue, which primarily consists of pharmaceuticals, home medical equipment and laundry services through GenVentures, Inc.

<u>Operating income</u>: The consolidated statements of operations include operating income. Changes in unrestricted net assets, which are excluded from operating income include investment income, contribution income and other income which management views as outside of normal activity.

Electronic health records incentive program: The electronic health records incentive program, enacted as part of the American Recovery and Reinvestment Act of 2009, provides for incentive payments under both the Medicare and Medicaid programs to eligible health systems that demonstrate meaningful use of certified electronic health records (EHR) technology. Payments under both the Medicare and Medicaid programs are for five and six years, respectively, based on a statutory formula. The Medicaid programs are determined on a state-by-state basis, which are approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the System initially attesting to being a meaningful user of EHR technology and then continuing to meet escalating criteria, including other specific requirements that are applicable, for consecutive reporting periods. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ from the initial payments under the program, although management does not anticipate material adjustments, as input data for the EHR incentive amounts has remained relatively consistent over time. The System accounts for the recognition of revenue related to the incentive payments ratably over the period of time in which the incentives are earned. Therefore, revenue from the incentive payments is recognized ratably as the System demonstrates that it complies with the meaningful criteria over the applicable attestation period. During the years ended June 30, 2013 and 2012, the System has recognized approximately \$6,625,000 and \$5,929,000, respectively, of other operating revenue as the meaningful use objectives have been met. As of June 30, 2013 and 2012, the System recorded other current receivables of approximately \$3,670,000 and none, respectively, relating to the EHR incentive program.

<u>Charity care</u>: The System provides care to patients who meet certain criteria under charity care policies without charge or at amounts less than its established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. See additional information in Note 3.

Excess of revenue over expenses: The consolidated statements of operations and changes in net assets include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include the change in unrealized gains and losses on investments classified as other-than-trading, permanent transfers of assets for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and the change in unrecognized funded status of the retirement plan.

New accounting guidance: In 2013, the System adopted ASU No. 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Healthcare Entities. This ASU requires the System to present the provision for bad debts associated with patient service revenue as a deduction from patient service revenue. The adoption of this ASU changed where the provision for doubtful accounts was presented within the consolidated statement of operations; however, it did not affect operating income or the change in unrestricted net assets. All periods presented in these financial statements and notes to the consolidated financial statements have been reclassified in accordance with the guidance.

Notes to Consolidated Financial Statements

Note 1. Nature of Business and Significant Accounting Policies (Continued)

<u>Reclassifications</u>: Certain items on the consolidated financial statements as of and for the year ended June 30, 2012 have been reclassified to be consistent with classifications adopted as of and for the year ended June 30, 2013. The reclassifications had no impact on total assets or total net assets.

<u>Subsequent events</u>: The System has evaluated subsequent events through October 18, 2013, the date on which the consolidated financial statements were issued.

Note 2. Net Patient Service Revenue

Health care providers within the System have agreements with third-party payors that provide for payments at amounts different from its established rates. These third-party payors include: the Medicare and Medicaid programs, Wellmark/Blue Cross, other health maintenance organizations, and various commercial insurance and preferred provider organizations.

Third-party payor rates differ by payor and include: established charges, contracted rates less than established charges, retroactively determined cost-based rates and prospectively determined rates per discharge, per procedure, or per diem.

A summary of net patient service revenue for the years ended June 30, 2013 and 2012 is as follows:

	2013	2012
Gross patient service revenue	\$ 1,255,009,66	\$1 \$ 1,204,935,070
Less discounts, allowances and estimated contractual adjustments under third-party reimbursement programs	706,306,27	75 681,230,702
Patient service revenue, net of contractual adjustments	548,703,38	523,704,368
Less provision for doubtful accounts	35,672,9°	19 31,818,463
Net patient service revenue	\$ 513,030,46	37 \$ 491,885,905

Estimated contractual adjustments for the years ended June 30, 2013 and 2012 include the effect of a change in the estimate of the amount due to third-party payors. The net effect of this change in estimate is a decrease in estimated contractual adjustments of approximately \$1,064,000 and \$50,000 for the years ended June 30, 2013 and 2012, respectively, and is related to the recognition of disproportionate share reimbursement and retroactive adjustments based on final settlements of cost reports.

Under the State of Illinois Medicaid Hospital Assessment Program (Illinois Program), a hospital receives additional Medicaid reimbursement from the State and pays a related assessment. Total reimbursement revenue recognized by the System related to this Illinois Program for each of the years ended June 30, 2013 and 2012 amounted to approximately \$6,695,000 and \$5,814,000, respectively, which is recorded as a reduction of estimated contractual adjustments. Total assessments incurred by the System related to this Illinois Program for each of the years ended June 30, 2013 and 2012 amounted to approximately \$2,242,000 and \$1,846,000, respectively, which is included in other operating expenses. The Illinois Program was effective through June 2014 until it was extended through December 2014 as described below.

On June 14, 2012, the Governor of Illinois signed the Save Medicaid Access and Resources Together (SMART) Act, which scales back the Illinois Medicaid program through provider rate adjustments, utilization controls and eligibility verification.

Notes to Consolidated Financial Statements

Note 2. Net Patient Service Revenue (Continued)

The SMART Act also includes an enhanced hospital tax assessment program, which was approved by CMS in October 2013 and is retroactive to June 2012. The program is extended through December 31, 2014 and generates additional funds that will be used to attract additional federal matching funds. The additional funds will be used to provide new hospital payments designed to preserve and improve access to hospital services for residents throughout Illinois. The enhanced hospital tax assessment program will increase the System's net reimbursement.

In 2011, CMS approved the State of Iowa's Hospital Provider Tax Program (Iowa Program). Under the Iowa Program, which is retroactive to July 1, 2010, a hospital is required to pay a quarterly provider tax assessment. The tax assessments collected by the State are used to fund a health care access improvement fund and are used to obtain federal matching funds, all of which must be distributed to Iowa hospitals to help bring Medicaid reimbursement closer to the cost of providing care. The allocation of these funds to specific health care providers is based primarily on the amount of care provided to Medicaid recipients. The Iowa Program increases inpatient DRG reimbursement rates and also implements several supplemental inpatient and outpatient methodologies. The System's additional reimbursement has been recorded in the accompanying financial statements as a reduction of estimated contractual adjustment expense. Total assessments incurred by the System related to this Iowa Program amounted to approximately \$2,491,000 for each of the years ended June 30, 2013 and 2012, which is included in other operating expenses.

Note 3. Charity Care and Community Service

The System maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and the estimated cost of those services and supplies.

The amount of charity care provided at estimated cost was approximately \$10,252,000 and \$9,732,000 for the years ended June 30, 2013 and 2012, respectively. Cost of charity care is calculated by applying business unit specific cost-to-charge ratios to the amount of charity care deductions from gross revenue for each business unit. The cost-to-charge ratio is calculated by taking the business unit expenses and gross charges and applying adjustments to remove the cost of non-patient care activity, Medicaid provider taxes paid, identifiable community benefit expenses, as well as gross patient charges that are generated for identifiable community benefit services.

In addition to its charity policy, the System provided community services, including, but not limited to, the following:

- Operation of full-time emergency rooms providing emergency medical services to all patients accessing the System, regardless of race, creed, sex, national origin, handicap, age or ability to pay.
- Operation of a community based hospice program along with the only residential hospice house in the Quad Cities.
- Maintenance of provider agreements with the Medicare and Medicaid programs.
- Health screenings, promotions, education and prevention programs offered free or at low cost to its communities.
- A medical education program which provides for the education of Family Practice residents at GFMC, as well as support to nursing programs.

Notes to Consolidated Financial Statements

Note 3. Charity Care and Community Service (Continued)

- Volunteer services provided by the System's staff to the communities, including major community events and fund raising activities.
- Not-for-profit community funding, including those community groups' activities that are consistent with Genesis' mission.
- Subsidized services to other charitable organizations providing health related services.

Genesis Health System and the Foundation, as part of their missions, grant charitable support to meet the health related needs of the communities served by the System.

On June 14, 2012, the Governor of Illinois signed into law legislation that governs property and sales tax exemption for not-for-profit hospitals. The law took effect on the date it was signed. Under the law, in order to maintain its property and sales tax exemption, the value of specified services and activities of a not-for-profit hospital must equal or exceed the estimated value of the hospital's property tax liability, as determined under a formula in the law. The specified services are those that address the health care needs of low-income or underserved individuals or relieve the burden of government with regard to health care services, and include: the cost of free or discounted services provided pursuant to the hospital's financial assistance policy; other unreimbursed costs of addressing the health needs of low-income and underserved individuals; direct or indirect financial or in-kind subsidies of State and local governments; the unreimbursed cost of treating Medicaid and other means-tested program recipients; the unreimbursed cost of treating dual-eligible Medicare/Medicaid patients; and other activities that the Illinois Department of Revenue determines relieves the burden of government or addresses the health of low-income or underserved individuals. Management believes that the System's Illinois hospitals, GMC-Illini and GMC-Aledo, meet the requirements under the law to maintain its property and sales tax exemptions in Illinois.

Note 4. Receivables

Patient receivables as of June 30, 2013 and 2012 consist of the following:

	2013	2012
Patient receivables before allowances	\$ 171,968,271	\$ 185,499,848
Less:		
Estimated third-party contractual allowances	70,452,581	85,895,875
Allowance for doubtful accounts and charity care	15,792,827	14,860,488
	\$ 85,722,863	\$ 84,743,485

Notes to Consolidated Financial Statements

Note 5. Composition of Investments and Assets Limited as to Use

Investments and assets limited as to use that are internally designated and donor restricted consist of the following as of June 30, 2013 and 2012:

	2013	2012
Cash, primarily money market funds	\$ 1,530,01	4 \$ 1,425,442
Certificates of deposit	567,79	
Common stocks	76,092,39	01 66,543,872
Fixed income mutual funds	56,602,23	57,138,929
Equity mutual funds	58,512,13	49,707,928
Equity collective investment funds	48,619,01	8 46,452,305
Investment in associated companies	12,680,67	75 12,602,803
Pledges receivable	159,00	175,000
Other	935,54	738,333
Total	\$ 255,698,80	3 \$ 236,512,069

Investments and assets limited as to use that are internally designated and donor restricted are included in the accompanying consolidated balance sheets under the following captions as of June 30, 2013 and 2012:

	2013		2012
Other receivables, current portion	\$ 159,00	0 :	\$ 105,000
Short-term investments	648,63	2	931,534
Investments	61,651,49	3	61,688,505
Assets limited as to use:			
Internally designated	174,235,59	7	155,221,439
Donor restricted	19,004,08	11	18,565,591
	\$ 255,698,80	3	\$ 236,512,069

The investments of the System are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amounts reported in the consolidated financial statements.

Notes to Consolidated Financial Statements

Note 5. Composition of Investments and Assets Limited as to Use (Continued)

The return on investments, including assets limited as to use, is reported in the consolidated statements of operations and changes in net assets as follows:

	 2013		2012
Investment income (loss):			
Interest and dividend income	\$ 5,132,712	\$	5,096,941
Net realized gains on investments	7,824,448		2,938,860
Change in net unrealized gains and losses on investments	7,262,503		(1,189,431)
Equity in net income of associated companies	1,357,558		1,439,968
• •	\$ 21,577,221	\$	8,286,338
Unrestricted:		_	
Interest and dividend income and realized gains			
on sales of investments	\$ 11,782,407	\$	6,701,439
Current year change in unrealized gains and losses on			
trading securities	6,838,810		(1,936,767)
Other nonoperating income	91,657		149,057
Other operating revenue	 1,170,644		3,124,563
	19,883,518		8,038,292
Temporarily restricted:	 		
Interest and dividend income	301,874		211,069
Net realized gains on investments	811,969		398,105
Change in net unrealized gains and losses on investments	 518,502		(415,945)
•	1,632,345		193,229
Permanently restricted:	 		
Interest and dividend income	7,830		71,659
Net realized gains on investments	21,433		128,680
Change in net unrealized gains and losses on investments	 32,095		(145,522)
-	 61,358		54,817
	\$ 21,577,221	\$_	8,286,338

Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants and requires the use of valuation techniques that are consistent with the market approach, the income approach and/or the cost approach. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. In that regard, this guidance establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

The fair value hierarchy is as follows:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. Level 2 investments also include market alternatives, measured using the practical expedient, that do not have any significant redemption restrictions, lock ups, gates or other characteristics that would cause liquidation and report date NAV to be significantly different.
- Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

A description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below:

Investments in common stocks and mutual funds traded on a national securities exchange are valued at the last reported sales price on the day of valuation. These financial instruments are classified as level 1 in the fair value hierarchy.

The System invests in alternative investments consisting of equity mutual funds and collective investment funds for which fair value is determined using the NAV per share of each fund. The NAV for level 2 mutual funds and collective investment funds is primarily determined based on the underlying assets and liabilities held in the fund. The estimated fair values of certain investments of the underlying investment funds, which may include securities for which prices are not readily available, are determined by the managers of the respective other investment fund and may not reflect amounts that could be realized upon immediate sale, nor amounts that ultimately may be realized. Accordingly, the estimated fair values may differ significantly from the values that would have been used had a ready market existed for these investments. The fair value of the System's investments in funds generally represents the amount the System would expect to receive if it were to liquidate its investments in funds excluding any redemption charges that may apply.

There have been no changes in valuation techniques used for any assets measured at fair value during the year ended June 30, 2013.

Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements (Continued)

Assets recorded at fair value on a recurring basis:

The following tables summarize assets measured at fair value on a recurring basis as of June 30, 2013 and 2012, segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value:

	Investments at Fair Value as of June 30, 2013							
	Fa	ır Value		Level 1		Level 2		Level 3
Common Stocks:	_							
Healthcare	\$ 10),550,883	\$	10,550,883	\$	-	\$	-
Financial	9	,823,738		9,823,738		-		-
Consumer Discretionary	13	3,062,861		13,062,861		-		-
Energy		5,725,189		5,725,189		-		-
Information Technology	17	7,438,242		17,438,242		-		-
Industrials	6	5,589,594		6,589,594		-		-
ADR's (American Depository Receipts)	3	3,394,069		3,394,069		-		-
Materials	:	3,006,119		3,006,119		-		-
Consumer Staples	4	1,386,391		4,386,391		-		-
Utilities		602,687		602,687		-		-
Telecommunication Services	•	1,512,618		1,512,618		-		-
Equity Mutual Funds:								
Thomburg International Value Fund	20	0,603,408		20,603,408		-		-
PIMCO Cayman U.S Total Return Fund	13	3,210,549		-		13,210,549		-
MFS Global Equity Fund	7	7,500,015		7,500,015		-		-
Other, primarily those held in deferred								
compensation plan assets	17	7,198,162		17,198,162		-		•
Equity Collective Investment Funds:								
JP Morgan Core Bond Trust	3	7,862,337		-		37,862,337		-
JP Morgan U.S Aggregate Bond Fund	10	0,756,681		-		10,756,681		-
Fixed Income Mutual Funds:								
PIMCO Total Return Fund	4	4,130,302		44,130,302		-		-
Nuveen short-term bond fund	1	1,781,429		11,781,429		-		-
Other		690,500		690,500				
	\$ 23	9,825,774	\$	177,996,207	\$_	61,829,567	\$	

Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements (Continued)

Investments at Fair Value as of June 30, 2012 Fair Value Level 1 Level 2 Level 3 Common Stocks Healthcare 8,939,983 8.939.983 \$ Financial 8,053,170 8,053,170 Consumer Discretionary 12,741,809 12,741,809 Energy 5,415,115 5,415,115 Information Technology 17,004,244 17,004,244 Industrials 5,006,178 5,006,178 ADR's (American Depository Receipts) 2,727,890 2,727,890 Materials 3,036,983 3,036,983 Consumer Staples 1,254,929 1,254,929 Utilities 661,903 661,903 **Telecommunication Services** 1,701,668 1,701,668 **Equity Mutual Funds:** Thomburg International Value Fund 16,525,950 16,525,950 PIMCO Cayman U.S. Total Return Fund 12.641.677 12,641,677 MFS Global Equity Fund 6,022,210 6,022,210 Other, primarily those held in deferred compensation plan assets 14,518,091 14,518,091 **Equity Collective Investment Funds:** JP Morgan Core Bond Trust 35,581,495 35,581,495 JP Morgan U S. Aggregate Bond Fund 10,870,810 10,870,810 Fixed Income Mutual Funds: PIMCO Total Return Fund 44,961,048 44,961,048 Nuveen short-term bond fund 12,151,240 12,151,240 Other 26,641 26,641 \$ 219,843,034 \$ 160,749,052 \$ 59,093,982

There were no transfers between levels of the fair value hierarchy during the years ended June 30, 2013 and 2012.

Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements (Continued)

The following table sets forth additional disclosure of the System's investments whose fair value is estimated using net asset value (NAV) per share (or its equivalent) as of June 30, 2013 and 2012:

	Fair	Val	ue	Unfunded Redemption			Unfunded Redemption Red			Redemption
	2013		2012	Con	Commitment Frequency		Notice Period			
Investments:										
Equity Mutual Fund, PIMCO										
Cayman U.S. Total Return										
Fund (A)	\$ 13,210,549	\$	12,641,677	\$	-	Daily	Daily			
Equity Collective Investment Funds:										
JP Morgan Core Bond Trust (B)	37,862,337		35,581,495		-	Daily	Daily			
JP Morgan U.S. Aggregate										
Bond Fund (C)	10,756,681		10,870,810		-	Daily	Trade date, minus 3 days			
	\$ 61,829,567	\$	59,093,982	\$	-					
Cayman U.S. Total Return Fund (A) Equity Collective Investment Funds: JP Morgan Core Bond Trust (B) JP Morgan U.S. Aggregate	\$ 37,862,337 10,756,681		35,581,495 10,870,810		- - -	Daily	Daily			

- (A) PIMCO Cayman U.S. Total Return Fund is an open-end investment fund incorporated in the Cayman Islands. The Fund's objective is maximum total return, consistent with preservation of capital and prudent investment management. The System has used the NAV as the practical expedient to measure fair value.
- (B) The JP Morgan Core Bond Trust fund seeks to maximize total return by investing primarily in a diversified portfolio of intermediate and long-term debt securities. The System has used the NAV as the practical expedient to measure fair value.
- (C) JP Morgan U S Aggregate Bond Fund is an open-end investment fund incorporated in Luxembourg The Fund's objective is to achieve return in excess of U S. bond markets by investing primarily in U S. fixed and floating rate debt securities. The System has used the NAV as the practical expedient to measure fair value.

Note 7. Property and Equipment

Property and equipment as of June 30, 2013 and 2012 consists of the following:

	2013	2012
Land and land improvements (A)	\$ 30,479,557	\$ 29,549,572
Buildings (B)	344,507,404	337,468,609
Leasehold improvements	21,100,926	20,688,586
Equipment (C)	338,462,522	318,018,493
Construction in process	14,779,569	9,780,107
	749,329,978	715,505,367
Less accumulated depreciation, including accumulated		
depreciation on capital assets 2013 \$24,340,038;		
2012 \$22,684,569	497,039,692	466,199,849
	\$ 252,290,286	\$ 249,305,518

- (A) Land and land improvements include assets under capital lease as of June 30, 2013 and 2012 of \$1,153,678.
- (B) Buildings include assets under capital lease as of June 30, 2013 and 2012 of \$22,272,145.
- (C) Equipment includes assets under capital lease as of June 30, 2013 and 2012 of \$2,111,214.

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt and Pledged Assets

Long-term debt and pledged assets as of June 30, 2013 and 2012 consist of the following:

		2013	2012
GHS lowa:	·		
Revenue bonds, Series 2010 (A)	\$	73,435,000	\$ 79,530,000
Unamortized bond premium, Series 2010 (A)		3,216,984	3,616,597
Capital lease obligation (B)		3,622,895	 4,762,326
GHS lowa subtotal		80,274,879	87,908,923
GHS Illinois, capital lease obligations (C)		7,070,000	 7,750,000
Obligated Group subtotal (D)		87,344,879	95,658,923
GenVentures, note payable, bank (E)		349,750	 444,405
LCP, line of credit (F)			161,196
		87,694,629	96,264,524
Less current maturities		8,421,389	8,170,148
	\$	79,273,240	\$ 88,094,376

(A) During fiscal year 2010, GHS lowa issued lowa Finance Authority Healthcare Revenue Bonds, Series 2010. The Series 2010 bonds, which had an original principal balance of \$90,995,000 and were issued at a premium of \$3,799,486, have payments due July 1, annually, and mature in varying amounts through July 1, 2026 and bear interest at 5.0%. The Series 2010 bonds are secured by a pledge of the Obligated Group's unrestricted receivables. The proceeds of the bonds were used to extinguish the 1997 and 2000 Series bonds.

There are a number of limitations and restrictions contained in the Master Trust Indenture, the most significant of which is for the Obligated Group to maintain a minimum debt service coverage ratio of 1.10 to 1.

- (B) The lease is due in monthly installments of \$122,135, including interest at 7.68% with final payment due in March 2016. The lease is secured by equipment. The depreciated cost of the equipment under this capital lease is approximately \$2,662,000 as of June 30, 2013.
- (C) GMC Illini leases its land, land improvements and buildings from Illini Hospital District, a related party, under a capital lease agreement which requires payment in an amount sufficient to pay all principal and interest on outstanding Series 2010 general obligation bonds (alternative revenue source).

The Series 2010 general obligation bonds (alternative revenue source) have an outstanding principal balance of \$7,070,000. These bonds were issued to advance refund \$8,740,000 of the outstanding Series 2001 general obligation bonds (alternative revenue source). The Series 2010 bonds bear interest at rates varying from 1.65% to 4.53%, which is payable on January 1 and July 1. The bonds mature in varying amounts from \$695,000 to \$905,000 through January 2022.

The depreciated cost of land, land improvements and buildings under this capital lease is approximately \$5,825,000 as of June 30, 2013.

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt and Pledged Assets (Continued)

- (D) Genesis Health System Iowa, Genesis Health System Illinois, Genesis Medical Center Aledo and Genesis Senior Living - Aledo, collectively, represent the Obligated Group on the revenue bond obligations.
- (E) GenVentures' bank note is due in monthly payments of \$10,200, including interest at a variable rate, 6.95% as of June 30, 2013, through August 2016, secured by building and land. Under this agreement, GenVentures is required to maintain certain restrictive covenants including a minimum tangible net worth and a minimum debt service coverage ratio.
- (F) LCP has a \$1,500,000 line of credit with a bank, which had no amounts outstanding as of June 30, 2013 and expires in March 2014. The note is collateralized by all property and equipment of LCP.

The following is a schedule of approximate future minimum lease payments due under capital leases together with the present value of future minimum lease payments as of June 30, 2013:

Year ending June 30:		
2014	\$	2,288,000
2015		2,416,000
2016		2,045,000
2017		949,000
2018		949,000
Thereafter		3,795,000
	· ·	12,442,000
Less the amount representing interest		1,750,000
Present value of future minimum		
lease payments	_\$_	10,692,000

The aggregate principal maturities of the long-term debt, including the maturities of capital leases and excluding unamortized bond premium, as of June 30, 2013 over the next five years and thereafter are approximately as follows:

Year ending June 30:		
2014	\$ 8,421,00	0
2015	8,861,00	0
2016	8,961,00	0
2017	8,170,00	0
2018	8,550,00	0
Thereafter	41,515,00	0
	\$ 84,478,00	0

While the System continues to evaluate the possibility of issuing additional long-term debt in the future, the System's Board of Directors has not formally approved a financing agreement as of October 18, 2013, the date on which the consolidated financial statements were issued.

Notes to Consolidated Financial Statements

Note 9. Employee Retirement Plans

All employees of the System and affiliates participate in the Genesis Health System Retirement Plans. The plans consist of both a defined benefit pension plan and an employer paid match on employee contributions to a defined contribution plan. Retirement expense for the employer paid match to the defined contribution plan was approximately \$5,413,000 and \$2,610,000 for the years ended June 30, 2013 and 2012, respectively.

Effective July 1, 2005, current participants in the defined benefit pension plan were given the option to remain in the defined benefit pension plan or to elect to move to the Genesis Retirement Account program, at which time their benefits in the defined benefit pension plan were frozen at current levels. All new full and part-time employees that have worked more than 1,000 hours during a prior calendar year will participate in the new defined contribution plan, with contributions made by the System as specified in the plan based on years of service.

Effective December 31, 2006, the Board of Directors of the System adopted a resolution to freeze the defined benefit pension plan. Under terms of the freeze, employees with at least five years of service and a combination of age and years of service of 70 were grandfathered. As of December 31, 2011, benefits for all previously grandfathered employees were frozen and there will be no future benefits accrued to the participants in the defined benefit plan, resulting in a curtailment gain of approximately \$322,000. As a result of the plan amendment which was effective December 31, 2011, the System elected to amortize the remaining actuarial gains and losses using the average remaining lifetime of participants expected to receive benefits under the plan.

The Compensation – Retirement Benefits Topic of the FASB Accounting Standards Codification requires balance sheet recognition of the overfunded or underfunded status of pension and postretirement benefit plans. Actuarial gains and losses, prior service costs or credits and any remaining transition assets or obligations that have not been recognized under previous accounting standards, must be recognized in the changes in unrestricted net assets. As a result, the System has recognized the overfunded and underfunded status of the defined benefit pension plan in the accompanying consolidated balance sheets as of June 30, 2013 and 2012, respectively. The accrual for the defined benefit pension plan asset or liability is based on a comparison of the fair value of Plan assets to the Plan's projected benefit obligation.

Notes to Consolidated Financial Statements

Note 9. Employee Retirement Plans (Continued)

The defined benefit pension plan is measured annually at June 30. Information about the Plan follows:

•		2013		2012
Projected benefit obligation at beginning of year	\$ ('	187,533,433)	\$ ((162,973,497)
Service cost		-		(931,558)
Interest cost		(8,736,342)		(9,004,077)
Actuarial gain (loss):				
Impact of change in assumptions		7,622,843		(24,843,177)
Impact of plan amendment				2,828,068
Other		_		591,500
Benefits paid		7,404,952		6,799,308
Projected benefit obligation at end of year	(181,241,980)	((187,533,433)
Fair value of plan assets	•	183,907,837		170,547,276
Funded status, plan assets in excess of				
(less than) benefit obligation	\$	2,665,857	\$	(16,986,157)
(local situation)	===			
Rollforward of accrued benefit (liability):				
Accrued (liability) on balance sheet, beginning of year	\$	(16,986,157)	\$	(5,900,000)
Return on plan assets		14,765,513		14,273,087
System contributions		6,000,000		6,000,000
Change in plan liability		(1,113,499)		(31,359,244)
Accrued benefit (liability) on balance sheet, end of year	\$	2,665,857	\$	(16,986,157)
Components of net periodic pension cost (income), which is				
included as a component of employee benefits expense				
on the accompanying consolidated statements of operations,				
consist of:				
Service cost	\$	-	\$	931,558
Interest cost		8,736,342		9,004,077
Expected return on plan assets		(11,376,496)		(11,127,922)
Amortization of unrecognized net loss		2,279,230		3,129,218
Amortization of unrecognized prior service cost (credit)		<u></u>		(8,213)
Net periodic pension cost (income)		(360,924)		1,928,718
Curtailment gain				(322,029)
,	\$	(360,924)	\$	1,606,689

Notes to Consolidated Financial Statements

Note 9.	Employee Retirement Plans (Continued)			
			2013	2012
Amoun	ts not yet recognized as components of net			
period	dic pension cost:			
Net a	ctuarial (loss)	\$	(60,459,755)	\$ (73,750,845)
Prior	service cost credit		14,777	14,778
Unreco	gnized amounts, end of year		(60,444,978)	(73,736,067)
Unreco	gnized amounts, beginning of year		(73,736,067)	(58,271,447)
	Current year change	<u>\$</u>	13,291,089	\$ (15,464,620)
Assum	ptions used in computations:			
In cor	mputing ending obligations:			
Disc	count rate		5.10%	4.75%
Rat	e of compensation increase		n/a	n/a
	mputing net periodic benefit cost:			
	count rate		4.75%	5.75%/5.10%*
Exp	pected return on assets		7.25%	7.45%
•	e of compensation increase		n/a	4.00%

^{*} As a result of the plan amendment described above, there was a re-measurement of the Plan as of December 31, 2011. The discount rate used in computing net periodic benefit cost for the six-month period ended December 31, 2011 was 5.75%, and the discount rate used for the six-month period ended June 30, 2012 was 5.10%.

The expected return on plan assets is based upon a blend of historical returns and the System's estimate of a long-term rate of return.

Management's objective is to maximize long-term returns while reducing losses in order to meet future benefit obligations. Management follows the policy of using historical evidence in computing expected return on assets.

Notes to Consolidated Financial Statements

Note 9. Employee Retirement Plans (Continued)

The fair values of the System's defined benefit pension plan assets as of June 30, 2013 and 2012 by asset category, segregated by the level of the valuation inputs within the fair value hierarchy as described in Note 6, are as follows:

	Inve	stments at Fair Val	ue as of June 30, 1	2013	
	Fair Value	Level 1	Level 2	Lev	el 3
Common Stocks.	 -				
Healthcare	\$ 9,713,915	\$ 9,713,915	\$ -	\$	-
Financial	10,908,861	10,908,861	-		-
Consumer Discretionary	16,617,544	16,617,544	•		-
Energy	5,884,731	5,884,731	•		-
Information Technology	13,735,821	13,735,821	-		-
Industrials	7,632,608	7,632,608	•		-
ADR's (Amencan Depository Receipts)	5,747,264	5,747,264	-		-
Matenals	2,668,187	2,668,187	-		-
Consumer Staples	2,979,522	2,979,522	-		-
Utilities	928,387	928,387	•		-
Telecommunication Services	790,267	790,267	-		-
Fixed Income Mutual Fund, PIMCO Total Return Fund	35,427,365	35,427,365	-		-
Equity Mutual Funds					
MFS Global Equity Fund	7,964,618	7,964,618	-		-
Thomburg International Value Fund	21,959,722	21,959,722	-		-
Equity Collective Investment Fund, JP Morgan					
Extended Duration Fund	38,602,979	-	38,602,979		
	181,561,791	\$ 142,958,812	\$ 38,602,979	\$	-
Other plan assets, cash and cash equivalents	2,346,046	_		-	
Total plan assets	<u>\$ 183,907,837</u>	=			
	Inve	estments at Fair Va	lue as of June 30.	2012	
	Inve Fair Value	estments at Fair Va Level 1	lue as of June 30, Level 2		rel 3
Common Stocks:			 		rel 3
Common Stocks: Healthcare			 		vel 3 -
	Fair Value	Level 1	Level 2	Lev	rel 3 - -
Healthcare	Fair Value \$ 8,246,087	Level 1 \$ 8,246,087	Level 2	Lev	vel 3 - -
Healthcare Financial	Fair Value \$ 8,246,087 8,155,913	Level 1 \$ 8,246,087 8,155,913	Level 2	Lev	rel 3 - - -
Healthcare Financial Consumer Discretionary	Fair Value \$ 8,246,087 8,155,913 12,655,824	Level 1 \$ 8,246,087 8,155,913 12,655,824	Level 2	Lev	rel 3 - - - -
Healthcare Financial Consumer Discretionary Energy	Fair Value \$ 8,246,087 8,155,913 12,655,824 4,751,350	\$ 8,246,087 8,155,913 12,655,824 4,751,350	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology	Fair Value \$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials	Fair Value \$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts)	Fair Value \$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652	Level 2	Lev	rel 3
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund Equity Mutual Funds.	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund Equity Mutual Funds. MFS Global Equity Fund	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund Equity Mutual Funds. MFS Global Equity Fund Thomburg International Value Fund	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund Equity Mutual Funds. MFS Global Equity Fund Thomburg International Value Fund Equity Collective Investment Fund, JP Morgan	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267 17,747,798	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267	Level 2	Lev	
Healthcare Financial Consumer Discretionary Energy Information Technology Industrials ADR's (American Depository Receipts) Materials Consumer Staples Utilities Telecommunication Services Fixed Income Mutual Fund, PIMCO Total Return Fund Equity Mutual Funds. MFS Global Equity Fund Thomburg International Value Fund Equity Collective Investment Fund, JP Morgan	Fair Value \$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267 17,747,798	\$ 8,246,087 8,155,913 12,655,824 4,751,350 14,448,676 6,371,493 3,747,951 2,036,177 1,990,195 888,856 1,138,652 39,443,926 6,395,267 17,747,798	Level 2 \$	Lev	rel 3

Notes to Consolidated Financial Statements

Note 9. Employee Retirement Plans (Continued)

The following table sets forth additional disclosure of the System's defined benefit pension plan assets whose fair value is estimated using net asset value (NAV) per share (or its equivalent) as of June 30, 2013 and 2012:

	Fair	Value	Unfunded	Redemption	Redemption
	2013	2012	Commitment	Frequency	Notice Period
Investments, Equity Collective Investment Fund, JP Morgan Extended Duration Fund (A)	\$ 38,602,979	\$ 40,292,671	\$	Daily	1 Day

⁽A) The fund invests mainly in level 2 investments such as collateralized mortgage obligations, corporate bonds and U S treasury securities. This fund can be redeemed at the current NAV of the fund by giving written notice to the Trustee one business day prior to withdrawal. The System has used the NAV as the practical expedient to measure fair value.

The following summarizes target asset allocation and major asset categories as of June 30, 2013 and 2012:

	Target A	Target Allocation		Actual	
	2013	2012	2013	2012	
Domestic equity securities:					
Large cap	26.0%	26.0%	31.6%	28.7%	
Small cap	9.0	9.0	11.6	10.0	
International equity securities	15.0	15.0	16.2	14.2	
Fixed income	50.0	50.0	40.6	47.1	
	100.0%	100.0%	100.0%	100.0%	

Management's objective is to maintain adequate levels of diversification among plan assets. Management monitors the allocation on an ongoing basis and will allocate plan assets accordingly in the subsequent quarter.

The System expects to contribute approximately \$6,000,000 to its defined benefit pension plan during the year ending June 30, 2014.

Benefit payments from the defined benefit pension plan are expected to be paid as follows:

Year ending June 30:	
2014	\$ 8,200,000
2015	8,500,000
2016	8,800,000
2017	9,000,000
2018	9,200,000
2019 to 2023	 53,400,000
	\$ 97,100,000

Physician employees of the System are eligible to participate in nonqualified deferred compensation plans. The plans allow participants to defer a portion of their salary into the plans. The plan assets are held for the benefit of participating employees. The liability to these participants is recorded at the same amount as the plan assets' value. The assets, which are included in investments, and corresponding noncurrent liability of the non-qualified deferred compensation plans recorded on the accompanying consolidated balance sheets are approximately \$11,616,000 and \$9,774,000 as of June 30, 2013 and 2012, respectively.

Notes to Consolidated Financial Statements

Note 10. Income Tax Matters

GHS Iowa, GHS Illinois, GSL – Aledo, the Genesis Foundation, the Illini Foundation and the Workers' Compensation Trust are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. GMC – Aledo has filed its request for exempt status, but has not yet received a determination from the IRS. GenVentures is subject to income taxes. Misericordia Assurance Company, Ltd. is a foreign corporation not subject to income taxes.

In lieu of corporate income taxes, the partners of The Larson Center Partnership and members of GenGastro, LLC are taxed on their proportionate share of the respective organization's income, deductions, losses and credits. Therefore, the accompanying consolidated financial statements do not include any provision for income taxes for these entities.

Deferred taxes for GenVentures are provided on a liability method whereby deferred tax assets are recognized for deductible temporary differences and operating loss and tax credit carryforwards, and deferred tax liabilities are recognized for taxable temporary differences. Temporary differences are the differences between the reported amounts of assets and liabilities and their tax bases. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all of the deferred tax assets will not be realized. Deferred tax assets and liabilities are adjusted for the effects of changes in the tax laws and rates on the date of enactment. The deferred taxes for GenVentures relate primarily to net operating loss carryforwards, property and equipment, allowance for doubtful accounts and accrued compensation.

Net deferred taxes consist of the following components as of June 30, 2013 and 2012:

	 2013	2012
Deferred tax assets	\$ 2,648,000	\$ 2,325,000
Less valuation allowance	 (2,648,000)	(2,325,000)
	\$ -	\$

For the years ended June 30, 2013 and 2012, there are no current income tax provisions due to the utilization of the net operating loss carryforward.

As of June 30, 2013, GenVentures, for federal income tax purposes, has net operating loss carryforwards which are available to offset future federal taxable income and federal tax liabilities. These carryforwards expire from 2020 through 2026. The carryforwards expiring in future years are as follows:

Year ending June 30:	
2014	\$ -
2015	-
2016	•
2017	-
2018	-
Thereafter	 2,723,000
	\$ 2,723,000

Notes to Consolidated Financial Statements

Note 10. Income Tax Matters (Continued)

Uncertainty in income taxes:

GHS lowa, GHS Illinois, GSL – Aledo, the Genesis Foundation, the Illini Foundation and the Workers' Compensation Trust each files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to health systems include such matters as the following: the tax exempt status of each entity, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income. Unrelated business taxable income is reported on Form 990T, as appropriate. The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination.

Forms 990 and 990T filed by GHS Iowa, GHS Illinois, GSL – Aledo, the Genesis Foundation, the Illini Foundation and the Workers' Compensation Trust are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Forms 990 and 990T filed by GHS Iowa, GHS Illinois, the Genesis Foundation, the Illini Foundation and the Workers' Compensation Trust are no longer subject to examination for the fiscal years ended June 30, 2009 and prior. GenVentures is a taxable organization and currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. GenVentures is no longer subject to income tax examinations for years June 30, 2009 and prior. There were no uncertain tax positions as of June 30, 2013 and 2012.

Notes to Consolidated Financial Statements

Note 11. Self-Insurance, Contingent Liabilities and Commitments

Self-insured claims:

The System is primarily self-insured, up to certain limits, for general and professional liability, workers' compensation and employee group health and dental claims. The System has purchased stop-loss insurance for general and professional liability claims, which will reimburse the System for individual claims in excess of \$2,000,000 annually or aggregate claims exceeding \$6,000,000 annually. The System has purchased stop-loss insurance for workers' compensation claims in excess of \$400,000 annually for the years ended June 30, 2013 and 2012, or aggregate claims in excess of \$5,000,000. Insurance coverage is also maintained for health and dental claims in excess of \$150,000.

Operations are charged with the costs of claims reported and an estimate of claims incurred but not reported. Total expense under the self-insured programs was approximately \$26,454,000 and \$24,426,000 for the years ended June 30, 2013 and 2012, respectively. An independent actuarial firm is utilized to assist in determining the provision for general, professional and workers' compensation losses, including incurred but not reported losses. The liabilities for estimated self-insured claims, including unpaid losses and loss adjustment expenses, recorded on the accompanying consolidated balance sheets are \$37,287,000 and \$36,707,000 as of June 30, 2013 and 2012, respectively, which include approximately \$22,592,000 and \$21,228,000, respectively, that are included in other long-term liabilities and approximately \$2,010,000 and \$1,818,000, respectively, included in other accrued expenses. The amount of reinsurance recoverable on unpaid losses as of June 30, 2013 and 2012 was approximately \$5,369,000 and \$5,373,000, respectively, that is included in other receivables.

The determination of such claims and expenses and the appropriateness of the related liability is continually reviewed and updated. It is reasonably possible that the accrued estimated liability for self-insured claims may need to be revised in the short term. In addition, participants of self-insurance programs may be required to make retrospective contributions as deemed necessary if loss experience is worse than anticipated.

GFMC participates in a cooperative of University of Iowa-affiliated medical education foundations for the purpose of professional liability insurance to cover claims on a claims-made basis with a loss limit of \$2,000,000 per occurrence and an annual limit of \$4,000,000 and no deductible.

Accounting for conditional asset retirement obligations:

The Conditional Asset Retirement Obligation Topic of the FASB Accounting Standards Codification clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. Over the past ten years, management has systematically renovated, replaced or newly constructed the majority of the physical plant facilities, resulting in a relatively small portion of the facility with any remaining hazardous material. Management of the System believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the System may settle the obligation is unknown and does not believe that the estimate of the liability related to these asset retirement activities is a material amount as of June 30, 2013 and 2012.

Notes to Consolidated Financial Statements

Note 11. Self-Insurance, Contingent Liabilities and Commitments (Continued)

Laws and regulations:

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing.

CMS RAC Program:

Congress passed the Medicare Modernization Act in 2003, which among other things established a demonstration of the Medicare Recovery Audit Contractor (RAC) program. The RAC's identified and corrected a significant amount of improper overpayments and/or underpayments to providers. In 2006, Congress passed the Tax Relief and Health Care Act of 2006 which authorized the expansion of the RAC program to all 50 states. The System has been subject to such audits and will continue to be subject to additional audits in the future. The System has accrued a receivable, which is included in other receivables, for amounts which have been recouped as part of the RAC program which have not yet been resolved. The System has accrued an estimated liability, which is included in due to third-party payors as of June 30, 2013 and 2012, as a reserve for such audits based on the number of RAC audit requests, the System's historical defense rate and the analysis and reviews of a consulting firm. It is reasonably possible that the recorded estimates will change materially in the near term.

Current economic conditions:

Current economic conditions have made it difficult for certain of the System's patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payors may significantly impact net patient service revenue, which could have an adverse impact on the System's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Notes to Consolidated Financial Statements

Note 11. Self-Insurance, Contingent Liabilities and Commitments (Continued)

Health care reform:

In March 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law. PPACA will result in sweeping changes across the health care industry, including how care is provided and paid for. A primary goal of this comprehensive reform legislation is to extend health coverage to approximately 32 million uninsured legal U.S. residents through a combination of public program expansion and private sector health insurance reforms. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. Given that final regulations and interpretive guidelines have yet to be published, the System is unable to fully predict the impact of PPACA on its operations and financial results. If the law is implemented as adopted, the System's management expects that in the coming years, patients who were previously uninsured and unable to pay for care will have basic insurance coverage, and amounts for reimbursement for services from both public and private payors will be reduced and made conditional on various quality measures. Management of the System is studying and evaluating the anticipated effects and developing strategies needed to prepare for implementation, and is preparing to work cooperatively with other constituents.

Management agreement:

The System has a management agreement with Jackson County Regional Health Center (JCRHC) under which the System provides management consultation and other services to JCRHC. The arrangement does not alter the authority or responsibility of the Board of Directors of JCRHC.

Commitments:

Approximate future minimum payments required under a service contract as of June 30, 2013 are summarized below. The term of this service contract is for a period of ten years (until during the year ending June 30, 2018), unless the System terminates the contract for cause:

Year ending June 30:	
2014	\$ 1,845,000
2015	1,845,000
2016	1,845,000
2017	1,845,000
2018	 1,691,000
	\$ 9,071,000

The System has signed commitments to renovate GMC-Aledo, as well as other construction projects, totaling approximately \$21,091,000 of which approximately \$19,960,000 is remaining as of June 30, 2013. The remaining commitments related to these projects will be funded with cash from operations.

Notes to Consolidated Financial Statements

Note 12. Net Asset Restrictions

Temporarily restricted net assets held by the System are restricted by donors for the following purposes as of June 30, 2013 and 2012:

	 2013	 2012
Cardiac research	\$ 467,104	\$ 455,282
Visiting nurse programs	3,969,431	3,448,075
Hospice house	2,229,916	1,964,482
Heart of Mercy financial assistance	665,415	561,862
Inventory and equipment for GMC - Davenport	1,883,761	2,989,841
Cancer research	171,711	272,042
Adler Fund	1,511,841	1,316,237
Employee assistance fund	618,537	538,167
Other	 4,657,523	3,974,101
	\$ 16,175,239	\$ 15,520,089

During the years ended June 30, 2013 and 2012, temporarily restricted net assets were released from donor restrictions by incurring expenditures satisfying their restricted purposes for property and equipment and reimbursement of operating expenses, in the amount of \$1,945,409 and \$3,659,824, respectively.

Permanently restricted net assets are restricted to investment in perpetuity, the income from which is expendable primarily to support the Heart of Mercy financial assistance program. The permanently restricted net assets held by the System are for the following purposes as of June 30, 2013 and 2012:

 2013		2012
\$ 1,487,299	\$	1,466,797
1,925,694		1,925,210
568,658		425,827
\$ 3,981,651	\$	3,817,834
	\$ 1,487,299 1,925,694 568,658	\$ 1,487,299 \$ 1,925,694 568,658

Note 13. Minimum Future Rentals

The following is a schedule by year of approximate future minimum rentals, net of rentals from affiliates, to be received under GenVentures' noncancelable operating leases as of June 30, 2013:

Year ending June 30:		
2014	\$	2,304,000
2015		1,750,000
2016		1,585,000
2017		1,182,000
2018		1,075,000
Thereafter		5,881,000
Total approximate future		
minimum rentals	_\$_	13,777,000

Notes to Consolidated Financial Statements

Note 14. Interest in Net Assets of Foundation

The DeWitt Community Hospital Foundation (DCH Foundation), whose financial statements are not included in the accompanying consolidated financial statements since it is not under the control of the System, was established to establish, promote and support facilities and services providing health care for sick, injured, disabled, indigent or aged persons. The support is to be provided to, or in cooperation with, other organizations including, without limitation, hospitals, ambulatory care services, nursing care facilities, and agencies or facilities providing care for persons in their homes. As of June 30, 2013 and 2012 the DCH Foundation had unaudited assets of approximately \$994,000 and \$772,000, respectively. DCH Foundation's assets consist primarily of cash and pledges receivable. A portion of the DCH Foundation's net assets have been specified by their original donor to be used specifically for the benefit of Genesis Medical Center — DeWitt.

Note 15. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. The mix of the System's gross receivables from patients and third-party payors as of June 30, 2013 and 2012 was as follows:

	2013	2012
Medicare	30%	28%
Medicaid	12	22
Blue Cross	12	10
Other third-party payors	16	15
Patients	30	25
	100%	100%

As of June 30, 2013, the System had deposits exceeding the federal depository insurance limits in various major financial institutions. Management believes the credit risk related to these deposits is minimal.

The System routinely invests its surplus operating funds in money market funds. These funds generally invest in highly liquid U.S. government and agency obligations and various investment grade corporate obligations. Investments in money market funds are not insured or guaranteed by the U.S. government or by the underlying corporation; however, management believes that credit risk related to these investments is minimal.

Notes to Consolidated Financial Statements

Note 16. Pending Accounting Pronouncements

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-11, Balance Sheet (Topic 210): Disclosures about Offsetting Assets and Liabilities. The amendments in this ASU require an entity to disclose information about offsetting and related arrangements to enable users of its financial statements to understand the effect of those arrangements on its financial position. An entity is required to apply the amendments for annual reporting periods beginning on or after January 1, 2013, and interim periods within those annual periods. An entity should provide the disclosures required by those amendments retrospectively for all comparative periods presented. Management is evaluating the impact this ASU may have on the System's consolidated financial statements.

In October 2012, the FASB issued ASU No. 2012-05, Statement of Cash Flows: Not-for Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows. This ASU requires a not-for-profit entity to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any not-for-profit entity-imposed limitations for sale and were converted nearly immediately into cash. Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities. This guidance is effective prospectively for fiscal years, and interim periods within those years, beginning after June 15, 2013. Management is evaluating the impact this ASU may have on the System's consolidated financial statements.

In February 2013, the FASB issued ASU No. 2013-04, Liabilities (Topic 405): Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date (a consensus of the Emerging Issues Task Force), ASU 2013-04 provides guidance for the recognition, measurement and disclosure of obligations resulting from joint and several liability arrangements for which the total amount of the obligation within the scope of this ASU is fixed at the reporting date, except for obligations addressed within existing guidance in U.S. GAAP. The guidance requires an entity to measure those obligations as the sum of the amount the reporting entity agreed to pay on the basis of its arrangement among its co-obligors and any additional amount the reporting entity expects to pay on behalf of its co-obligors. The guidance in this ASU also requires an entity to disclose the nature and amount of the obligation as well as other information about those obligations. The amendments in this ASU are effective for fiscal years, and interim periods within those years, beginning after December 15, 2013. The amendments in this ASU should be applied retrospectively to all prior periods presented for those obligations resulting from joint and several liability arrangements within the ASU's scope that exist at the beginning of an entity's fiscal year of adoption. An entity may elect to use hindsight for the comparative periods (if it changed its accounting as a result of adopting the amendments in this ASU) and should disclose that fact. Early adoption is permitted. Management is evaluating the impact this ASU may have on the System's consolidated financial statements.

Notes to Consolidated Financial Statements

Note 16. Pending Accounting Pronouncements (Continued)

In April 2013, the FASB has issued ASU No. 2013-06, Not-for-Profit Entities (Topic 958) - Services Received from Personnel of an Affiliate. The objective of the amendments in this ASU is to specify the guidance that not-for-profit entities apply for recognizing and measuring services received from personnel of an affiliate. More specifically, the amendments in this ASU apply to not-for-profit entities, including notfor-profit, business-oriented health care entities that receive services from personnel of an affiliate that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge the recipient not-for-profit entity. The amendments in this ASU require a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of the service received, the recipient not-for-profit entity may elect to recognize that service received at either: (a) the cost recognized by the affiliate for the personnel providing that service or; (b) the fair value of that service. The amendments in this ASU are effective prospectively for fiscal years beginning after June 15, 2014, and interim and annual periods thereafter. A recipient not-for-profit entity may apply the amendments using a modified retrospective approach under which all prior periods presented upon the date should be adjusted, but no adjustment should be made to the beginning balance of net assets of the earliest period presented. Early adoption is permitted. Management is evaluating the impact this ASU may have on the System's consolidated financial statements.

Note 17. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses for the System's 501(c)(3) entities related to providing these services for the years ended June 30, 2013 and 2012 are as follows:

	2013	2012
Health care services	\$ 418,035,408	\$ 400,447,542
General, administrative and support services	94,055,894	95,397,345
Fund raising, net of intercompany contributions	923,647	967,239
	\$ 513,014,949	\$ 496,812,126

Included within general, administrative and support services are significant expenditures for information systems which support the delivery of health care services.

Schedule of Community Benefit Year Ended June 30, 2013 (Unaudited)

Genesis Health System (GHS) contributed \$14,453,940 in community benefit to the Quad City, DeWitt, and Aledo areas in fiscal year (FY) 2013. This represents a decrease of 9% when compared to FY 2012, which did not include Aledo. Charity Care, reported at estimated cost in the amount of \$10,252,349 was provided by GHS business units compared to \$9,732,159 in FY 2012. Charity care is uncompensated care provided without expectation of reimbursement. Charity care is distinct and separate from bad debt, which is care provided with an expectation of compensation but which we were unable to collect. We do not count bad debt in our community benefit reporting; however, bad debt at gross charges for GHS totaled \$35,672,919 for FY 2013, up 11% from \$31,818,463 for FY 2012.

Unreimbursed Medicaid and other means-tested program costs are also not included in our community benefit reporting; however, the unreimbursed Medicaid and other means-tested program costs for FY 2013 were estimated at \$15,864,786. This level of unreimbursed Medicaid costs decreased 19% compared to FY 2012's level of \$19,575,182.

Table 1 shows a 10% decrease in community benefit for GHS & GMC – Davenport compared to FY 2012. GMC – DeWitt increased its community benefit by 8% and GMC – Illini increased by 14%. Other GHS Business Units' community benefit decreased by 32% in FY 2013. FY 2013 also reflects the addition of GMC – Aledo.

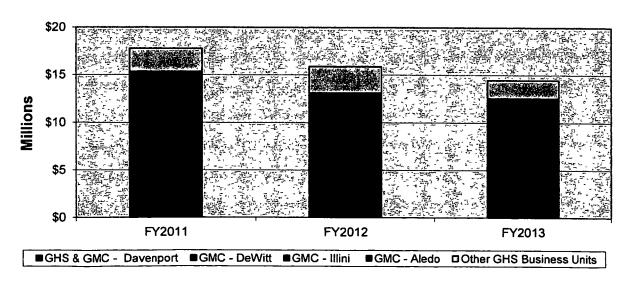
Table 1: Community Benefit by GHS Entity

	GHS & GMC -								Other GHS	
	Davenport	GN	MC - DeWitt	(GMC - Illini	GN	//C - Aledo	В	usiness Units	Total
FY2011	\$ 12,328,157	\$	338,978	\$	2,660,246	\$	-	\$	2,423,736	\$ 17,751,117
FY2012	10,608,642		267,837		2,246,442		-		2,748,034	15,870,955
FY2013	9,578,345		288,124		2,561,720		147,955		1,877,796	14,453,940

This information is shown graphically in Graph 1.

Graph 1: Community Benefit by GHS Business Unit

Community Benefit by GHS Entity



Schedule of Community Benefit Year Ended June 30, 2013 (Unaudited)

Graph 2 represents the community benefit funding by category for each of the past three fiscal years. Overall, community benefit funding decreased 9% compared to FY 2012. Community Building Activities decreased 45% and Research decreased 8%, while Community Health Improvement increased 10% and Charity Care increased 5% compared to the prior year.

Graph 2: GHS Community Benefit Totals

GHS Community Benefit Totals

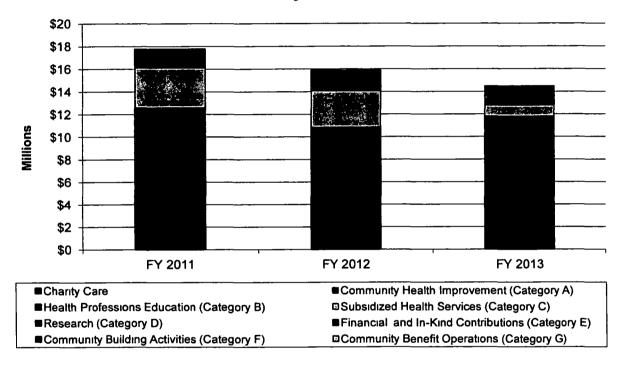


Table 2: FY 2013 Category Comparisons by GHS Business Unit

		Chanty		ommunity Health provement		Health Professions Education		Subsidized Health Services	ı	Research	а	Financial and In-Kind contributions		ommunity Building Activities		Community Benefit Operations	
	_	Care	(C	ategory A)	(Category B)	(0	Category C)	(C	ategory D)	(C	ategory E)	(C	ategory F)	(C	ategory G)	Total
GHS & GMC - Davenport	\$	6,394,728	\$	307,708	\$	1,107,028	\$	670,719	\$	216,376	\$	659,040	\$	109,374	\$	113,372	\$ 9,578,345
GMC - DeWitt		221,245		189		-		-		-		64,362		283		2,045	288,124
GMC - Illuru		2,503,218		11,533		-		-		-		39,732		7,078		159	2,561,720
GMC - Aledo		129,617		13,163		-		-		-		2,601		2,535		39	147,955
Other GHS Business Units		1,003,541		107,025		<u> </u>		311,334				455,896		_			1,877,796
Totals	\$	10,252,349	\$	439,618	\$	1,107,028	\$	982,053	\$	216,376	\$	1,221,631	\$	119,270	\$	115,615	\$ 14,453,940

Schedule of Community Benefit Year Ended June 30, 2013 (Unaudited)

Table 3: Category Comparisons for the Past Three Fiscal Years

		C	ommunity		Health	Subsidized				Financial	C	ommunity	С	ommunity	
			Health	F	Professions	Health			á	and In-Kind		Building		Benefit	
	Charity	lm	provement		Education	Services	1	Research	С	ontnbutions		Activities	0	perations	
	Care	(0	ategory A)	(Category B)	(Category C)	(C	ategory D)	(Category E)	(C	ategory F)	(C	ategory G)	Total
FY 2011	\$ 11,434,479	\$	377,815	\$	787,908	\$3,518,200	\$	190,374	\$	1,287,810	\$	126,074	\$	28,457	\$ 17,751,117
FY 2012	9,732,159		399,536		709,078	3,214,939		235,533		1,284,004		216,595		79,111	15,870,955
FY 2013	10,252,349		439,618		1,107,028	982,053		216,376		1,221,631		119,270		115,615	14,453,940

	GHS	GHS		Genesis Medical		Genesis Senior		Obligated
Assets	lowa	Illinois	C	enter - Aledo		Living - Aledo	Eliminations	Group *
Current Assets								
Cash and cash equivalents	\$ 48,753,431	\$ 17,786,837	\$	969,405	\$	3,855,977	\$ •	\$ 71,365,650
Short-term investments	648,632	-		-		-	-	648,632
Receivables								
Patients, net	64,206,450	15,691,401		2,461,494		543,272	•	82,902,617
Affiliates	12,603,757	213,255		120,238		2,545	(6,551,619)	6,388,176
Notes, affiliate	1,482,622	-		-		-	•	1,482,622
Other, including assets limited as to use	21,016,194	2,604,120		315,457		1,647	-	23,937,418
Inventones, supplies and materials	9,291,429	2,189,345		246,797		24,116	-	11,751,687
Prepaid expenses and deposits	6,146,832	534,037		155,439		34,759	 	 6,871,067
Total current assets	164,149,347	39,018,995		4,268,830		4,462,316	 (6,551,619)	205,347,869
Long-Term Receivables and Investments								
Affiliate notes	15,035,851			-		-	-	15,035,851
Investment in subsidiaries	46,995,718	3,973,175		_		-	(2,297,207)	48,671,686
Investments	23,253,912	250,183		_		-	-	23,504,095
	85,285,481	4,223,358		-		-	 (2,297,207)	 87,211,632
Assets Limited as to Use								
Internally designated	174,235,597	-		-		-	-	174,235,597
Interest in net assets of Foundation	11,726,035	261,417		-		-	-	11,987,452
Donor restricted	2,113,810	-		53,144		21,139	-	2,188,093
	188,075,442	261,417		53,144	_	21,139	-	188,411,142
Property and Equipment, net	165,360,273	41,052,306		1,744,731		809,490	 •	 208,966,800
Other Assets								
Bond issuance costs, net	489,149	175,688		-		-		664,837
Goodwill	820,444			-		-	-	820,444
Overfunded status of retirement plan	2,665,857	-		-		-		2,665,857
Other	122,897	-		-		-	-	122,897
	4,098,347	175,688		-		-	 -	 4,274,035
	\$ 606,968,890	\$ 84,731,764	\$	6,066,705	\$	5,292,945	\$ (8,848,826)	\$ 694,211,478

^{*} The Obligated Group includes Genesis Health System – Iowa (an Iowa nonprofit corporation), Genesis Health System – Illinois (an Illinois not-for-profit corporation), Genesis Medical Center – Aledo (an Illinois not-for-profit corporation) and Genesis Senior Living – Aledo (an Illinois not-for-profit Corporation)

s	Genesis Health Services Jundation	G	enGastro, LLC	Fhe Larson Center Partnership	G	enVentures, Inc		Genesis Accountable Care anization, LLC	Co	Genesis Health System Workers' ompensation Plan and Trust	Misencordia Assurance Company, Ltd	E	liminations	Total
\$	913,069	\$	274,025	\$ 346,721	\$	159,648	\$	1,261,275	\$	41,765	\$ 1,618,259	\$	-	\$ 75,980,412
	-		-	-		-		-		-	-		-	648,632
	-		693,338	-		2,126,908		-		-	-		-	85,722,863
	13,728		-	-		468,644		-		28,995	-		(6,899,543)	_
	-		-	-		-		-		-	-		(1,482,622)	_
	165,624		1,712	13,580		771,864		104,207		1,838,571	3,606,762		(1,403,518)	29,036,220
	-		41,265	-		1,124,033		-		-	-			12,916,985
	-		10,357	-		109,331				-	13,305			 7,004,060
1	1,092,421		1,020,697	360,301		4,760,428		1,365,482		1,909,331	5,238,326		(9,785,683)	211,309,172
	- 1,352,739 1,352,739		- - 	 - - -		- 1,046,000 1,046,000		- - 		- 11,781,429 11,781,429	23,967,230		(15,035,851) (48,671,686) - (63,707,537)	61,651,493 61,651,493
16	- - 5,815,988			- - -		- - -		- - -		- - -	- - -		- (10,993,393) -	174,235,597 994,059 19,004,081
16	5,815,988			-		-		-					(10,993,393)	194,233,737
	9,975		119,585	 2,091,142		41,102,784	_	<u>-</u>		<u>.</u>	<u>-</u>		<u>-</u>	 252,290,286
	-		-	-		-		-		-	-		-	664,837
	-		_	-		-		-		-	-		29,910,433	30,730,877
	-		-	-		-		-		-	-		-	2,665,857
	-		-	-		198,593		-		-	-		-	321,490
	-			-		198,593		-		•	-		29,910,433	34,383,061
\$ 19	9,271,123	\$	1,140,282	\$ 2,451,443	\$	47,107,805	\$	1,365,482	\$	13,690,760	\$ 29,205,556	\$	(54,576,180)	\$ 753,867,749

Liabilities and Net Assets and Equity		GHS lowa		GHS Illinois	C	Genesis Medical Center - Aledo		Genesis Senior Living - Aledo	Eliminations		Obligated Group *
Current Liabilities											
Current maturities of long-term debt	\$	7,625,087	\$	695,000	\$	-	\$	-	\$ -	\$	8,320,087
Accounts payable											
Trade		23,791,286		2,872,666		460,656		169,085	-		27,293,693
Affiliates		455,399		2,897,376		1,124,441		2,532,662	(6,551,619)		458,259
Accrued salaries and wages		9,580,372		671,001		138,153		61,204	-		10,450,730
Accrued paid leave		14,707,743		2,028,385		395,161		183,651	-		17,314,940
Due to third-party payors		4,666,612		2,713,455		1,188,752		•	-		8,568,819
Unpaid losses and loss adjustment											
expenses		-		-		-		-	-		-
Other accrued expenses		4,441,786		883,425		153,823		26,730	-		5,505,764
Total current liabilities		65,268,285		12,761,308		3,460,986		2,973,332	(6,551,619)		77,912,292
Long-Term Debt, less current matunties		72,649,792		6,375,000		-		-	-		79,024,792
Unpaid Losses and Loss Adjustment Expenses,											
Retirement Benefits and Other Long-Term											
Liabilities		13,205,446		316,898		999		1,267	-		13,524,610
Total liabilities	_	151,123,523		19,453,206		3,461,985		2,974,599	 (6,551,619)		170,461,694
Net Assets and Equity											
Common stock		•		-		-		-	-		•
Additional paid-in capital		-		_		-		_	-		_
Retained earnings (deficit)		-		-		-		•	-		-
Members and partners' equity		-		-		-			-		-
Unrestricted		442,005,522		65,017,141		2,551,576		2,297,207	(2,297,207)		509,574,239
Noncontrolling interests - unrestricted		-		-		-		-	_ `		-
Temporarity restricted		13,839,845		261,417		-		21,139	-		14,122,401
Permanently restricted		•		•		53,144			-		53,144
		455,845,367		65,278,558		2,604,720		2,318,346	 (2,297,207)		523,749,784
	<u> </u>	606,968,890	s	84,731,764	\$	6,066,705	S	5,292,945	\$ (8,848,826)	- <u>s</u>	694,211,478

^{*} The Obligated Group includes Genesis Health System – lowa (an lowa nonprofit corporation), Genesis Health System – Illinois not-for-profit corporation), Genesis Medical Center – Aledo (an Illinois not-for-profit corporation) and Genesis Senior Living – Aledo (an Illinois not-for-profit Corporation).

	Genesis Health Services Foundation	(GenGastro,	The Larson Center Partnership	G	GenVentures, Inc.	Acc	Senesis countable Care ization, LLC	c	Genesis Health System Workers' ompensation Plan and Trust	Misericordia Assurance Company, Ltd	 Eliminations	Total
\$	-	\$	-	\$ -	\$	1,583,924	\$	-	\$	-	\$ -	\$ (1,482,622)	\$ 8,421,389
	25,782		82,203	10,940		613,427		-		28,421	39,849	•	28,094,315
	220,680		-	12,300		4,191,378		1,835,544		159,086	22,296	(6,899,543)	-
	-		25,154	-		65,150		-		-	-	-	10,541,034
	-		22,673	-		455,071		-		-		-	17,792,684
	-		-	-		-		-		-	-	-	8,568,819
	-		-	-		-		-		7,219,237	6,869,325	(1,403,518)	12,685,044
	986,855		-	235,044		1,051,748		-		12	650,000	-	8,429,423
	1,233,317		130,030	258,284		7,960,698		1,835,544		7,406,756	7,581,470	(9,785,683)	94,532,708
	-		-	-		15,284,299		-		-	-	(15,035,851)	79,273,240
				<u>-</u>		19,590		-		-	20,748,685	-	34,292,885
_	1,233,317		130,030	 258,284		23,264,587		1,835,544		7,406,756	 28,330,155	 (24,821,534)	 208,098,833
						•							
	_		-	_		1,000		-		-	120,000	(121,000)	_
	-		-	_		28,821,772				-		(28,821,772)	-
	-		-	-		(4,979,554)		-		_	755,401	4,224,153	-
	_		1,010,252	2,193,159		•		•		-	-	(3,203,411)	-
	1,063,068		-	-		-		(470,062)		6,284,004	-	705,054	517,156,303
	-		-	-		-		-		_	-	8,455,723	8,455,723
	13,046,231		-	-		-		-		-	-	(10,993,393)	16,175,239
	3,928,507		-							-	_		3,981,651
	18,037,806		1,010,252	2,193,159		23,843,218		(470,062)		6,284,004	875,401	(29,754,646)	545,768,916
\$	19,271,123	\$	1,140,282	\$ 2,451,443	\$	47,107,805	\$	1,365,482	\$	13,690,760	\$ 29,205,556	\$ (54,576,180)	\$ 753,867,749

		GHS	GHS			Obligated
Assets		lowa	Illinois	E	liminations	 Group *
Current Assets:						
Cash and cash equivalents	\$	54,169,968	\$ 17,872,726	\$	-	\$ 72,042,694
Short-term investments		634,418	-		-	634,418
Receivables:						
Patients, net		65,432,438	16,821,600		-	82,254,038
Affiliates		6,102,732	-		(2,339,227)	3,763,505
Notes, affiliate		1,193,372	_		-	1,193,372
Other, including assets limited as to use		15,316,252	733,634		-	16,049,886
Inventories, supplies and materials		9,221,836	2,258,554		-	11,480,390
Prepaid expenses and deposits		5,881,068	659,801		-	6,540,869
Total current assets	_	157,952,084	38,346,315		(2,339,227)	193,959,172
Long-Term Receivables and Investments						
Affiliate notes		16,043,331	-		-	16,043,331
Investment in subsidiaries		47,417,215	1,523,985		-	48,941,200
Investments		22,345,122	243,058		-	22,588,180
	_	85,805,668	1,767,043		•	87,572,711
Assets Limited as to Use						
Internally designated		155,221,439	-		-	155,221,439
Interest in net assets of Foundation		10,101,782	303,377		-	10,405,159
Donor restricted		3,352,414	-			3,352,414
	_	168,675,635	 303,377		-	168,979,012
Property and Equipment, net	_	165,992,664	39,091,697			205,084,361
Other Assets						
Bond issuance costs, net		565,588	196,357		-	761,945
Goodwill		820,444	-		-	820,444
Other		654,487			<u>-</u>	654,487
		2,040,519	196,357		-	2,236,876
	\$	580,466,570	\$ 79,704,789	\$	(2,339,227)	\$ 657,832,132

^{*} The Obligated Group includes Genesis Health System – lowa (an lowa nonprofit corporation) and Genesis Health System – Illinois (an Illinois not-for-profit corporation).

	Genesis Health Services Foundation	(GenGastro,	The Larson Center Partnership	G	enVentures, Inc.	C	Genesis Health System Workers' compensation Plan and Trust	Misericordia Assurance Company, Ltd.	Eliminations	Total
\$	315,775	\$	274,016	\$ 283,555	\$	448,194 297,116	\$	107,151	\$ 162,746	\$ -	\$ 73,634,131 931,534
						201,110					501,504
	_		710,919	•		1,778,528		-	-	-	84,743,485
	-		-	-		-		-	-	(3,763,505)	•
	-		-	-		-		-	-	(1,193,372)	•
	192,824		-	28,574		720,515		1,920,653	3,562,248	(265,636)	22,209,064
	-		28,417	-		1,026,858		-	-	•	12,535,665
	-		7,249			123,372		-	6,349	-	6,677,839
	508,599		1,020,601	 312,129		4,394,583		2,027,804	 3,731,343	 (5,222,513)	200,731,718
_	2,390,594 2,390,594		- - -	 - - -		1,046,000 1,046,000		12,151,240 12,151,240	 23,512,491 23,512,491	 (16,043,331) (48,941,200) - (64,984,531)	61,688,505 61,688,505
	-		-	-				<u>-</u>	-	- (9,632,827)	155,221,439 772,332
	15,213,177		-	_		-		-	_	(0,002,021)	18,565,591
_	15,213,177		-	 -		-		-	-	 (9,632,827)	 174,559,362
			•								
	9,975		217,679	 2,186,937		41,806,566		<u>-</u>	-	<u>-</u>	 249,305,518
	-		-	_		-		-	•	-	761,945
	-		-	•		-		•	=	29,910,433	30,730,877
	<u>-</u>		•	 666		303,077			-	-	958,230
	-		-	666		303,077		-	•	29,910,433	32,451,052
\$	18,122,345	\$	1,238,280	\$ 2,499,732	\$	47,550,226	\$	14,179,044	\$ 27,243,834	\$ (49,929,438)	\$ 718,736,155

	GHS		GHS		Obligated
Liabilities and Net Assets and Equity	lowa	_	filinois	Eliminations	Group *
Current Liabilities				· · <u> </u>	
Current maturities of long-term debt	\$ 7,234,431	\$	680,000	\$ - ;	7,914,431
Accounts payable.					
Trade	19,794,739		2,755,737	-	22,550,476
Affiliates	-		2,339,227	(2,339,227)	•
Accrued salanes and wages	9,160,396		601,595	-	9,761,991
Accrued paid leave	15,382,405		2,191,597	-	17,574,002
Due to third-party payors	6,620,840		1,834,713	-	8,455,553
Unpaid losses and loss adjustment					
expenses	•		-	-	•
Other accrued expenses	4,887,154		853,563		5,740,717
Total current liabilities	 63,079,965	-	11,256,432	(2,339,227)	71,997,170
Long-Term Debt, less current maturities	80,674,492		7,070,000		87,744,492
Unpaid Losses and Loss Adjustment Expenses, Retirement					
Benefits and Other Long-Term Liabilities	 28,425,454		406,809	<u> </u>	28,832,263
Total liabilities	 172,179,911		18,733,241	 (2,339,227)	188,573,925
Net Assets and Equity					
Common stock	-		-	-	-
Additional paid⊣n capital	•		-	-	-
Retained earnings (deficit)	-		-	-	-
Members and partners' equity	-		-	-	-
Unrestricted	394,832,463		60,668,171	-	455,500,634
Noncontrolling interests - unrestricted	-		-	•	-
Temporanly restricted	13,454,196		303,377	•	13,757,573
Permanently restricted	 -			<u>. </u>	<u> </u>
	 408,286,659		60,971,548	 <u> </u>	469,258,207
	\$ 580,466,570	\$	79,704,789	\$ (2,339,227)	\$ 657,832,132

^{*} The Obligated Group includes Genesis Health System – Iowa (an Iowa nonprofit corporation) and Genesis Health System – Illinois (an Illinois not-for-profit corporation).

 Genesis Health Services Foundation	,	GenGastro,	The Larson Center Partnership	(GenVentures, Inc	c	Genesis Health System Workers' compensation Plan and Trust	Misencordia Assurance Company, Ltd		Eliminations	Total
\$ •	\$	-	\$ 161,196	\$	1,403,922	\$	-	\$ -	\$	(1,309,401)	\$ 8,170,148
20,760		61,532	66,500		745,365		28,360	46,061		-	23,519,054
349,440		-	11,621		3,357,983		42,400	2,061		(3,763,505)	-
		27,969	-		438,140		•	-		-	10,228,100
-		22,673	-		427,765		-	-		-	18,024,440
-		-	-		-		-	-		-	8,455,553
		-	-		-		6,946,535	6,979,648		(265,636)	13,660,547
 924,489			234,877		705,873			 -		-	7,605,956
1,294,689 -		112,174	474,194 -		7,079,048 16,277,186		7,017,295	7,027,770		(5,338,542) (15,927,302)	89,663,798 88,094,376
					16,412		<u>.</u>	19,340,663			48,189,338
 1,294,689		112,174	 474,194		23,372,646		7,017,295	 26,368,433	-	(21,265,844)	225,947,512
-		-	-		1,000		_	120,000		(121,000)	•
-		-	-		28,821,772		-	-		(28,821,772)	-
-		-	-		(4,645,192)			755,401		3,889,791	-
-		1,126,106	2,025,538		-		-	-		(3,151,644)	-
1,614,479		-	-		-		7,161,749	-		755,401	465,032,263
-		-	-		-		-	-		8,418,457	8,418,457
11,395,343		-	•		-		-	-		(9,632,827)	15,520,089
 3,817,834					<u>.</u>			 <u>-</u>			 3,817,834
 16,827,656		1,126,106	 2,025,538		24,177,580		7,161,749	 875,401		(28,663,594)	 492,788,643
 18,122,345	_\$_	1,238,280	\$ 2,499,732	\$	47,550,226	\$	14,179,044	\$ 27,243,834	\$	(49,929,438)	\$ 718,736,155

Consolidating Statement of Operations and Changes in Net Assets Information Year Ended June 30, 2013

	GHS	GHS	Genesis Medical Center - Aledo	Genesis Senior	Eliminohops	Obligated Group *
Change in unrestricted net assets	lowa	_Illinois	Center - Alego	Living - Aledo	Eliminations	Group -
Unrestricted revenue						
Patient service revenue, net of contractual adjustments	\$ 450,695,738	\$ 90,064,068	\$ 5,345,438	\$ 1,804,550	\$ (1,160,072)	\$ 546,749,722
Less provision for doubtful accounts	28,397,054	6,960,624	315,241	Ψ 1,004,000	Ψ (1,100,012) -	35,672,919
Net patient service revenue	422,298,684	83,103,444	5,030,197	1,804,550	(1,160,072)	511,076,803
Other service revenue, net	422,230,004	-	3,000,101	1,054,000	(1,100,012)	- 11,010,000
Medical office building rental revenue	_	_	_	_	_	_
Other revenue	24,656,502	5,734,456	198,946	40,827	(702,247)	29,928,484
Total revenue	446,955,186	88,837,900	5,229,143	1,845,377	(1,862,319)	541,005,287
Expenses	440,300,100	00,007,000	3,223,140	1,043,077	(1,002,013)	041,003,207
•	201,524,971	27,873,270	2.186.764	1,125,953	_	232,710,958
Salanes and wages	39.543.436	5,882,212	446,555	290,974	(137,649)	46,025,528
Employee benefits		5,846,716	583,818	235,724	(1,152,999)	47,179,104
Contracted professionals and services	41,665,845	13,491,381	489,172	163,533	(208,113)	87,444,874
Supplies	73,508,901	27,419,761	· ·	679,904	(363,558)	76,777,792
Other	47,520,635		1,521,050	079,904	(303,330)	
Interest	3,862,107	174,112	3,784 21,057	25.935	-	4,040,003
Depreciation and amortization	28,444,591	4,267,542	5,252,200	2,522,023	(1,862,319)	32,759,125 526,937,384
Total expenses	436,070,486	84,954,994		(676,646)	(1,002,319)	14,067,903
Operating income (loss)	10,884,700	3,882,906	(23,057)	(0/0,040)		14,067,903
Nonoperating gains and (losses) Interest and dividend income and realized gains on sales of						
investments	11,328,311	20,931	3,451	2,022	•	11,354,715
Current year change in unrealized gains on trading securities	6,719,923	-	-	-	-	6,719,923
Other nonoperating income (expense)	1,809,300	(3,411)	2,571,182	725,451	<u> </u>	5,102,522
Nonoperating gains and (losses)	19,857,534	17,520	2,574,633	727,473	<u></u>	23,177,160
Excess of revenue over (under) expenses						
before equity in net income of subsidiaries	30,742,234	3,900,426	2,551,576	50,827	_	37,245,063
Equity in net income of subsidiaries	3,139,736	448,544	2,001,070	00,027	(50,827)	3,537,453
Excess of revenue over (under) expenses	33,881,970	4,348,970	2,551,576	50,827	(50,827)	40,782,516
Less excess of revenue (over) expenses attributable to	33,001,970	4,040,070	2,551,570	30,027	(30,027)	40,702,510
noncontrolling interests	_	_	_	_	_	_
Excess of revenue over (under) expenses				<u>-</u>		
• • • • • • • • • • • • • • • • • • • •	33,881,970	4,348,970	2,551,576	50,827	(50,827)	40,782,516
attributable to Genesis Health System	33,001,970	4,546,570	2,551,576	50,627	(50,627)	40,762,510
Income associated with noncontrolling interests	-	-	-	-	•	-
Distributions to noncontrolling interests	-	•	-	2 246 200	(0.046.290)	-
Transfers (to) from related organizations	-	-	-	2,246,380	(2,246,380)	-
Change in unrecognized funded status of retirement plan	13,291,089				(2.222.222	13,291,089
Increase (decrease) in unrestricted net assets	47,173,059	4,348,970	2,551,576	2,297,207	(2,297,207)	54,073,605
Change in temporarily restricted net assets:						
Contributions, investment income and other	(124,413)	•	-	21,139	•	(103,274
Net assets released from restrictions, used for operations	(1,114,191)	•	-	-	•	(1,114,191
Change in interest in net assets of Foundation	1,624,253	(41,960)	<u> </u>	<u> </u>	<u> </u>	1,582,293
Increase (decrease) in temporarily restricted						
net assets	385,649	(41,960)		21,139	<u> </u>	364,828
Change in permanently restricted net assets,		-				
contributions, investment income and other		-	53,144		•	53,144
Increase (decrease) in net assets	\$ 47,558,708	\$ 4,307,010	\$ 2,604,720	\$ 2,318,346	\$ (2,297,207)	\$ 54,491,577

^{*} The Obligated Group includes Genesis Health System – Iowa (an Iowa nonprofit corporation), Genesis Health System – Illinois not-for-profit corporation), Genesis Medical Center – Aledo (an Illinois not-for-profit corporation) and Genesis Senior Living – Aledo (an Illinois not-for-profit Corporation)

	Genesis Health Services Foundation	GenGastro, LLC	The Larson Center Partnership	GenVentures, Inc	Genesis Accountable Care Organization, LLC	Genesis Health System Workers' Compensation Plan and Trust	Misencordia Assurance Company, Ltd	Eliminations	Total
\$	-	\$ 6,892,119 -	\$ - -	\$ - -	\$ -	\$ - -	\$ -	\$ (4,938,455)	\$ 548,703,386 35,672,919
_		6,892,119						(4,938,455)	513,030,467
	_	0,002,110		5,870,389	_	_	_	(4,550,455)	5,870,389
		_	1,198,928	9,294,346	_	_	_	(8,373,034)	2,120,240
	1,190,353	_	1,100,020	3,675,970	1,365,482	1,913,107	2,880,997	(9,516,006)	31,438,387
_	1,190,353	6,892,119	1,198,928	18,840,705	1,365,482	1,913,107	2,880,997	(22,827,495)	552,459,483
	1,100,000	0,002,110	1,100,020	10,0 10,1 00	1,000,102	1,010,107	2,000,007	(EE,021,400)	002,400,400
	427,197	490,495	_	5,747,055	_	_	_	_	239,375,705
	58,351	240,564	_	1,189,128	_	•	_	(2,734)	47,510,837
	248,367	520,275	98,995	220,512	674,884	200,950	251,404	(674,884)	48,719,607
	84,358	299,790	1,651	379,547	-	200,000	201,101	(4,489,024)	83,721,196
	1,457,139	578,419	404,908	7,440,012	1,160,660	1,712,157	2,629,593	(16,682,249)	75,478,431
	-	423	1,259	1,006,494	.,,	.,,		(978,604)	4,069,575
	_	101,333	188,577	3,228,915		-	-	(0.0,00.,	36,277,950
_	2,275,412	2,231,299	695,390	19,211,663	1,835,544	1,913,107	2,880,997	(22,827,495)	535,153,301
	(1,085,059)	4,660,820	503,538	(370,958)	(470,062)			(==,==,,,==,	17,306,182
	124,669	-	-	21,700	-	281,323	-	•	11,782,407
	82,761	-	-	-	-	36,126	-	-	6,838,810
	326,218	(2,019)	(428)	14,896		(1,195,194)	•	· · · · · · · · · · · · · · · · · · ·	4,245,995
	533,648	(2,019)	(428)	36,596		(877,745)	<u>.</u>	•	22,867,212
	(551,411)	4,658,801	503,110	(334,362)	(470,062)	(877,745)	-	•	40,173,394
		-		-	-	•		(3,537,453)	•
	(551,411)	4,658,801	503,110	(334,362)	(470,062)	(877,745)	-	(3,537,453)	40,173,394
	-	-	<u>-</u>	<u>-</u>	-		-	(1,340,443)	(1,340,443)
						··· ····			
	(551,411)	4,658,801	503,110	(334,362)	(470,062)	(877,745)	-	(4,877,896)	38,832,951
	-	•	=	-	-	-	-	1,340,443	1,340,443
	-	-	-	-	-	-	-	(1,303,177)	(1,303,177)
	-	•	-	-	-	-	-	-	-
				-	•	-	-	-	13,291,089
	(551,411)	4,658,801	503,110	(334,362)	(470,062)	(877,745)	<u> </u>	(4,840,630)	52,161,306
							•		
	2,482,106	-	-	•	-	-	•	•	2,378,832
	(831,218)	-	-	•	-	-	-	•	(1,945,409)
_	<u> </u>		-	<u> </u>	<u>.</u>	<u>-</u>	-	(1,360,566)	221,727
	1,650,888			_ 	<u>.</u>	<u>-</u>	-	(1,360,566)	655,150
	140 679			_		_		_	163,817
_	110,673	£ 4 650 904	\$ 503,110	\$ (334,362)	\$ (470,062)	\$ (877,745)	<u> </u>	\$ (6,201,196)	
	1,210,150	\$ 4,658,801	\$ 503,110	\$ (334,302)	ψ (4/0,002)	φ (011,145)	φ -	⊅ (0,201,196)	\$ 52,980,273

Consolidating Statement of Operations and Changes in Net Assets Information Year Ended June 30, 2012

		GHS		GHS			Obligated
		lowa		Illinois		Eliminations	Group *
Change in unrestricted net assets							
Unrestricted revenue:							
Patient service revenue, net of contractual adjustments	\$	434,038,692	\$	88,861,435	\$	(911,042)	\$ 521,989,085
Less provision for doubtful accounts	•	25,008,208		6,810,255		· · · · · · ·	31,818,463
Net patient service revenue		409.030.484		82,051,180		(911,042)	 490,170,622
Other service revenue, net		•		994,618		-	994,618
Medical office building rental revenue		_					
Other revenue		22,537,314		4,736,859		(658,941)	26,615,232
Total revenue	_	431,567,798		87,782,657		(1,569,983)	 517,780,472
Expenses	_			4.1.22		(1)111,111,	,
Salanes and wages		195,553,891		28,883,535		_	224,437,426
Employee benefits		42,581,212		6,733,203		(32,402)	49,282,013
Contracted professionals and services		37,421,642		6,088,913		(1,045,913)	42,464,642
Supplies		72,827,297		13,620,033		(176,950)	86,270,380
Other		45,290,942		24,467,149		(314,718)	69,443,373
Interest		4,167,857		245,142		(014,710)	4,412,999
Depreciation and amortization		27,823,095		3,946,293		_	31,769,388
·		425,665,936		83,984,268		(1,569,983)	508,080,221
Total expenses		5,901,862		3,798,389		(1,000,000)	 9,700,251
Operating income (loss)	-	5,901,002		3,790,309			 9,700,231
Nonoperating gains and (losses)		6,169,126		71,145		_	6,240,271
Interest and dividend income and realized gains on sales of investments				71,145		-	(1,708,994)
Current year change in unrealized (losses) on trading securities		(1,708,994)		110,212		-	1,030,069
Other nonoperating income (expense)		919,857		181,357		<u>-</u>	5,561,346
Nonoperating gains and (losses)		5,379,989		101,357			5,361,346
Excess of revenue over (under) expenses before							
equity in net income of subsidiaries		11,281,851		3,979,746		-	15,261,597
Equity in net income of subsidianes		1,379,968		399,974		<u> </u>	1,779,942
Excess of revenue over (under) expenses		12,661,819		4,379,720		-	17,041,539
Less excess of revenue (over) expenses attributable to noncontrolling interests		-		<u> </u>		<u> </u>	 -
Excess of revenue over (under) expenses attributable	-						
to Genesis Health System		12,661,819		4,379,720		-	17,041,539
Purchase of investment from noncontrolling interests		•		-		•	-
Income associated with noncontrolling interests		-		-		-	-
Distributions to noncontrolling interests		-		-		-	-
Transfers (to) from related organizations		•		-		•	-
Change in unrecognized funded status of retirement plan		(15,464,620)				-	(15,464,620)
Increase (decrease) in unrestricted net assets		(2,802,801)		4,379,720		<u> </u>	1,576,919
Change in temporarily restricted net assets							
Contributions, investment income and other		(112,507)		-		-	(112,507)
Net assets released from restrictions, used for operations		(668,824)		-		-	(668,824)
Transfers (to) from related organizations		-		-		-	•
Change in interest in net assets of Foundation		109,853		(55,653)	_		54,200
Increase (decrease) in temporarily restricted net assets		(671,478)		(55,653)		-	(727,131)
Change in permanently restricted net assets,			_				
contributions, investment income and other		-		(44,292)			 (44,292)
Increase (decrease) in net assets	\$	(3,474,279)	. \$	4,279,775	\$		\$ 805,496

^{*} The Obligated Group includes Genesis Health System – Iowa (an Iowa nonprofit corporation) and Genesis Health System – Illinois (an Illinois not-for-profit corporation).

Genesis Health Services coundation	Illini Hospital Foundation	GenGastro, LLC	The Larson Center Partnership	GenVentures, Inc	Genesis Health System Workers' Compensation Plan and Trust	Misericordia Assurance Company, Ltd	Davenport SRS Leasing, LLC	Eliminations	Total
\$ -	\$ - -	\$ 6,179,899 -	\$ - -	\$ - -	\$ - -	\$ - -	\$ - -	\$ (4,519,706) -	\$ 523,649,278 31,818,463
 -	•	6,179,899	-	-	-	-	-	(4,519,706)	491,830,815
-	-	-	-	4,788,681	_	-	828,536	•	6,611,835
•	-	-	1,225,752	8,736,016	-	-	-	(8,029,638)	1,932,130
1,146,288	18,185	-	-	3,372,195	1,343,666	3,105,956	-	(5,342,095)	30,259,427
1,146,288	18,185	6,179,899	1,225,752	16,896,892	1,343,666	3,105,956	828,536	(17,891,439)	530,634,207
402,157	24,667	440,572	-	5,409,815	-	-	-	-	230,714,637
54,410	2,019	251,145	-	1,222,180	-	-	-	(2,523)	50,809,244
284,561	3,537	465,943	150,263	192,026	195,342	244,805	10,553	-	44,011,672
76,962	363	241,872	2,039	343,731	-	-	-	(4,254,299)	82,681,048
1,426,302	26,019	600,418	351,391	6,943,255	1,148,324	2,861,151	207,289	(12,615,481)	70,392,041
-	-	262	17,832	1,053,041	-	-	215,182	(1,019,136)	4,680,180
-	•	129,112	174,989	3,181,533	-	-	546,019	-	35,801,041
2,244,392	56,605	2,129,324	696,514	18,345,581	1,343,666	3,105,956	979,043	(17,891,439)	519,089,863
(1,098,104)	(38,420)	4,050,575	529,238	(1,448,689)	•	-	(150,507)	-	11,544,344
101,859	-	-	-	30,058	329,251	-	-	-	6,701,439
(33,761)	(52,084)	-	-	-	(141,928)	-	-	-	(1,936,767)
 262,689	2,784	164_	(344)	(18,744)	(1,800,000)	•	276	-	(523,106)
330,787	(49,300)	164	(344)	11,314	(1,612,677)		276		4,241,566
(767,317)	(87,720)	4,050,739	528,894	(1,437,375)	(1,612,677)	_	(150,231)	-	15,785,910
(707,517)	(07,720)	-	520,054	(1,407,070)	(1,012,077)	_	(150,251)	(1,779,942)	10,700,810
 (767,317)	(87,720)	4,050,739	528,894	(1,437,375)	(1,612,677)		(150,231)	(1,779,942)	15,785,910
(/0/,0///	(07,120)	1,000,100	-	(1,107,070)	(1,012,071)	_	(100,201)	(1,212,084)	(1,212,084)
 								(1,212,001)	1,212,004)
(767,317)	(87,720)	4,050,739	528,894	(1,437,375)	(1,612,677)	_	(150,231)	(2,992,026)	14,573,826
-	-	-	-	-	-	-	-	(2,369,885)	(2,369,885)
-	-	-	-	-	_	-	-	1,212,084	1,212,084
-	-	-	-	-	-	_	-	(1,271,376)	(1,271,376)
129,793	(129,793)	-	-	-	-		-	-	
-	•	-	-	-	_	-	-	•	(15,464,620)
 (637,524)	(217,513)	4,050,739	528,894	(1,437,375)	(1,612,677)	-	(150,231)	(5,421,203)	(3,319,971)
3,159,468	(14,398)	-	-	-	-	-	-	•	3,032,563
(2,972,815)	(18,185)	-	-	-	-	-	•	-	(3,659,824)
326,447	(326,447)	-	-	-	-	-	•	•	•
 			-	•	-			(19,717)	34,483
513,100	(359,030)			-	•			(19,717)	(592,778)
1,958,255	(44,292)	-	•	-		-		44,292	1,913,963
 1,833,831	\$ (620,835)	\$ 4,050,739	\$ 528,894	\$ (1,437,375)	\$ (1,612,677)		\$ (150,231)	\$ (5,396,628)	.,5 .5,550