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Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 248,179,006 including grants of \$ 1,958,372) (Revenue \$ 332,081,939)

GENESIS HEALTH SYSTEM (GHS IOWA) IS A HEALTH SYSTEM LOCATED IN EASTERN IOWA, CONSISTING OF THREE HOSPITAL FACILITIES, TWO IN DAVENPORT AND ONE IN DEWITT, IOWA GENESIS MEDICAL CENTER - DAVENPORT, CONTAINING 502 LICENSED ACUTE CARE BEDS STATISTICS INCLUDE 71,266 PATIENT DAYS, 18,255 PATIENT DISCHARGES AND 198,190 OUT-PATIENT VISITS, GENESIS MEDICAL CENTER - DEWITT, CONTAINING 13 LICENSED ACUTE CARE AND SWING BEDS AND 77 LONG-TERM CARE BEDS STATISTICS INCLUDE 1,577 PATIENT DAYS, 226 PATIENT DISCHARGES, AND 18,280 OUTPATIENT VISITS GHS IOWA ALSO INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM THAT CONTINUES TO EDUCATE RESIDENTS IN THE HOSPITAL SETTING

4b

(Code) (Expenses \$ 90,162,009 including grants of \$ 8,857) (Revenue \$ 72,172,917)

GENESIS HEALTH GROUP, A PHYSICIAN GROUP WITHIN GENESIS HEALTH SYSTEM (GHS IOWA) CONSISTS OF 45 CLINICS AND 152 PHYSICIANS ENCOMPASSING A WIDE VARIETY OF SPECIALTIES AND FAMILY PRACTICE GROUPS SERVING IOWA, ILLINOIS AND SURROUNDING COMMUNITIES IN EASTERN IOWA AND WESTERN ILLINOIS STATISTICS INCLUDE TOTAL PRACTITIONER HOURS 280,134 AND RVU'S (RELATIVE VALUE UNITS) 696,861

4c

(Code) (Expenses \$ 21,987,485 including grants of \$) (Revenue \$ 27,259,371)

GENESIS AT HOME VNA & HOSPICE, A VISITING NURSE AND HOSPICE CARE PROGRAM WITHIN GENESIS HEALTH SYSTEM ENCOMPASSES HOME HEALTH SERVICES INCLUDING PHYSICAL THERAPY, OCCUPATIONAL/SPEECH THERAPY, SKILLED NURSING MEDICAL SOCIAL WORKER VISITS, AND THE HOSPICE HOUSE, WHICH CARES FOR TERMINALLY ILL PATIENTS STATISTICS INCLUDE 134,747 HOME HEALTH VISITS AND 48,847 HOSPICE/HOSPICE HOUSE DAYS

(Code) (Expenses \$ 2,336,783 including grants of \$) (Revenue \$ 2,282,097)

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

4d

Other program services (Describe in Schedule O)























(Expenses \$ 2,336,783 including grants of \$) (Revenue \$ 2,282,097)

4e

Total program service expenses

362,665,283

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
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 Yes	
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶MARK G ROGERS 1227 E RUSHOLME DAVENPORT,IA 528032498 (563) 421-6508

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total	
c	Total from continuation sheets to Part VII, Section A	
d	Total (add lines 1b and 1c)	

257

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
METROPOLITAN MEDICAL LAB 1814 E LOCUST STREET DAVENPORT IA 52803	LAB SERVICES	6,689,174
DAVENPORT SURGICAL GROUP PC 1228 E RUSHOLME STREET DAVENPORT IA 52803	PHYSICIAN MEDICAL SERVICES	1,234,477
THE ADVISORY BOARD COMPANY PO BOX 79461 BALTIMORE MD 21279	CONSULTING/PROFESSIONAL SERVICES	1,018,676
CARDIOVASCULAR MEDICINE PC 1236 EAST RUSHOLME MOLINE IL 61265	CARDIOLOGY PROGRAM PHYSICIAN MEDICAL SER	978,815
RENOVO SOLUTIONS LLC 1801 E PARKCOURT PLACE BLDG D STE SANTA ANA CA 92701	ASSET MANAGEMENT SERVICES	886,264

\$100,000 of compensation from the organization ➡56

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	354,480			
	e	Government grants (contributions) 1e	450,609			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,154,181			
	g	Noncash contributions included in lines 1a-1f \$	57,973			
	h	Total. Add lines 1a-1f	1,959,270			
Program Service Revenue	2a	OUTPATIENT REVENUE	Business Code 621400	478,821,927	478,821,927	
	b	INPATIENT REVENUE	900099	428,980,368	428,980,368	
	c	CLINIC REVENUE	621400	139,916,062	139,916,062	
	d	HOME HEALTH & HOSPICE CARE REVENUE	621610	30,284,768	30,284,768	
	e	OTHER OPERATING REVENUE	624100	8,735,586	8,735,586	
	f	All other program service revenue		-655,294,794	-657,250,235	1,955,441
	g	Total. Add lines 2a-2f		431,443,917		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	10,703,251			10,703,251
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 216,678,596 148,427			
	b	Less cost or other basis and sales expenses	197,953,339 217,044			
	c	Gain or (loss)	18,725,257 -68,617			
	d	Net gain or (loss)	18,656,640			18,656,640
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		240,822	240,822	
		Miscellaneous Revenue	Business Code			
	11a	DIETARY	900099	2,163,214	2,161,000	2,214
	b	OTHER REVENUE	900099	1,768,725	1,768,725	
	c	HOUSEKEEPING	900099	137,301	137,301	
	d	All other revenue				
	e	Total. Add lines 11a-11d		4,069,240		
	12	Total revenue. See Instructions		467,073,140	433,796,324	1,957,655
					29,359,891	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,862,120	1,862,120		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	105,109	105,109		
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.	4,380,000	1,175,259	3,204,741	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	396,734	214,380	182,354	
7	Other salaries and wages.	194,732,641	165,504,789	29,227,852	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,054,048	3,620,021	434,027	
9	Other employee benefits.	18,809,481	16,056,271	2,753,210	
10	Payroll taxes.	14,182,474	12,020,941	2,161,533	
11	Fees for services (non-employees):				
a	Management.	22,152,759	20,911,186	1,241,573	
b	Legal.	1,334,215		1,334,215	
c	Accounting.	496,307		496,307	
d	Lobbying.	120,393	25,250	95,143	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,371,745	11,441	1,360,304	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,634,772	22,146,458	6,488,314	
12	Advertising and promotion.	1,370,912	103,116	1,267,796	
13	Office expenses.	42,791,264	39,745,878	3,045,386	
14	Information technology.	7,403,144	962,272	6,440,872	
15	Royalties.				
16	Occupancy.	19,722,634	15,945,371	3,777,263	
17	Travel.	1,975,544	1,277,575	697,969	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	511,449	499,109	12,340	
20	Interest.	3,215,484	3,215,406	78	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	25,907,539	17,174,247	8,733,292	
23	Insurance.	5,111,631	1,750,420	3,361,211	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PATIENT SUPPLY COST OF	37,200,030	37,200,030		
b	MISCELLANEOUS	2,377,862	1,138,634	1,239,228	
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	440,220,291	362,665,283	77,555,008	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		10,945,312	1	12,779,057
	2	Savings and temporary cash investments		39,815,025	2	38,322,724
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		76,914,414	4	75,765,262
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		37,580,652	7	35,193,461
	8	Inventories for sale or use		9,291,429	8	9,324,528
	9	Prepaid expenses and deferred charges		6,146,832	9	116,863,462
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 571,139,130			
	b	Less: accumulated depreciation	10b 400,027,910	165,360,273	10c	171,111,220
	11	Investments—publicly traded securities		176,148,002	11	201,896,023
	12	Investments—other securities. See Part IV, line 11		58,633,378	12	57,005,721
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		0	14	473,348
	15	Other assets. See Part IV, line 11		27,499,052	15	36,696,020
	16	Total assets. Add lines 1 through 15 (must equal line 34)		608,334,369	16	755,430,826
Liabilities	17	Accounts payable and accrued expenses		59,623,413	17	59,178,776
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		80,274,879	20	196,356,967
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		70,499	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		12,990,273	25	16,029,951
	26	Total liabilities. Add lines 17 through 25		152,959,064	26	271,565,694
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		441,535,460	27	469,377,504
	28	Temporarily restricted net assets		13,839,845	28	14,487,628
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		455,375,305	33	483,865,132
	34	Total liabilities and net assets/fund balances		608,334,369	34	755,430,826

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	467,073,140
2	Total expenses (must equal Part IX, column (A), line 25)	2	440,220,291
3	Revenue less expenses Subtract line 2 from line 1	3	26,852,849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	455,375,305
5	Net unrealized gains (losses) on investments	5	3,361,537
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	-1,724,559
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	483,865,132

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 42-1418847

Name: GENESIS HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN C BAHLS DIRECTOR	4 00	X						0	0	0
MARK D BAWDEN CHAIRPERSON	10 00	X		X				0	0	0
GREGORY J BUSH TREASURER	4 00	X		X				0	0	0
CHRISTOPHER J COX DIRECTOR	4 00	X						0	0	0
EDMUND P COYNE JR MD DIRECTOR	4 00	X						0	0	0
DOUGLAS P CROPPER PRESIDENT/CEO GHS	44 00	X		X				969,272	0	149,873
THOMAS A GILDEHAUS FORMER DIRECTOR	4 00	X						0	0	0
ROGER J HILL SECRETARY	4 00	X		X				0	0	0
MARK C KILMER DIRECTOR	4 00	X						0	0	0
JAMES W KOEHLER DIRECTOR	4 00	X						0	0	0
GEORGE J KONTOS JR MD DIRECTOR	40 00	X						530,019	0	29,764
DAVID C LARSON DIRECTOR	4 00	X						0	0	0
CHARLENE E MAASKE DIRECTOR	4 00	X						0	0	0
EDWIN V MOTTO MD DIRECTOR	10 00	X						0	0	0
EDWARD J ROGALSKI PHD DIRECTOR	10 00	X		X				0	0	0
G CHRISTOPHER WAHLIG VICE CHAIRPERSON	8 00	X		X				0	0	0
C DANA WATERMAN III DIRECTOR	4 00	X						0	0	0
CAROL A WATSON PHD RN CENP FAAN DIRECTOR	4 00	X						0	0	0
DALE D ZUDE DIRECTOR	4 00	X						0	0	0
MARK G ROGERS V P FINANCE/CFO/ASST TREASURER	40 00			X				516,595	0	76,548
JACQUELINE K ANHALT V P PATIENT SERVICES	40 00				X			212,125	0	78,177
WAYNE A DIEWALD CHIEF OPERATING OFFICER	40 00				X			522,062	0	155,674
ROBERT W FRIEDEN V P INFORMATION SERVICES	40 00				X			402,514	0	30,291
RICHARD M KISHIUE MD PRESIDENT, GHG	40 00				X			571,660	0	14,648
JOSEPH L LOHMULLER MD CHIEF MEDICAL OFFICER	40 00				X			289,026	0	93,236

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FLORENCE L SPYROW SENIOR VICE PRESIDENT	40 00				X			530,092	140,910	61,440
KEVIN L YOUMANS V P OUTPATIENT SERVICES	40 00				X			158,647	0	45,612
KURT A ANDERSEN MD PHYSICIAN	40 00					X		489,796	0	26,386
NICHOLAS AUGELLI MD PHYSICIAN	40 00					X		899,299	0	30,818
MATTHEW L NEIL MD PHYSICIAN	40 00					X		496,101	0	29,789
TODD RIDENOUR MD PHYSICIAN	40 00					X		848,969	0	31,106
MICHAEL E SCHRECK MD PHYSICIAN	40 00					X		484,325	0	29,597
WILLIAM LANGLEY MD FORMER EXECUTIVE DIRECTOR	40 00						X	286,529	0	48,163

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization GENESIS HEALTH SYSTEM	Employer identification number 42-1418847
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Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization GENESIS HEALTH SYSTEM	Employer identification number 42-1418847
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		3,000
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		97,094
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
	i Other activities?	Yes		92,143
	j Total Add lines 1c through 1i			192,237
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	PART II-B, LINE 1B, PAID STAFF OR MANAGEMENT GENESIS HEALTH SYSTEM (GHS IOWA) HAD TWO STAFF MEMBERS INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS ALSO, ON FEBRUARY 26, 2014, 80 GHS IOWA STAFF MEMBERS TOOK TIME OUT OF THEIR REGULAR BUSINESS HOURS TO VISIT WITH SEVERAL GOVERNMENT OFFICIALS AND LEGISLATORS TO DISCUSS ISSUES RELATED TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT PART II-B, LINE 1D, MAILINGS TO MEMBERS, LEGISLATURES, OR THE PUBLIC EMPLOYEES OF GENESIS HEALTH SYSTEM (GHS IOWA) ARE ENCOURAGED TO PARTICIPATE IN THE IOWA HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS " THE EMPLOYEES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS (NOT CANDIDATE-SPECIFIC) THERE IS NO DIRECT COST TO GHS IOWA REGARDING THIS ACTIVITY PART II-B, LINE 1F, GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES GENESIS HEALTH SYSTEM (GHS IOWA) PRESENTED ONE GRANT TO OTHER ORGANIZATIONS 1) QUAD CITIES CHAMBER - IOWA LEGISLATIVE LUNCHEON 2014, \$3,000 PART II-B, LINE 1G, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY GENESIS HEALTH SYSTEM (GHS IOWA) HAD TWO STAFF MEMBERS INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS THE DIRECT COSTS RELATED TO THEIR LOBBYING ACTIVITIES INCLUDED SALARIES - \$95,468, AND MILEAGE/TRAVEL EXPENSES - \$1,626 ALSO, ON FEBRUARY 26, 2014, 80 GHS IOWA STAFF MEMBERS TOOK TIME OUT OF THEIR REGULAR BUSINESS HOURS TO VISIT WITH SEVERAL GOVERNMENT OFFICIALS AND LEGISLATORS TO DISCUSS ISSUES RELATED TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT THE DIRECT COSTS INCLUDED SALARIES - \$33,067, AND BUSINESS EXPENSES - \$2,200 PART II-B, LINE 1I, OTHER LOBBYING ACTIVITIES IN FISCAL YEAR 2014, GENESIS HEALTH SYSTEM (GHS IOWA) RECEIVED PROFESSIONAL LOBBYING AND GOVERNMENTAL RELATIONS CONSULTING SERVICES FROM EIDE & HEISINGER, LLC AT A COST OF \$25,000 LOBBYING EXPENDITURES RELATED TO MEMBERSHIP DUES INCLUDED 21% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION, OR \$26,645, 24% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, OR \$12,579, 55% OF MEMBERSHIP DUES TO THE AMERICAN MEDICAL ASSOCIATION, OR \$6,052, AND VARIOUS OTHER ASSOCIATIONS - \$21,867

Part IV

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GENESIS HEALTH SYSTEM	Employer identification number 42-1418847
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Part I

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

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

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,838,024	7,633,243	5,519,844	5,040,858	5,010,740
b Contributions	374,838	2,101	2,014,051	16,614	28,352
c Net investment earnings, gains, and losses	910,619	561,816	99,448	465,988	297,861
d Grants or scholarships		359,136			296,096
e Other expenditures for facilities and programs					
f Administrative expenses			100	3,616	
g End of year balance	9,123,481	7,838,024	7,633,243	5,519,844	5,040,857

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

55 600 %

b

Permanent endowment

44 400 %

c

Temporarily restricted endowment

0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,575,467		8,575,467
b Buildings		203,620,528	125,217,926	78,402,602
c Leasehold improvements		19,955,347	17,578,406	2,376,941
d Equipment		302,248,976	241,204,551	61,044,425
e Other		36,738,812	16,027,027	20,711,785
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				171,111,220

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	GENESIS HEALTH SERVICES FOUNDATION, A RELATED ORGANIZATION, HOLDS THE ENDOWMENT FUNDS THE INTENDED USE OF THE FOUNDATION'S ENDOWMENT FUNDS ARE AS FOLLOWS SCHOLARSHIPS FOR EDUCATION IN THE MEDICAL FIELD, CHARITY CARE FOR THE INDIGENT AND VISITING NURSE, HOSPICE HOUSE, DIABETIC CARE, EMPLOYEE ASSISTANCE, AND PEDIATRIC HOSPICE SERVICES
PART X, LINE 2	GENESIS HEALTH SYSTEM (GHS IOWA), GENESIS HEALTH SYSTEM (GHS ILLINOIS), GENESIS SENIOR LIVING, ALEDO (GSL, ALEDO), GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO), GENESIS HEALTH SERVICES FOUNDATION (GENESIS FOUNDATION), GENESIS PHILANTHROPY (PHILANTHROPY) AND GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST (WORKERS' COMPENSATION TRUST) ALL FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE FOLLOWING THE TAX EXEMPT STATUS OF EACH ENTITY, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME UNRELATED BUSINESS TAXABLE INCOME IS REPORTED ON FORM 990T, AS APPROPRIATE THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE 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 ILLINIOS, GENESIS FOUNDATION, PHILANTHROPY 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, GENESIS FOUNDATION AND WORKERS' COMPENSATION TRUST ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED JUNE 30, 2010 AND PRIOR GENVENTURES, INC (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, 2010 AND PRIOR THERE WERE NO UNCERTAIN TAX POSITIIONS AS OF JUNE 30, 2014 AND 2013

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 42-1418847

Name: GENESIS HEALTH SYSTEM

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

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other (A) INVESTMENT IN HEALTH ENTERPRISES OF IOWA (HEI)	12,063	C
(B) INVESTMENT IN GENVENTURES, INC	22,862,730	C
(C) INVESTMENT IN MISERICORDIA ASSURANCE COMPANY, LTD	120,000	C
(D) INVESTMENT IN MRIOWA, LLC	269,466	C
(E) INVESTMENT IN HEI COOP	1,915,547	C
(F) INVESTMENT IN HEI VENTURES	101,534	C
(G) INVESTMENT IN HEI IOWA ECHO/ULTRASOUND	222,442	C
(H) INVESTMENT IN HEI BREAST BIOPS	379	C
(I) INVESTMENT IN HEI DIGITAL MAMMOGRAPHY	14,458	C
(J) INVESTMENT IN SPRING PARK SURGERY CENTER, LLC	3,941,603	C
(K) INVESTMENT IN GENGASTRO, LLC	22,823,312	C
(L) INVESTMENT IN GENORTHO, LLC	1,722,079	C
(M) OTHER INVESTMENTS - GMC, DEWITT	463,741	F
(N) INVESTMENT IN HEI BONE DENSITY	13,278	C
(O) INVESTMENT IN GENRAD IMAGING, LLC	2,395,726	C
(P) INVESTMENT IN GENESIS ONCOLOGY CO-MANAGEMENT, LLC	69,891	C
(Q) INVESTMENT IN HEI PHARMACY SERVICES, LC	-34,669	C
(R) OTHER INVESTMENTS - GMC	34,100	F
(S) INVESTMENT IN HEI MEDICAL LABORATORY	-56,476	C
(T) INVESTMENT IN UNIVERSITY OF IOWA HEALTH ALLIANCE, LLC	114,517	C

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number

42-1418847

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICAN AND THE CARIBBEAN	0	0	INVESTMENTS		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 42-1418847

Name: GENESIS HEALTH SYSTEM

Part V Supplemental Information

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

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,580,196		7,580,196	1 720 %
b Medicaid (from Worksheet 3, column a)			57,683,293	44,882,955	12,800,338	2 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total Financial Assistance and Means-Tested Government Programs . .			65,263,489	44,882,955	20,380,534	4 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			730,034		730,034	0 170 %
f Health professions education (from Worksheet 5)			3,077,292	1,942,823	1,134,469	0 260 %
g Subsidized health services (from Worksheet 6)			7,300,326	5,622,057	1,678,269	0 380 %
h Research (from Worksheet 7)			399,609		399,609	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			503,836		503,836	0 110 %
j Total Other Benefits			12,011,097	7,564,880	4,446,217	1 010 %
k Total. Add lines 7d and 7j . .			77,274,586	52,447,835	24,826,751	5 640 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			37,918		37,918	0.010 %
3Community support			71,566		71,566	0.020 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			73		73	0 %
7Community health improvement advocacy			52,014		52,014	0.010 %
8Workforce development			16,040		16,040	0 %
9Other						
10Total			177,611		177,611	0.040 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

228,045,993

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5115,650,408

6Enter Medicare allowable costs of care relating to payments on line 5.

6121,341,758

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-5,691,350

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GENGASTRO LLC	AMBULATORY SURGERY CENTER	75.000 %	0 %	25.000 %
2 2 GENORTHO LLC	ORTHOPAEDIC SURGERY CENTER	50.000 %	0 %	50.000 %
3 3 SPRING PARK SURGERY CENTER LLC	OUTPATIENT SURGICAL CENTER	50.000 %	0 %	50.000 %
4 4 GENRAD IMAGING LLC	DIAGNOSTIC IMAGING CENTER	50.000 %	0 %	50.000 %
5 5 GENESIS ONCOLOGY CO-MANAGEMENT LLC	ONCOLOGY PROGRAM MANAGEMENT	10.000 %	0 %	90.000 %
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

GENESIS MEDICAL CENTER - DAVENPORT

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

		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 needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>11</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.GENESISHEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	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	7	Yes
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
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? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission
 - b** ☒ Notified individuals of the financial assistance policy prior to discharge
 - c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		No
	If "Yes," explain in Part VI		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

GENESIS MEDICAL CENTER - DEWITT

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

2

	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 needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.GENESISHEALTH.COM</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 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	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
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? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		No
	If "Yes," explain in Part VI		

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **68**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	NOT APPLICABLE

Form and Line Reference	Explanation
PART I, LINE 6A	NOT APPLICABLE

Form and Line Reference	Explanation
PART I, LINE 7	GENESIS HEALTH SYSTEM (GHS IOWA) UTILIZED WORKSHEET 2 TO CALCULATE ITS COST-TO-CHARGE RATIO THE CALCULATED COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID COSTS OF THE "OTHER BENEFITS" REPORTED IN 7E -7I WERE COMPILED THROUGHOUT THE YEAR IN THE COMMUNITY BENEFIT DATABASE (I E , CBISA) THAT GHS IOWA UTILIZES

Form and Line Reference	Explanation
PART I, LINE 7G	NO COSTS ASSOCIATED WITH A PHYSICIAN CLINIC WERE REPORTED IN SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
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 17.55%, AND THE PERCENTAGE INCREASES TO 45.12% IF MEDICARE COST REPORT ALLOWABLE COSTS ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ECONOMIC DEVELOPMENT (F2) COUNCIL AND CHAMBER - GENESIS HEALTH SYSTEM (GHS IOWA) SUPPORTS EMPLOYEE INVOLVEMENT ON LOCAL COUNCIL AND CHAMBER COMMITTEES GRANTS TO COMMUNITY BUSINESSES - GHS IOWA SUPPORTS ITS COMMUNITY BY GIVING GRANTS TO LOCAL BUSINESSES TO IMPROVE ECONOMIC DEVELOPMENT AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATIONS COMMUNITY SUPPORT (F3) DISASTER READINESS - GHS IOWA PARTICIPATES IN COMMUNITY WIDE DISASTER READINESS DRILLS THROUGHOUT THE YEAR TO ENSURE ITS PREPAREDNESS FOR AN ARRAY OF DISASTERS JUNIOR ACHIEVEMENT - GHS IOWA PARTICIPATES IN A VOLUNTEER PARTNERSHIP WITH JUNIOR ACHIEVEMENT MENTORING PROGRAMS (NON-HEALTH PROFESSIONS) - SEVERAL GHS IOWA EMPLOYEES TRAVEL TO LOCAL COMMUNITY SCHOOLS TO TEACH THE IMPORTANCE OF WORKFORCE READINESS, ENTREPRENEURSHIP, AND FINANCIAL LITERACY COALITION BUILDING (F6) HOSPITAL REPRESENTATION TO HEALTH COALITIONS - GHS IOWA EXECUTIVES AND EMPLOYEES ARE ACTIVE PARTICIPANTS IN COMMUNITY COALITIONS THAT RELATE TO IMPROVING COMMUNITY HEALTH THESE ACTIVITIES INCLUDE THE MAYOR'S HUNGER LUNCHEONS THAT ADDRESS THE HOMELESS POPULATION AND PARTNERSHIPS IN NURSING (PIN), A COLLABORATIVE PARTNERSHIP WITH COMMUNITY GROUPS TO IMPROVE THE COMMUNITY NURSING INFRASTRUCTURE WITH A GOAL OF IDENTIFYING AREAS OF REDUCED REPRESENTATION WHILE WORKING TO STRENGTHEN THE EDUCATIONAL AND FACULTY DEVELOPMENT TO BETTER SERVE OUR COMMUNITY AS A WHOLE ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT/SAFETY (F7) HEALTH CARE ADVOCACY - GHS IOWA MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCESS TO HEALTH CARE WITH THE IOWA AND ILLINOIS STATE GOVERNMENTS AND IN WASHINGTON D C GHS IOWA EMPLOYEES PARTICIPATE IN A VOTER VOICE INITIATIVE TO ALSO ADVOCATE ON IMPORTANT HEALTH ISSUES WORKFORCE DEVELOPMENT (F8) PROGRAMS ON HEALTH CAREERS - GHS IOWA PARTNERS WITH THE LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO ADDRESS THE HEALTH CARE WORK FORCE SHORTAGE GHS IOWA WORKS WITH THE LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO ADDRESS COMMUNITY-WIDE WORKFORCE ISSUES BY SUPPORTING JOB CREATION AND TRAINING PROGRAMS</p>

Form and Line Reference	Explanation
PART III, LINE 2	IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, BAD DEBT IS REPORTED AT THE FULL-ESTABLISHED CHARGE FROM THE MOST RECENT AUDITED FINANCIAL REPORT. PAYMENTS RECEIVED AFTER AN ACCOUNT HAD BEEN WRITTEN OFF TO BAD DEBT WERE CREDITED TO A BAD DEBT RECOVERY ACCOUNT. DISCOUNTS ON PATIENT ACCOUNTS PROVIDED BY THIRD-PARTY PAYERS WERE WRITTEN OFF TO A CONTRACTUAL ALLOWANCE ACCOUNT.

Form and Line Reference	Explanation
PART III, LINE 3	GENESIS HEALTH SYSTEM (GHS IOWA) USES AVADYNE HEALTH TO PROCESS AGING PATIENT ACCOUNTS. AVADYNE HEALTH'S COLLECTION PROCESS UTILIZES PUBLICLY AVAILABLE INFORMATION TO ENSURE ALL AGING PATIENT ACCOUNTS RECEIVE FINANCIAL ASSISTANCE IN ACCORDANCE TO GHS IOWA POLICY BEFORE BEING DEEMED BAD DEBT. GHS IOWA REPORTED ZERO DOLLARS FOR THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

Form and Line Reference	Explanation
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 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 GENESIS HEALTH SYSTEM (GHS IOWA) 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

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE MEDICARE COST REPORT WAS USED TO DETERMINE THE AMOUNT REPORTED IN PART III, LINES 5, 6, AND 7 FOR THE HOSPITALS NO 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 GHS IOWA IN PROVIDING HEALTHCARE SERVICES TO THE ELDERLY THE TOTAL MEDICARE SHORTFALL, WHICH INCLUDES FEE SCREEN SERVICES, WAS \$5,691,350 IN 2010, THE PERCENT OF PERSONS 65 YEARS AND OVER IN ROCK ISLAND AND SCOTT COUNTIES WAS 18.6% IN ACCORDANCE WITH GHS IOWA'S MISSION STATEMENT, "TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED," THE ELDERLY WERE SERVED DESPITE THE TOTAL MEDICARE LOSS OF \$5,691,350 GHS IOWA 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 GHS IOWA IS ONE OF TWO TAX-EXEMPT HEALTHCARE ORGANIZATIONS IN THE COMMUNITY WHO PROVIDE ACCESS TO HEALTHCARE FOR MEDICARE PATIENTS ACCORDINGLY, IT IS GHS IOWA'S POSITION FOR THE REASONS STATED ABOVE THAT THE TOTAL MEDICARE SHORTFALL OF \$5,691,350 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 6.93%</p>

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 2	GENESIS HEALTH SYSTEM (GHS IOWA) UTILIZES THE COMMUNITY HEALTH NEEDS ASSEMSSMENT (CHNA) CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) IN 2012 THE CHNA WAS FUNDED BY GHS IOWA AND TRINITY REGIONAL HEALTH SYSTEM AND SPONSORED BY COMMUNITY HEALTH CARE, GHS IOWA, QUAD CITY HEALTH INITIATIVE (QCHI), ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY HEALTH DEPARTMENT, AND TRINITY REGIONAL HEALTH SYSTEM QCHI WAS FORMED BY GHS IOWA AND GENESIS HEALTH SYSTEM (GHS ILLINOIS) WHICH HAS HEADQUARTERS IN BOTH SCOTT COUNTY, IOWA, AND ROCK ISLAND COUNTY, ILLINOIS, AND TRINITY HEALTH SYSTEM, WHICH IS HEADQUARTERED IN ROCK ISLAND COUNTY, ILLINOIS QCHI IS NOW A COMMUNITY PARTNERSHIP OF OVER 100 ORGANIZATIONS CONSISTING OF 500 ACTIVE INDIVIDUALS PURSUING INITIATIVES TO CREATE A HEALTHIER COMMUNITY, SERVING AS A CATALYST FOR IMPROVING THE HEALTH AND OVERALL QUALITY OF LIFE WITHIN THE QUAD CITIES

Form and Line Reference	Explanation
PART VI, LINE 3	INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN VISIBLE LOCATIONS IN THE ADMISSION DEPARTMENTS OF THE HOSPITALS IN ADDITION, THE HOSPITAL REGISTRATION STAFF MAKE AVAILABLE INFORMATIVE BROCHURES FOR PATIENTS IN THE EMERGENCY ROOM REGISTRATION AREA EXPLAINING THEIR ELIGIBILITY FOR ASSISTANCE GENESIS HEALTH SYSTEM (GHS IOWA) PROVIDES PATIENT FINANCIAL COUNSELORS ON EACH HOSPITAL CAMPUS TO DISCUSS OPTIONS WITH THE PATIENTS SHARED BUSINESS SERVICES PREPARES AND PROVIDES A LETTER TO EACH PATIENT, EXPLAINING THEIR CURRENT BALANCE AND ADVISING THEM OF THEIR OPTIONS A PHONE NUMBER IS PROVIDED WITH THE LETTER ENCOURAGING THE PATIENT TO CALL IF NEEDED

Form and Line Reference	Explanation
PART VI, LINE 4	<p>GENESIS HEALTH SYSTEM'S (GHS IOWA) MISSION IS TO PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL THOSE IN NEED GHS IOWA LIVES ITS MISSION EACH DAY BY SERVING A 10-COUNTY REGION OF EASTERN IOWA AND WESTERN ILLINOIS, INCLUDING BOTH URBAN AND RURAL AREAS THE REGION SERVED BY GHS IOWA (DAVENPORT-MOLINE-ROCK ISLAND, IA -IL MSA HENRY COUNTY, IL , MERCER COUNTY, IL, ROCK ISLAND, IL , AND SCOTT COUNTY, IA) HAS A POPULATION OF 379,690 ACCORDING TO THE 2010 CENSUS, WHITES MADE UP 88 4% OF THE MSA POPULATION WITH 8 3% BLACK OR AFRICAN-AMERICAN AND 7 6% HISPANIC OR LATINO ORIGIN MEDIAN AGE OF THE POPULATION OF THE REGION IS 40 6 YEARS MORE THAN 30% OF THE POPULATION OF THE REGION IS GREATER THAN 50 YEARS OLD, WHICH WILL CREATE A CONTINUED AND EXPANDED NEED FOR HEALTH CARE SERVICES IN THE NEXT 20 YEARS THE PERCENT OF PERSONS 65 YEARS AND OVER WAS 18 6% IN ROCK ISLAND AND SCOTT COUNTIES ACCORDING TO ESTIMATES FROM THE AMERICAN COMMUNITY SURVEY (ACS), 11 9% OF QUAD CITIES AREA RESIDENTS (SCOTT AND ROCK ISLAND COUNTIES) LIVE BELOW THE FEDERAL POVERTY IN 2012, 2 0% OF QUAD CITIES AREA ADULTS REPORTED THAT THERE WAS A TIME IN THE PAST TWO YEARS WHEN THEY WERE LIVING ON THE STREET, IN A CAR, OR IN A TEMPORARY SHELTER THE AVERAGE UNEMPLOYMENT RATE IN 2009 WAS 9 2% FOR ROCK ISLAND COUNTY, ILLINOIS AND 6 6% IN SCOTT COUNTY, IOWA LACK OF HEALTH INSURANCE IS REPORTED BY 12% OF SCOTT COUNTY, IA RESIDENTS AND 13% OF ROCK ISLAND COUNTY, IL RESIDENTS THE QUAD CITIES AREA PERCENTAGE OF ADULTS WHO CURRENTLY SMOKED IN 2012 WAS 19 4% THE PERCENTAGE OF ADULTS WHO WERE OBESE IN 2012 WAS 33 4% IN ROCK ISLAND COUNTY, ILLINOIS AND 33 6% IN SCOTT COUNTY, IOWA OBESITY RATES IN BOTH SCOTT COUNTY, IA AND ROCK ISLAND COUNTY, IL ARE HIGHER THAN NATIONAL BENCHMARKS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>GENESIS HEALTH SYSTEM'S BOARD OF DIRECTORS IS A DIVERSE REPRESENTATION OF PERSONS WHO RESI DE IN THE PRIMARY SERVICE AREA THAT GENESIS HEALTH SYSTEM SERVES GENESIS HEALTH SYSTEM EX ECUTIVES AND EMPLOYEES SERVE ON DOZENS OF VOLUNTEER BOARDS THROUGHOUT THE REGION ON IMPORT ANT PROJECTS AND INITIATIVES, SUCH AS HOMELESS SHELTERS, MENTAL HEALTH, DOWNTOWN REDEVELOP MENT AND EVENTS AND FESTIVALS GENESIS HEALTH SYSTEM EMPLOYEES SERVE THE COMMUNITIES WHERE THEY LIVE BY SERVING IN ELECTED OFFICES IN CITY AND COUNTY GOVERNMENT GENESIS HEALTH SYST EM EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES GENESI S HEALTH SYSTEM HAS ENDEAVORED TO IMPROVE ACCESS TO HEALTH CARE FOR THE COMMUNITIES IT SER VES BY PARTICIPATING IN APPROPRIATE JOINT VENTURES THAT OFFER NEEDED HEALTH CARE SERVICES TO UNDER-SERVED AREAS GENESIS HEALTH SYSTEM SCHEDULES DOZENS OF HEALTH SCREENINGS AND IMM UNIZATIONS THROUGHOUT THE YEAR AT A REDUCED COST THESE INCLUDE SCREENINGS FOR DIABETES, S TROKE AND HEART DISEASE AND PUBLIC FLU IMMUNIZATION CLINICS GENESIS HAS DONATED FUNDING FO R OUTDOOR EXERCISE COURSES CALLED GENESIS HEALTHBEAT IN DAVENPORT, IA, MOLINE, IL, ALEDO, IL AND DEWITT, IA GENESIS IS A KEY COMMUNITY PARTNER IN DEVELOPING LET'S MOVE DAVENPORT, A GROUP FORMED IN 2010 TO PROMOTE HEALTH, FITNESS AND GOOD NUTRITION FOR CHILDREN IN DAVEN PORT THE PROGRAM INCLUDES A NUMBER OF EVENTS IN THE SPRING, SUMMER AND FALL TO KEEP SCHOO L-AGE CHILDREN ACTIVE THE PROGRAM WAS PATTERNED AFTER LET'S MOVE, THE NATIONAL INITIATIVE OF FIRST LADY MICHELLE OBAMA GENESIS HEALTH SYSTEM SPONSORS GENESIS ADVENTURES IN NURSING (GAIN), A CAMP FOR CHILDREN INTERESTED IN HEALTH CARE CAREERS GENESIS HEALTH SYSTEM EMPL OYEEES SERVE AS MENTORS AND INSTRUCTORS DURING CAMP WEEK GENESIS AND GILDA'S CLUB OF THE QU AD CITIES SPONSOR CAMP GENESIS, A WEEK AT A LOCAL YMCA CAMP FOR CHILDREN WHO ARE DEALING WITH CANCER IN THEIR FAMILIES KIDS WHO MAY NOT OTHERWISE HAVE THE OPPORTUNITY TO ENJOY A C AMP EXPERIENCE BECAUSE OF THE FINANCIAL STRESS OF A CLOSE RELATIVE FIGHTING CANCER ARE ABL E TO ENJOY A FREE CAMP EXPERIENCE GENESIS HEALTH SYSTEM EMPLOYEES MAKE MEDICAL MISSION TR IPS EACH YEAR TO AREAS OF NEED ALL OVER THE WORLD GENESIS HEALTH SYSTEM EMPLOYEES, HAVE P ROVIDED RELIEF TO HAITI AFTER THE EARTHQUAKE AND DURING THE CHOLERA OUTBREAK AND TO TRADIT IONALLY IMPOVERISHED COUNTRIES, INCLUDING PERU, ECUADOR, THE DOMINICAN REPUBLIC, HAITI AND TO AFRICAN NATIONS GENESIS HEALTH SYSTEM EMPLOYEES SUPPORT COMMUNITY OUTREACH PROGRAMS T HROUGH A PROGRAM CALLED "TAKIN IT TO THE STREETS" PROJECTS HAVE INCLUDED PRIMARY SPONSORS HIP OF A HABITAT FOR HUMANITY HOUSE (292 VOLUNTEERS), COLLECTION OF ITEMS FOR DOMESTIC VIO LENCE SHELTERS AND HUMILITY OF MARY HOMELESS SHELTER, X-STREAM CLEANUP (94 VOLUNTEERS), A CLEANUP PROJECT OF RIVERS AND STREAMS, AND ADOPT A HIGHWAY EMPLOYEES HAVE USED THEIR COLL ECTIVE IMPACT AND GENEROSITY TO SECURE DONATIONS FOR FOOD PANTRIES EACH YEAR, GENESIS HEA LTH SYSTEM PROVIDES THE COMMUNITY WITH DOZENS OF CLASSES AND EVENTS PROMOTING HEALTH AND H EALTH EDUCATION HUNDREDS OF RESIDENTS IN THE REGION SERVED BY GENESIS HEALTH SYSTEM LEARN CPR, FIRST AID, PARENTING SKILLS AND NEWBORN CARE BY ENROLLING IN CLASSES GENESIS HEALTH SYSTEM HAS 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 INFO RMATION PUBLIC ABOUT HEALTHY RECIPES AND MENU ITEMS THE IDEA IS THAT THE PUBLIC WILL BE B ETTER ABLE TO MAKE INFORMED DECISIONS ABOUT THEIR FOOD CHOICES GENESIS HEALTH SYSTEM DIET ITIANS WILL COMPILE HEALTH RECIPES TO PROVIDE TO THE PUBLIC THERE WILL ALSO BE AN "ASK TH E DIETITIAN" FEATURE AVAILABLE AT WWW.GENESISHEALTH.COM GENESIS BECAME THE FOUNDING SPONS OR OF THE KOMEN QUAD CITIES RACE FOR THE CURE IN 2011 AFTER BEING INVOLVED AS A SPONSOR SI NCE THE INCEPTION OF THE EVENT THE EVENT SUPPORTS A VOUCHERS PROGRAM FOR FREE MAMMOGRAMS FROM AREA BREAST HEALTH CENTERS, INCLUDING THE KENNETH H MCKAY CENTER FOR BREAST HEALTH A T GENESIS GENESIS HEALTH SYSTEM HAS REDUCED ITS ENVIRONMENTAL FOOTPRINT ON THE COMMUNITIES IT SERVES BY IMPLEMENTING BULK WASTE RECYCLING, POLYSTYRENE RECYCLING, REDUCING SHARPS DI SPOSAL, IMPLEMENTING WATER RUNOFF MEASURES, AND REDUCING WATER AND CHEMICAL USAGE IN THE M EDICAL LAUNDRY INDUSTRY CRESCENT LAUNDRY, A COMMERCIAL LAUNDRY BUSINESS UNIT OF GENVENTUR ES, INC , OWNED ENTIRELY BY GENESIS HEALTH SYSTEM, HAS BEEN RECOGNIZED NATIONALLY FOR ITS CONSERVATION METHODS GENESIS HEALTH SYSTEM MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCE SS TO HEALTH CARE IN IOWA AND ILLINOIS STATE GOVERNMENT AND IN WASHINGTON D C GENESIS HEA LTH SYSTEM EMPLOYEES ALSO PARTICIPATE IN A VOTER VOICE INITIATIVE TO ADVOCATE ON IMPORTANT HEALTH ISSUES WITH CITY, COUNTY, STATE AND NATIONAL ELECTED OFFICIALS GENESIS HAS ADVOCA TED IN SUPPORT OF TRAFFIC ENFORCEMENT CAMERAS IN IOWA GENESIS HAS EXPERIENCED FEWER PATIE NTS WITH TRAUMA INJURIES FROM MOTOR VEHICLE ACCIDE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	NTS AND WILL CONTINUE TO ADVOCATE FOR PUBLIC SAFETY SURPLUS FUNDS RESULTING FROM EFFICIENT OPERATIONS AND COST-CONTAINMENT MEASURES ARE RE-INVESTED IN THE HEALTHCARE OPERATIONS OF GENESIS HEALTH SYSTEM TO IMPROVE THE HEALTHCARE SERVICES THAT GENESIS HEALTH SYSTEM PROVIDES ADVANCES IN MEDICAL EQUIPMENT AND TECHNOLOGY, STAFF EDUCATION, AND NEW MEDICAL SERVICE S ARE EXAMPLES OF OPERATIONAL INVESTMENTS THAT ULTIMATELY IMPROVE THE HEALTH OF THE COMMUN ITIES THAT GENESIS HEALTH SYSTEM SERVES

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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, GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST AND GENESIS PHILANTHROPY, 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 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 HEALTH SERVICES TO THE RESIDENTS OF EASTERN IOWA AND WESTERN ILLINOIS GENESIS MEDICAL CENTER - DAVENPORT (GMC - DAVENPORT) IS LICENSED AS A 502-BED ACUTE CARE HOSPITAL WHICH PROVIDES SERVICES FROM TWO HOSPITAL FACILITIES LOCATED IN DAVENPORT, IOWA GENESIS FAMILY MEDICAL CENTER (GFMC) IS A FAMILY PRACTICE RESIDENCY TRAINING PROGRAM THAT OPERATES CLINICS IN DAVENPORT AND BLUE GRASS, IOWA TO PROVIDE A CLINICAL SETTING FOR THE RESIDENTS TO TREAT PATIENTS GENESIS MEDICAL CENTER - DEWITT (GMC - DEWITT) IS CERTIFIED AS A CRITICAL ACCESS HOSPITAL, WHICH HAS 13-ACUTE CARE AND SWING BEDS, AND HAS A 77-BED LONG-TERM CARE FACILITY, WHICH PROVIDES SERVICES FROM ITS FACILITY IN DEWITT, IOWA GENESIS 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 - SILVIS (GMC - SILVIS) 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 IOWA AND GHS ILLINOIS HAVE A CONTROLLING OWNERSHIP INTEREST OR MEMBERSHIP IN THE FOLLOWING ORGANIZATIONS GENESIS MEDICAL CENTER - ALEDO (GMC - ALEDO) IS CERTIFIED AS A CRITICAL ACCESS HOSPITAL, WHICH HAS 22-ACUTE CARE AND SWING BEDS, AS WELL AS A PHYSICIAN CLINIC, WHICH PROVIDES SERVICES FROM ITS FACILITY IN ALEDO, ILLINOIS GENESIS SENIOR LIVING - ALEDO (GSL - ALEDO) IS CERTIFIED AS A NURSING FACILITY, WHICH HAS A 92-BED LONG-TERM CARE FACILITY, WHICH PROVIDES SERVICES FROM ITS FACILITY IN ALEDO, ILLINOIS 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 GENGASTRO, LLC (D/B/A THE CENTER FOR DIGESTIVE HEALTH) IS A LIMITED LIABILITY COMPANY, WHICH OPERATES A SINGLE-SPECIALTY GASTRO ENTEROLOGY AMBULATORY SURGERY CENTER LOCATED IN BETTENDORF, IOWA UPON OBTAINING A CONTROLLING INTEREST, THE SYSTEM CONSOLIDATED THE ACCOUNTS OF GENGASTRO, LLC IN ITS CONSOLIDATED FINANCIAL STATEMENTS IN JANUARY 2011 GENESIS HEALTH SYSTEM (GHS IOWA) MAINTAINS A 75% OWNERSHIP INTEREST AS OF JUNE 30, 2014 AND 2013 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, LECLAIRE AND MUSCATINE, IOWA CRESCENT LAUNDRY PROVIDES COMMERCIAL LAUNDRY SERVICES TO HEALTH CARE FACILITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 6	IN EASTERN IOWA AND IN NORTH-CENTRAL ILLINOIS GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC (GENESIS ACO) IS AN IOWA LIMITED LIABILITY COMPANY FORMED IN DECEMBER 2011 ITS PURPOSE IS TO ENGAGE IN ANY LAWFUL BUSINESS AND ANY BUSINESS RELATED TO CREATION AND ORGANIZATION OF A "PHYSICIAN-DRIVEN" NETWORK TO ACT AS, AND/OR PARTICIPATE IN, AN ACCOUNTABLE CARE ORGANIZATION WITHIN THE MEANING OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT THE COMPANY IS ALSO ORGANIZED TO DEVELOP A CLINICALLY INTEGRATED NETWORK OF PROVIDERS INCLUDING PHYSICIANS, HEALTH PROFESSIONALS, HOSPITALS AND ANCILLARY PROVIDERS WORKING TOGETHER TO PROMOTE HIGH QUALITY, COORDINATED AND EFFICIENT CARE TO PATIENTS INCLUDING MEMBERS OF VARIOUS MANAGED CARE PAYORS AND THE COMMUNITY AT LARGE GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST (WORKERS' COMPENSATION TRUST) PROVIDES A FUND WHICH CAN BE USED TO PAY WORKERS' COMPENSATION CLAIMS AND COSTS FOR THE BENEFIT OF GENESIS HEALTH SYSTEM MISERICORDIA ASSURANCE COMPANY, LTD (MISERICORDIA) IS A WHOLLY-OWNED CAYMAN BASED CAPTIVE INSURANCE COMPANY WHICH UNDERWRITES THE GENERAL AND PROFESSIONAL LIABILITY RISKS OF GHS IOWA AND AFFILIATES GENESIS PHILANTHROPY IS A WHOLLY-OWNED TAX-EXEMPT ENTITY FORMED IN 2013, WHICH PARTNERS 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

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IL,IA

Additional Data

Software ID:
Software Version:
EIN: 42-1418847
Name: GENESIS HEALTH SYSTEM

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GENESIS MEDICAL CENTER - DAVENPORT	
GENESIS MEDICAL CENTER - DEWITT	<p>PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED ON BEHALF OF GMC - DEWITT AND JACKSON COUNTY REGIONAL HEALTH CENTER (JCRHC) AND SPONSORED BY GMC - DEWITT AND JCRHC THIS JOINT CHNA REPORT YIELDS INFORMATION SPECIFIC TO THE COMMUNITIES OF EACH OF THESE HOSPITAL FACILITIES, ALLOWING FOR INDEPENDENT DETERMINATION OF HEALTH PRIORITIES GMC - DEWITT HAS SERVED DEWITT AND SURROUNDING COMMUNITIES WITH COMPASSIONATE, HIGH QUALITY CARE SINCE 1952 THROUGHOUT THE YEARS, THE HOSPITAL HAS SUCCESSFULLY RESPONDED TO A GROWING POPULATION AND AN EVOLVING HEALTH CARE DELIVERY SYSTEM GMC - DEWITT IS A NON-PROFIT, CHARITABLE ORGANIZATION GOVERNED BY THE GENESIS HEALTH SYSTEM (GHS IOWA) BOARD OF TRUSTEES AS A MEMBER OF GHS IOWA, GMC - DEWITT PATIENTS HAVE ACCESS TO EXTENDED SERVICES THAT A COMMUNITY HOSPITAL OTHERWISE MAY NOT PROVIDE THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) WHICH ENSURES THAT HIGH STANDARDS OF PATIENT CARE ARE MET JACKSON COUNTY'S ONLY HOSPITAL, JCRCH BEGAN AS THE RESULT OF A COMMUNITY VISION TO CREATE A MODERN, FULL-SERVICE HOSPITAL TO MEET THE NEEDS OF JACKSON COUNTY RESIDENTS AND THE SURROUNDING AREA THAT VISION HOLDS TRUE TODAY AS JCRHC STRIVES TO MEET THE EVER CHANGING NEEDS OF THE PEOPLE IT SERVES TODAY JCRHC IS A 25 BED JOINT COMMISSION-ACCREDITED CRITICAL ACCESS HOSPITAL OFFERING A WIDE RANGE OF INPATIENT, OUTPATIENT, EMERGENCY AND COMMUNITY HEALTH SERVICES JCRHC HAS BEEN MANAGED BY GHS IOWA SINCE JULY 2010 TO COMPLETE THE CHNA, EXISTING HEALTH-RELATED DATA WERE COLLECTED VIA THE ONLINE COMMUNITY COMMONS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT TOOL AT HTTP://WWW.COMMUNITYCOMMONS.ORG/MAPS-DATA EIGHTY-SEVEN DISTINCT HEALTH AND SOCIAL INDICATORS AT THE COUNTY LEVEL, ALONG WITH COMPARISONS TO STATE AND NATIONAL DATA, AND HEALTHY PEOPLE 2020 TARGETS, WHERE AVAILABLE ONCE AN INDICATOR REPORT WAS GENERATED, RELEVANT INDICATORS WERE REVIEWED TO DETERMINE HOW CLINTON AND JACKSON COUNTIES COMPARED TO AVAILABLE STATE/NATIONAL DATA BECAUSE THIS CHNA RELIES ON EXISTING DATASETS, IT IS LIMITED IN SCOPE TO THOSE INDICATORS CURRENTLY AVAILABLE THROUGH DATABASE COLLECTION IT DOES NOT INCLUDE A PRIMARY RESEARCH COMPONENT, AND MANY IMPORTANT ISSUES ARE UNADDRESSED (E G , MENTAL HEALTH, CHILDREN'S HEALTH, ETC), OR ONLY ADDRESSED MINIMALLY (E G , ACCESS TO HEALTHCARE) ANOTHER LIMITATION IS THAT MOST MEASURES INCLUDED IN THIS ASSESSMENT REPRESENT DATA THAT ARE SEVERAL YEARS OLD AS PART OF THIS CHNA, GENESIS MEDICAL CENTER - DEWITT CAMPUS AND JCRHC SOUGHT INPUT FROM PUBLIC HEALTH REPRESENTATIVES AND OTHER COMMUNITY STAKEHOLDERS WITH AN INTEREST IN THE HEALTH OF THE COMMUNITY THROUGH A SERIES OF DISCUSSION MEETINGS ORGANIZATIONS REPRESENTED AT THESE COMMUNITY STAKEHOLDER MEETINGS INCLUDE - CLINTON COUNTY HEALTH DEPARTMENT - JACKSON COUNTY BOARD OF HEALTH AN IMPORTANT COMPONENT TO THESE MEETINGS WAS A DISCUSSION OF THE PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS THIS QUALITATIVE INPUT WAS USED TO FURTHER INFORM THE PRIORITY ZATION PROCESS DESCRIBED LATER IN THIS SUMMARY THE FOLLOWING REPRESENT KNOWN EXISTING HEALTH CARE FACILITIES AND RESOURCES THAT ARE AVAILABLE TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY THESE LISTS ARE NOT EXHAUSTIVE AND ARE SUBJECT TO CHANGE, BUT THESE ORGANIZATIONS REPRESENT POTENTIAL PARTNERS IN IMPROVING HEALTH IN CLINTON AND JACKSON COUNTIES CLINTON COUNTY - AMERICAN RED CROSS - BEHAVIORAL HEALTH & WELLNESS CLINIC - BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER - CLINTON COUNTY HEALTH DEPARTMENT - CLINTON COUNTY VISITING NURSE ASSOCIATION - CLINTON URGENT CARE - COMMUNITY ACTION OF EASTERN IOWA - CORNERSTONE WELLNESS CENTER - DEWITT FAMILY HEALTH CLINIC - GENESIS MEDICAL CENTER, DEWITT CAMPUS - GIRLING HOME HEALTH CARE - GRAND MOUND AMBULANCE - GUARDIAN FAMILY CARE, INC - THE HEALING PLACE - LUTHERAN SERVICES IN IOWA - LOST NATION AMBULANCE - MAGGIE'S HOUSE ASSISTED LIVING - MERCY MEDICAL CENTER - PATHWAY LIVING CENTER, INC - THE PREGNANCY CENTER - SKYLINE CENTER - VISITING NURSE ASSOCIATION - WEST WING PLACE NURSING HOME - WHEATLAND MANOR & LINCOLNWAY VILLA ASSISTED LIVING - WYNDCREST NURSING HOME - WOMEN'S HEALTH SERVICES - YWCA JACKSON COUNTY - GANNON CENTER FOR COMMUNITY MENTAL HEALTH - HILLCREST FAMILY SERVICES - HOME INSTEAD SENIOR CARE - HOSPICE OF JACKSON COUNTY - JACKSON COUNTY BOARD OF HEALTH - JACKSON COUNTY REGIONAL HEALTH CENTER - LUTHERAN SERVICES - MAQUOKETA AREA FAMILY YMCA - MAQUOKETA FAMILY CLINIC - MEDICAL ASSOCIATES OF MAQUOKETA - PHYSICAL & SPORTS THERAPY SERVICES - QUAD CITY KIDNEY - WOMEN'S HEALTH SERVICES AT LEAST EVERY FIVE YEARS, LOCAL BOARDS OF HEALTH LEAD A COMMUNITY-WIDE DISCUSSION WITH STAKEHOLDERS AND RESIDENTS ABOUT THEIR COMMUNITY'S HEALTH NEEDS AFTER IDENTIFYING NEEDS IN THE COMMUNITY, THE NEXT STEP IS TO IDENTIFY OBJECTIVES AND STRATEGIES TO ADDRESS THOSE NEEDS THIS PROCESS - COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN (CHNA & HIP) - IS A FUNDAMENTAL ELEMENT IN STATEWIDE PLANNING CHNA & HIP HAS MORE THAN A 20-YEAR HISTORY IN IOWA AND REPRESENTS LOCAL ACTION TO PROMOTE AND PROTECT THE HEALTH OF IOWANS TO PRIORITIZE THE CHNA FINDINGS INTERNALLY, EACH HOSPITAL FACILITY CONSULTED A GROUP OF INTERNAL STAKEHOLDERS TO REVIEW THE CHNA FINDINGS AND PRIORITY ZED THE IDENTIFIED HEALTH NEEDS TO ESTABLISH WHICH WOULD BE BEST ADDRESSED BY TWO FACILITIES THE GROUPS CONSIDERED SEVERAL CRITERIA IN DECIDING WHICH OF THE HEALTH NEEDS TO FOCUS ON, INCLUDING THE FOLLOWING - MAGNITUDE - HOW MANY PEOPLE ARE AFFECTED BY A GIVEN HEALTH ISSUE? HOW DO WE VARY FROM STATE OR NATIONAL BENCHMARKS? HEALTHY PEOPLE 2020 TARGETS? - SERIOUSNESS & IMPACT - TO WHAT DEGREE DOES THIS HEALTH ISSUE LEAD TO DEATH OR DISABILITY, OR IMPAIR QUALITY OF LIFE? TO WHAT DEGREE DOES THIS HEALTH ISSUE IMPACT OTHER QUALITY OF LIFE AND HEALTH-RELATED ISSUES? - FEASIBILITY - WHAT IS THE LIKELIHOOD OF IMPACTING THIS HEALTH ISSUE, GIVEN AVAILABLE RESOURCES? - CONSEQUENCES OF INACTION - WHAT IS THE RISK OF EXACERBATING THE PROBLEM BY NOT ADDRESSING IT AT THE EARLIEST OPPORTUNITY? - COMMUNITY STAKEHOLDER INPUT - WAS THIS ISSUE IDENTIFIED AS A NEED IN THE COMMUNITY STAKEHOLDER MEETINGS? WHAT VULNERABLE POPULATIONS WERE IDENTIFIED?</p>
GENESIS MEDICAL CENTER - DAVENPORT	PART V, SECTION B, LINE 4 TRINITY REGIONAL HEALTH SYSTEM
GENESIS MEDICAL CENTER - DEWITT	PART V, SECTION B, LINE 4 NOT APPLICABLE
PART V, LINE 5A	GENESIS MEDICAL CENTER - DAVENPORT HTTPS://WWW.GENESISHEALTH.COM/NEWS/2012/QC-HEALTH-ASSESSMENT GENESIS MEDICAL CENTER - DEWITT HTTP://WWW.GENESISHEALTH.COM/FACILITIES/DEWITT/INDEX

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS IMAGING CENTER 53RD STREET 1970 E 53RD STREET DAVENPORT,IA 52507	O/P CARDIAC DIAGNOSTIC & REHAB CARE
MEDICAL OFFICE BUILDING #1 1228 E RUSHOLME STREET DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
VISITING NURSE ASSOC & HOSPICE HOUSE 2535 MAPLECREST ROAD BETTENDORF,IA 52272	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 W CENTRAL PARK AVENUE DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS HEALTH GROUP 865 LINCOLN ROAD BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS,IL 61282	O/P CARDIAC DIAGNOSTIC & REHAB CARE
VISITING NURSE ASSOC & HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
MOLINE HEALTHPLEX 3900 28TH AVENUE MOLINE,IL 61265	O/P CARDIAC DIAGNOSTIC & REHAB CARE
BETTENDORF IMAGING CENTER 4017 DEVILS GLEN ROAD STE 205 BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DEWITT WEST WING PLACE 1118 11TH STREET DEWITT,IA 52742	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENGASTRO LLC 2222 53RD AVENUE BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENRAD IMAGING LLC 1970 E 53RD STREET DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE
VISITING NURSE ASSOC 4711 44TH STREET STE 2 ROCK ISLAND,IL 61201	O/P CARDIAC DIAGNOSTIC & REHAB CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
ELDRIDGE FAMILY PRACTICE 301 N 4TH AVENUE ELDRIDGE,IA 52748	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DIVISION STREET CLINIC 3618 N DIVISION STREET DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS MEDICAL PARK 4017 DEVILS GLEN ROAD STE 100 BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
FAMILY PRACTICE AT WEST CAMPUS 1345 W CENTRAL PARK AVENUE DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE
NORTH FAMILY PRACTICE 210 W 53RD STREET DAVENPORT,IA 52806	O/P CARDIAC DIAGNOSTIC & REHAB CARE
CONVENIENT CARE - DAVENPORT 1520 W 53RD STREET DAVENPORT,IA 52806	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS HEALTH GROUP - SPECIALTY CLINIC 1007 NW 3RD STREET ALED0,IL 61231	O/P CARDIAC DIAGNOSTIC & REHAB CARE
SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE
SCOTT COUNTY YMCA 3800 TANGLEFOOT LANE BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
NORTHWEST FAMILY PRACTICE 1520 S 53RD STREET DAVENPORT,IA 52806	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENORTH0 LLC 2300 53RD STREET BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS PHYSICAL REHAB - CROW VALLEY 2300 53RD AVENUE STE LL02 BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ILLINI BUILDING #2 1504 10TH STREET SILVIS,IL 61282	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS PHYSICAL REHAB - VALLEY FAIR 2300 53RD STREET BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
LOMBARD PHYSICAL THERAPY 1414 W LOMBARD STREET DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
GENESIS PSYCHOLOGY ASSOCIATES 4455 E 56TH STREET DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE
SILVIS ANESTHESIOLOGY 801 ILLINI DRIVE SILVIS,IL 61282	O/P CARDIAC DIAGNOSTIC & REHAB CARE
CONVENIENT CARE - BETTENDORF 4017 DEVILS GLEN ROAD BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ILLINI BUILDING #1 903-05 ILLINI DRIVE SILVIS,IL 61282	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE,IL 61265	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DAVENPORT CLINIC 1820 W 3RD ST DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DEWITT PAVILION 1 1118 11TH STREET DEWITT,IA 52742	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DEWITT FAMILY PRACTICE 1008 11TH STREET DEWITT,IA 52742	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ELDRIDGE PHYSICAL THERAPY 170 S 4TH AVENUE ELDRIDGE,IA 52748	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS CENTER FOR BARIATRIC SURGERY 1230 E RUSHOLME STREET DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
IA CITY PEDIATRIC PT CLINIC 2451 CORAL CT CORALVILLE,IA 52241	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GHG - MERCY MEDICAL GROUP 221 MAIN AVENUE CLINTON,IA 52732	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS PLASTIC SURGERY ASSOC 5335 EASTERN AVENUE STE C DAVENPORT,IA 52804	O/P CARDIAC DIAGNOSTIC & REHAB CARE
LECLAIRE FAMILY PRACTICE - RIVERVIEW 200 S CODY ROAD LECLAIRE,IA 52751	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GHS OCCUPATIONAL HEALTH - DAVENPORT 3319 SPRING STREET DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
DEWITT AMBULANCE 1220 11TH STREET DEWITT,IA 52742	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ROCK ISLAND INTERNAL MEDICINE 2560 24TH STREET STE 202 ROCK ISLAND,IL 61201	O/P CARDIAC DIAGNOSTIC & REHAB CARE
VISITING NURSE ASSOC & HOSPICE HOUSE 611 N 2ND AVENUE CLINTON,IA 52732	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DURANT FAMILY PRACTICE 619 5TH STREET DURANT,IA 52747	O/P CARDIAC DIAGNOSTIC & REHAB CARE
BLUE GRASS FAMILY MEDICAL 413 S MISSISSIPPI BLUE GRASS,IA 52726	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS OCCUPATIONAL HEALTH 2350 41ST STREET MOLINE,IL 61265	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GENESIS PHYSICAL THERAPY AT LECLAIRE 1003 CANAL SHORE DRIVE LECLAIRE,IA 52751	O/P CARDIAC DIAGNOSTIC & REHAB CARE
MUSCATINE FAMILY PRACTICE 2104 CEDARWOOD STREET STE 200 MUSCATINE,IA 52761	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ERIE FAMILY PRACTICE 530 12TH STREET ERIE,IL 61205	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ALPHA FAMILY PRACTICE - CAJIGAL A 202 PICARD STREET ALPHA,IL 61413	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GHG - LOWDEN FAMILY PRACTICE 305 MCKINLEY AVENUE LOWDEN,IA 52255	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GHS - AUGUSTANA PT CLINIC 639 38TH STREET ROCK ISLAND,IL 61201	O/P CARDIAC DIAGNOSTIC & REHAB CARE
GHS - U OF IA PEDIATRIC GASTRO 2222 53RD AVENUE BETTENDORF,IA 52722	O/P CARDIAC DIAGNOSTIC & REHAB CARE
EAP - DAVENPORT 1910 E KIMBERLY DAVENPORT,IA 52806	O/P CARDIAC DIAGNOSTIC & REHAB CARE
ROCK ISLAND ARSENAL FAMILY PRACTICE 1634 WHITTEMORE STE 101 ROCK ISLAND,IL 61299	O/P CARDIAC DIAGNOSTIC & REHAB CARE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
PHYSICAL THERAPY & SPORTS MEDICINE 1702 E 53RD STREET DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE
DAV OBGYN 3319 SPRING STREET DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE
SILVIS SURGICAL ASSOCIATES 1801 E 54TH STREET DAVENPORT,IA 52807	O/P CARDIAC DIAGNOSTIC & REHAB CARE
VISITING NURSE ASSOCIATION KID'S NEST 606 W 2ND STREET DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
EAP - MUSCATINE 1605 PLAZA PLACE MUSCATINE,IA 52761	O/P CARDIAC DIAGNOSTIC & REHAB CARE
EAP - ROCK ISLAND 2100 18TH AVENUE ROCK ISLAND,IL 61201	O/P CARDIAC DIAGNOSTIC & REHAB CARE
EAP - CLINTON 1127 N 2ND STREET CLINTON,IA 52732	O/P CARDIAC DIAGNOSTIC & REHAB CARE
MEDICAL OFFICE BUILDING #2 1230 E RUSHOLME STREET DAVENPORT,IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTH SYSTEM

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
42-1418847

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13

3 Enter total number of other organizations listed in the line 1 table 1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) GRANTS FOR RESEARCH STUDIES		90,993			
(2) MEDICAL SUPPLIES TO INDIVIDUALS/MEDICAL MISSION			14,116	FAIR MARKET VALUE	MEDICAL SUPPLIES

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 42-1418847
Name: GENESIS HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST 1227 E RUSHOLME STREET DAVENPORT,IA 52803	39-1905171	501(C)(3)	1,339,624				CLAIM PAYMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	209,432	1,362	FMV	NEWSPAPER ADS	CONTRIBUTION TO HOSPITAL MUTUAL ASSISTANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEWITT AREA FOUNDATION 827 6TH AVENUE DEWITT,IA 52742	42-1296691	501(C)(3)	50,000				STAR 2014 PLEDGE ARTS AND RECREATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB QUAD CITIES 1234 E RIVER DRIVE DAVENPORT,IA 52803	42-1446989	501(C)(3)	48,200				CAMP GENESIS/SPONSORSHIP FOR NICHOLAS SPARKS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORN BELT RUNNING CLUB ROAD RUNNERS CLUB OF AMERICA 315 E GEORGE WASHINGTON BLVD DAVENPORT,IA 52803	42-0823980	501(C)(3)	40,000				BIX RACE SPONSORSHIP 2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER 5005 LBJ FREEWAY DALLAS,TX 75244	75-1835298	501(C)(3)	31,586				SPONSORSHIP FOR RACE FOR THE CURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT COUNTY FAMILY Y 606 WEST 2ND STREET DAVENPORT,IA 52801	42-0703278	501(C)(3)	30,000				SPONSORSHIP FOR CAMP GENESIS PARTNER WITH YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA HOSPITAL EDUCATION AND RESEARCH FOUNDATION 100 EAST GRAND DES MOINES,IA 50309	42-0981889	501(C)(3)	27,416				CONTRIBUTION TO HOSPITAL MUTUAL ASSISTANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY SYMPHONY 327 BRADY STREET DAVENPORT,IA 52801	46-6017663	501(C)(3)	25,000				SPONSORSHIP HOLIDAY POPS CONCERT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY FOOD HUB 226 WEST FOURTH STREET DAVENPORT,IA 52801	46-0648817	501(C)(3)	25,000				DONATION TO QC FOOD HUB

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM YOUNG UNIVERSITY ALUMNI ASSOCIATION PO BOX 21128 PROVO, UT 84602	87-0217280	501(C)(3)	10,000				DONATION TO BYU ALUMNI ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASTING FOR RECOVERY INC PO BOX 1123 MANCHESTER, VT 05254	03-0354382	501(C)(3)	10,000				CANCER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITIES CHAMBER OF COMMERCE 130 WEST SECOND STREET DAVENPORT,IA 52801	42-1500610	501(C)(6)	7,500				SPONSORSHIP GOVERNORS STATE OF STATE & IA & IL LEGISLATIVE FORUMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND, IL 61201	42-1366753	501(C)(3)	7,000				SPONSORSHIP SEASON

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II **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 (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	GENESIS HEALTH SYSTEM (GHS IOWA) PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE 1A TRAVEL FOR COMPANIONS IN TAX YEAR 2013, THE FOLLOWING TYPES OF LISTED INDIVIDUALS REPORTED IN PART VII RECEIVED THE TRAVEL FOR COMPANIONS BENEFIT 7 DIRECTORS, 4 OFFICERS, 2 KEY EMPLOYEES, 1 HIGHEST COMPENSATED EMPLOYEE, AND 2 FORMER KEY EMPLOYEES ALL INDIVIDUALS REIMBURSED GHS IOWA IN FULL AND NONE OF THE BENEFIT WAS LISTED AS TAXABLE COMPENSATION GROSS-UP PAYMENTS THIS BENEFIT IS OFFERED TO QUALIFYING EXECUTIVES WHO HAD CONTRIBUTIONS MADE ON THEIR BEHALF IN THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN CONTRIBUTIONS TO THE PLAN ARE INCLUDED WITH REPORTABLE COMPENSATION FOR INDIVIDUALS WITH VESTED CONTRIBUTIONS JAMES A LEHMAN RECEIVED THIS BENEFIT IN 2013 SEE ADDITIONAL INFORMATION PROVIDED BELOW
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT SAVINGS BENEFIT PLAN IN 2013 SPONSORED BY GHS IOWA DOUGLAS P CROPPER - \$117,004, ROBERT W FRIEDEN - \$82,574, RICHARD M KISHIUE, M D - \$148,722, MARK G ROGERS - \$49,636 AND FLORENCE L SPYROW - \$281,826 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY GHS IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2013 THIS INFORMATION IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II THE FOLLOWING INDIVIDUALS ALSO PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT SAVINGS BENEFIT PLAN IN 2013 SPONSORED BY GHS IOWA JACQUELINE K ANHALT 47,008, DOUGLAS P CROPPER - \$117,004, WAYNE A DIEWALD - \$129,000, JOSEPH L LOHMULLER, M D - \$66,502, MARK G ROGERS - \$49,636, FLORENCE L SPYROW - \$47,580 AND KEVIN L YOUMANS - \$33,800 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY GHS IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2013 THIS INFORMATION IS INCLUDED IN DEFERRED COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II
FORM 990, SCHEDULE J, PART II, COLUMN F	THE FOLLOWING INDIVIDUALS ALSO PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT SAVINGS BENEFIT PLAN IN 2009, 2010, 2011, 2012 AND 2013 SPONSORED BY GENESIS HEALTH SYSTEM (GHS IOWA) RICHARD M KISHIUE, M D - \$76,635 AND FLORENCE L SPYROW - \$172,872 THE DOLLAR AMOUNT REPRESENTS THE PRIOR YEAR CONTRIBUTIONS MADE BY GHS IOWA ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2009, 2010, 2011 AND 2012 THIS INFORMATION WAS INCLUDED IN DEFERRED COMPENSATION ON THE PRIOR YEARS' FORM 990, PART VII AND SCHEDULE J, PART II THESE INDIVIDUALS REACHED A SPECIFIED LEVEL OF VESTING IN 2013, SO THE DOLLAR AMOUNT IS NOW INCLUDED IN 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 PRIOR FORM 990 ON THE CURRENT YEAR FORM 990, SCHEDULE J, PART II

Additional Data

Software ID:
Software Version:
EIN: 42-1418847
Name: GENESIS HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DOUGLAS P CROPPER PRESIDENT/CEO GHS	(i) (ii)	643,736 0	188,962 0	136,574 0	128,504 0	21,369 0	1,119,145 0	0 0
GEORGE J KONTOS JR MD DIRECTOR	(i) (ii)	451,523 0	5,836 0	72,660 0	11,250 0	18,514 0	559,783 0	0 0
MARK G ROGERS V P FINANCE/CFO/ASST TREASURER	(i) (ii)	310,175 0	97,204 0	109,216 0	62,436 0	14,112 0	593,143 0	0 0
JACQUELINE K ANHALT V P PATIENT SERVICES	(i) (ii)	182,757 0	19,689 0	9,679 0	60,316 0	17,861 0	290,302 0	0 0
WAYNE A DIEWALD CHIEF OPERATING OFFICER	(i) (ii)	425,137 0	92,235 0	4,690 0	140,500 0	15,174 0	677,736 0	0 0
ROBERT W FRIEDEN V P INFORMATION SERVICES	(i) (ii)	248,278 0	39,267 0	114,969 0	11,389 0	18,902 0	432,805 0	0 0
RICHARD M KISHIUE MD PRESIDENT, GHG	(i) (ii)	328,832 0	37,784 0	205,044 0	6,708 0	7,940 0	586,308 0	76,635 0
JOSEPH L LOHMULLER MD CHIEF MEDICAL OFFICER	(i) (ii)	233,270 0	39,236 0	16,520 0	76,516 0	16,720 0	382,262 0	0 0
FLORENCE L SPYROW SENIOR VICE PRESIDENT	(i) (ii)	250,588 66,612	43,070 11,449	236,434 62,849	46,673 12,407	1,864 496	578,629 153,813	172,872 0
KEVIN L YOUMANS V P OUTPATIENT SERVICES	(i) (ii)	123,425 0	20,000 0	15,222 0	33,800 0	11,812 0	204,259 0	0 0
KURT A ANDERSEN MD PHYSICIAN	(i) (ii)	422,080 0	31,613 0	36,103 0	8,750 0	17,636 0	516,182 0	0 0
NICHOLAS AUGELLI MD PHYSICIAN	(i) (ii)	694,719 0	0 0	204,580 0	11,500 0	19,318 0	930,117 0	0 0
MATTHEW L NEIL MD PHYSICIAN	(i) (ii)	425,347 0	16,417 0	54,337 0	8,500 0	21,289 0	525,890 0	0 0
TODD RIDENOUR MD PHYSICIAN	(i) (ii)	830,399 0	0 0	18,570 0	11,000 0	20,106 0	880,075 0	0 0
MICHAEL E SCHRECK MD PHYSICIAN	(i) (ii)	327,972 0	0 0	156,353 0	11,500 0	18,097 0	513,922 0	0 0
WILLIAM LANGLEY MD FORMER EXECUTIVE DIRECTOR	(i) (ii)	225,810 0	30,654 0	30,065 0	32,664 0	15,499 0	334,692 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	46246PLP4	06-24-2010	95,545,195	REFUND 12-23-97 AND 08-02-00 BOND ISSUE, RENOVATE AND EQUIP FACILITY		X		X		X
B	IOWA FINANCE AUTHORITY	52-1699886	46246PMG3	11-26-2013	121,000,000	CONSTRUCT AND EQUIP EAST CAMPUS TOWER		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				17,560,000							
2	Amount of bonds legally defeased											
3	Total proceeds of issue				95,545,195		125,205,892					
4	Gross proceeds in reserve funds						111,012,783					
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				1,478,186		1,267,563					
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				23,700,000		12,925,546					
11	Other spent proceeds				70,367,009							
12	Other unspent proceeds											
13	Year of substantial completion				2010		2017					
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X			X				
15	Were the bonds issued as part of an advance refunding issue?					X		X				
16	Has the final allocation of proceeds been made?				X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 910 %		0 910 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 910 %		0 910 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN E & PART II, LINE 3, COLUMN A	A PREMIUM OF \$4,550,195 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN E & PART II, LINE 3, COLUMN B	A PREMIUM OF \$3,950,091 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE FURTHERMORE, \$255,801 WAS EARNED BY INVESTING THE RESERVE FUNDS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

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

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ► \$											

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - GENVENTURES, INC MARK G ROGERS AND ROGER J HILL ARE OFFICERS, JAMES W KOEHLER IS A DIRECTOR AND FLORENCE L SPYROW IS A KEY EMPLOYEE OF GENESIS HEALTH SYSTEM (GHS IOWA) AND ARE REPORTED ON THE FORM 990, PART VII DURING THE TAX YEAR, MARK G ROGERS, ROGER J HILL AND JAMES W KOEHLER WERE OFFICERS AND FLORENCE L SPYROW WAS A DIRECTOR OF GENVENTURES, INC
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - LANE & WATERMAN LLPDANA C WATERMAN III IS A DIRECTOR OF GENESIS HEALTH SYSTEM (GHS IOWA) AND AN INFLUENTIAL MEMBER OF THE MANAGING TEAM OF LANE & WATERMAN LLP
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - LARSON CENTER PARTNERSHIPFLORENCE L SPYROW IS A KEY EMPLOYEE OF GENESIS HEALTH SYSTEM (GHS IOWA) AND AN OFFICER OF THE LARSON CENTER PARTNERSHIP GENESIS HEALTH SYSTEM (GHS ILLINOIS), A RELATED ORGANIZATION, IS A PARTNER IN THE LARSON CENTER PARTNERSHIP WITH A CONTROLLING OWNERSHIP INTEREST
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - CARDIOVASCULAR MEDICINE, PCEDMUND P COYNE, JR , M D IS A DIRECTOR OF GENESIS HEALTH SYSTEM (GHS IOWA) AND IS ALSO A DIRECTOR OF CARDIOVASCULAR MEDICINE, PC
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - BUSH CONSTRUCTION COMPANY, INC GREGORY J BUSH IS THE CHAIRMAN OF BUSH CONSTRUCTION COMPANY, INC AND THE TREASURER OF THE GENESIS HEALTH SYSTEM (GHS IOWA) BOARD
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - QUAD CITY BANK & TRUST COMPANYMARK C KILMER IS THE CHAIRMAN OF THE BOARD OF QUAD CITY BANK & TRUST COMPANY AND A DIRECTOR OF THE GENESIS HEALTH SYSTEM (GHS IOWA) BOARD
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - HEALTH ENTERPRISESDOUGLAS P CROPPER IS THE BOARD PRESIDENT/CEO OF GENESIS HEALTH SYSTEM (GHS IOWA) AND A DIRECTOR ON THE BOARD OF HEALTH ENTERPRISES
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - LISA ROGALSKILISA ROGALSKI IS THE DAUGHTER-IN-LAW OF EDWARD J ROGALSKI, PH D , DIRECTOR OF GENESIS HEALTH SYTEM (GHS IOWA)
FORM 990, SCHEDULE L , PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - ERIN E MOORE-WATERMANERIN E MOORE-WATERMAN IS THE DAUGHTER-IN-LAW OF C DANA WATERMAN III, DIRECTOR OF GENESIS HEALTH SYSTEM (GHS IOWA)

Additional Data

Software ID:
Software Version:
EIN: 42-1418847
Name: GENESIS HEALTH SYSTEM

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GENVENTURES INC	SEE BELOW IN PART V	26,198,523	GENVENTURES, INC PAID GENESIS HEALTH SYSTEM (GHS IOWA) AS A COMMON PAYMASTER AND REIMBURSEMENT OF INTEREST		No
(2) GENVENTURES INC	SEE BELOW IN PART V	6,783,183	GENESIS HEALTH SYSTEM (GHS IOWA) PAID GENVENTURES, INC FOR FACILITY LEASE PAYMENTS, MEDICAL SUPPLIES, LAUNDRY SERVICES, AND A LOAN ADVANCE		No
(3) LARSON CENTER PARTNERSHIP	SEE BELOW IN PART V	1,217,628	FACILITY LEASE PAYMENTS		No
(4) CARDIOVASCULAR MEDICINE PC	SEE BELOW IN PART V	938,204	HEALTHCARE PROFESSIONAL SERVICES		No
(5) LANE & WATERMAN LLP	SEE BELOW IN PART V	848,145	LEGAL SERVICES		No
(6) BUSH CONSTRUCTION COMPANY INC	SEE BELOW IN PART V	411,429	CONSTRUCTION SERVICES		No
(7) QUAD CITY BANK & TRUST COMPANY	SEE BELOW IN PART V	221,132	INTEREST EXPENSE, DEPOSIT ACCOUNT, CREDIT CARD SERVICE, LOCK BOX FEES, AND INTEREST INCOME		No
(8) HEALTH ENTERPRISES	SEE BELOW IN PART V	194,847	HEALTHCARE SUPPORT SERVICES		No
(9) LISA ROGALSKI	SEE BELOW IN PART V	103,600	REPORTABLE COMPENSATION AS AN EMPLOYEE		No
(10) ERIN E MOORE-WATERMAN	SEE BELOW IN PART V	28,197	ERIN E MOORE-WATERMAN RECIEVES COMPENSATION FROM GENESIS HEALTH SYSTEM (GHS IOWA) AS A MEDICAL LIBRARIAN		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISCELLANEOUS)	X	1	57,973	FAIR MARKET VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number

42-1418847

Return Reference	Explanation
FORM 990, PART I, LINE 4 & PART VI, SECTION A, LINE 1B	THE FOLLOWING GENESIS HEALTH SYSTEM (GHS IOWA) DIRECTOR IS NOT INDEPENDENT DUE TO TRANSACTIONS WITH GENVENTURES, INC , A RELATED TAXABLE ORGANIZATION EDWIN V MOTTO, M D THE FOLLOWING GENESIS HEALTH SYSTEM (GHS IOWA) DIRECTOR IS NOT INDEPENDENT DUE TO A FAMILY MEMBER'S TRANSACTIONS WITH GHS IOWA REPORTED ON SCHEDULE L EDWARD J ROGALSKI, PH D

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	INTERNAL MANAGEMENT REVIEW IS COMPLETED OF THE COMPILED INFORMATION PRIOR TO PREPARATION AND REVIEW BY 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.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EACH EXECUTIVE POSITION IS EVALUATED USING A FORMAL EVALUATION PLAN THAT IS ESTABLISHED BY AN OUTSIDE CONSULTANT. AT THE PRESENT TIME, THE CONSULTANT USES A POINT SYSTEM FOR JOB EVALUATION. THE POINT VALUES ARE BASED ON "KNOW HOW", "PROBLEM SOLVING", "ACCOUNTABILITY", AND OTHER JOB 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 HEALTH SYSTEM (GHS IOWA) BOARD OF DIRECTORS APPROVAL. PAY RANGES ARE REVIEWED EACH YEAR TO DETERMINE THE NEED FOR REVISION. WHEN MARKET CONDITIONS SUGGEST AN ADJUSTMENT TO PAY RANGES, DATA WILL BE PRESENTED TO THE COMPENSATION COMMITTEE FOR ITS REVIEW. THE SPECIFIC PAY RANGES ARE SUBJECT TO CEO, COMPENSATION COMMITTEE, AND GHS IOWA BOARD OF DIRECTOR APPROVAL. THE PRESIDENT AND CEO HAS THE AUTHORITY AND RESPONSIBILITY TO ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE AND THE GHS IOWA BOARD OF DIRECTORS, THE BASE COMPENSATION OF EACH EXECUTIVE EMPLOYED BY GHS IOWA, AT APPROPRIATE TIMES. THE GHS IOWA BOARD OF DIRECTORS SHALL ESTABLISH AND ADJUST, WITHIN THE RANGE APPROVED BY THE COMPENSATION COMMITTEE, THE BASE COMPENSATION FOR THE CEO OF GHS IOWA, AT APPROPRIATE TIMES. THE LAST TIME THIS PROCESS WAS FORMALLY UNDERTAKEN WAS NOVEMBER 2012.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF RETIREMENT -2,438,081 CHANGE IN NET ASSETS OF GENESIS HEALTH SERVICES FOUNDATION 713,522

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GENESIS HEALTH SYSTEM

Employer identification number
42-1418847

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GENESIS ACCOUNTABLE CARE ORGANIZATION LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 45-4168932	ACCOUNTABLE CARE SERVICES	IA	-450,504	1,970,087	GENESIS HEALTH SYSTEM (GHS IOWA)
(2) SPIN ECHO LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1491373	PROPERTY MANAGEMENT	IA	138,232	1,603,464	GENVENTURES INC

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) GENESIS HEALTH SYSTEM (GHS ILLINOIS) 801 ILLINI DRIVE SILVIS, IL 61282 36-3616314	HEALTHCARE	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(2) GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1421670	CHARITY	IA	501(C)(3)	LINE 7	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(3) GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST 1227 E RUSHOLME STREET DAVENPORT, IA 52803 39-1905171	EMPLOYEE/BENEFIT/TRUST	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(4) DAVENPORT HOSPITAL AMBULANCE CORPORATION 1204 E HIGH STREET DAVENPORT, IA 52803 42-1186903	AMBULANCE TRANSFERS	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(5) GENESIS SENIOR LIVING ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475803	SENIOR LIVING SERVICES	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(6) GENESIS MEDICAL CENTER ALEDO 409 NW NINTH AVENUE ALEDO, IL 61231 45-4475683	HEALTHCARE	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(7) GENESIS PHILANTHROPY 1227 E RUSHOLME STREET DAVENPORT, IA 52803 46-2452851	CHARITY	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA 52722 56-2315623	AMBULATORY SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	RELATED	3,547,756	151,238		No			No	93 450 %
(2) SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT, IA 52807 42-1483989	OUTPATIENT SURGICAL CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	RELATED	1,212,007	2,710,986		No			No	74 680 %
(3) LARSON CENTER PARTNERSHIP 801 ILLINI DRIVE SILVIS, IL 61282 36-3738454	PROPERTY MANAGEMENT	IL	N/A									
(4) GENORTHO LLC 2300 53RD AVENUE BETTENDORF, IA 52722 20-3406994	ORTHOPAEDIC SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	RELATED	1,555,750	1,052,955		No			No	52 220 %
(5) GENRAD IMAGING LLC 1970 E 53RD ST DAVENPORT, IA 52807 45-3571628	DIAGNOSTIC IMAGING CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	RELATED	2,074,273	11,182,268		No			No	50 000 %
(6) GENESIS ONCOLOGY CO - MANAGEMENT LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 45-4456824	ONCOLOGY PROGRAM MANAGEMENT	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	RELATED	7,413	68,804		No			No	76 110 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENVENTURES INC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1269171	SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	GENESIS HEALTH SYSTEM (IOWA)	C	-334,362	47,107,805	100 000 %	Yes	
(2) GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT, IA 52803 42-1504979	HEALTHCARE MANAGEMENT	IA	GENESIS HEALTH SYSTEM (IOWA)	C			100 000 %	Yes	
(3) MISERICORDIA ASSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN CJ 98-0457943	OTHER FINANCIAL VEHICLE	CJ	GENESIS HEALTH SYSTEM (IOWA)	C		29,205,556	100 000 %	Yes	
(4) MOB 1 OWNERS' ASSOCIATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 27-0865075	PROPERTY MANAGEMENT	IA	N/A	C				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 42-1418847
Name: GENESIS HEALTH SYSTEM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) GENESIS HEALTH SYSTEM (GHS ILLINOIS) 801 ILLINI DRIVE SILVIS, IL 61282 36-3616314	HEALTHCARE	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(1) GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1421670	CHARITY	IA	501(C)(3)	LINE 7	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(2) GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST 1227 E RUSHOLME STREET DAVENPORT, IA 52803 39-1905171	EMPLOYEE/BENEFIT/TRUST	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(3) DAVENPORT HOSPITAL AMBULANCE CORPORATION 1204 E HIGH STREET DAVENPORT, IA 52803 42-1186903	AMBULANCE TRANSFERS	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(4) GENESIS SENIOR LIVING ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475803	SENIOR LIVING SERVICES	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(5) GENESIS MEDICAL CENTER ALEDO 409 NW NINTH AVENUE ALEDO, IL 61231 45-4475683	HEALTHCARE	IL	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(6) GENESIS PHILANTHROPY 1227 E RUSHOLME STREET DAVENPORT, IA 52803 46-2452851	CHARITY	IA	501(C)(3)	LINE 11A, I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GENVENTURES INC	A	931,164	FAIR MARKET VALUE
DAVENPORT HOSPITAL AMBULANCE CORPORATION	A	6,084	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	B	1,339,624	FAIR MARKET VALUE
GENESIS HEALTH SERVICES FOUNDATION	B	740,248	FAIR MARKET VALUE
GENESIS HEALTH SERVICES FOUNDATION	B	210,794	FAIR MARKET VALUE
GENESIS HEALTH SERVICES FOUNDATION	B	119,124	FAIR MARKET VALUE
GENESIS HEALTH SERVICES FOUNDATION	C	425,871	FAIR MARKET VALUE
GENGASTRO LLC	H	3,543,825	FAIR MARKET VALUE
GENORTHO LLC	H	1,478,825	FAIR MARKET VALUE
SPRING PARK SURGERY CENTER LLC	H	1,199,633	FAIR MARKET VALUE
GENVENTURES INC	K	6,742,990	FAIR MARKET VALUE
LARSON CENTER PARTNERSHIP	K	617,026	FAIR MARKET VALUE
LARSON CENTER PARTNERSHIP	K	600,601	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM (GHS ILLINOIS)	K	161,919	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST	L	409,341	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM (GHS ILLINOIS)	M	10,583,154	FAIR MARKET VALUE
MISERICORDIA ASSURANCE COMPANY LTD	M	6,950,763	FAIR MARKET VALUE
GENESIS MEDICAL CENTER ALEDO	M	3,995,039	FAIR MARKET VALUE
DAVENPORT HOSPITAL AMBULANCE CORPORATION	M	310,852	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Q	81,776,002	FAIR MARKET VALUE
GENVENTURES INC	Q	26,169,957	FAIR MARKET VALUE
GENESIS MEDICAL CENTER ALEDO	Q	23,389,921	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Q	8,456,160	FAIR MARKET VALUE
GENESIS HEALTH SERVICES FOUNDATION	Q	1,533,151	FAIR MARKET VALUE
GENESIS PHILANTHROPY	Q	127,955	FAIR MARKET VALUE

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

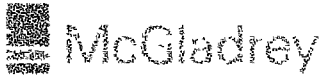
(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GENVENTURES INC	R	8,770,126	FAIR MARKET VALUE
GENVENTURES INC	R	4,567,739	FAIR MARKET VALUE
GENESIS HEALTH SYSTEM (GHS ILLINOIS)	R	208,470	FAIR MARKET VALUE
GENESIS SENIOR LIVING ALEDO	S	7,115,571	FAIR MARKET VALUE

Genesis Health System and Related Organizations

Consolidated Financial Report
June 30, 2014

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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, 2014 and 2013, 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 constituting approximately 3% and 4%, respectively, of the related consolidated total assets as of June 30, 2014 and 2013, and total revenue constituting approximately 1% of consolidated total revenue for each of the years then ended. 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, 2014 and 2013, 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

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 changes in net assets 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 audits 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 auditors 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.

McGladrey LLP

Davenport, Iowa
October 22, 2014

**Genesis Health System
and Related Organizations**

**Consolidated Balance Sheets
June 30, 2014 and 2013**

Assets	2014	2013
Current Assets		
Cash and cash equivalents	\$ 68,999,498	\$ 75,980,412
Short-term investments	658,377	648,632
Receivables		
Patients, net	79,592,556	85,722,863
Other	27,255,114	29,036,220
Inventories, supplies and materials	12,694,450	12,916,985
Prepaid expenses and deposits	6,505,390	7,004,060
Total current assets	195,705,385	211,309,172
Investments	63,028,063	61,651,493
Assets Limited as to Use		
Internally designated	200,065,142	174,235,597
Under bond indenture, funds held by trustee	111,012,884	-
Interest in net assets of Foundation	1,503,179	994,059
Donor restricted	22,534,768	19,004,081
	335,115,973	194,233,737
Property and Equipment, net	265,825,514	252,290,286
Other Assets		
Bond issuance costs, net	1,041,950	664,837
Goodwill	31,204,225	30,730,877
Overfunded status of retirement plan	8,058,376	2,665,857
Other	154,139	321,490
	40,458,690	34,383,061
	\$ 900,133,625	\$ 753,867,749

See Notes to Consolidated Financial Statements

Liabilities and Net Assets	2014	2013
Current Liabilities		
Current maturities of long-term debt	\$ 8,861,422	\$ 8,421,389
Accounts payable	25,177,336	28,094,315
Accrued salaries and wages	10,259,429	10,541,034
Accrued paid leave	16,075,084	17,792,684
Due to third-party payors	10,423,726	8,568,819
Unpaid losses and loss adjustment expenses	15,767,359	12,685,044
Other accrued expenses	10,324,160	8,429,423
Total current liabilities	96,888,516	94,532,708
Long-Term Debt, less current maturities	194,118,821	79,273,240
Unpaid Losses and Loss Adjustment Expenses, Retirement Benefits and Other Long-Term Liabilities	32,048,437	34,292,885
Total liabilities	323,055,774	208,098,833
Commitments and Contingent Liabilities (Note 11)		
Net Assets		
Unrestricted	544,402,637	517,156,303
Noncontrolling interests - unrestricted	8,343,876	8,455,723
Temporarily restricted	20,227,110	16,175,239
Permanently restricted	4,104,228	3,981,651
	577,077,851	545,768,916
	\$ 900,133,625	\$ 753,867,749

**Genesis Health System
and Related Organizations**

**Consolidated Statements of Operations
Years Ended June 30, 2014 and 2013**

	2014	2013
Change in unrestricted net assets		
Unrestricted revenue		
Patient service revenue, net of contractual adjustments	\$ 557,609,032	\$ 548,703,386
Less provision for doubtful accounts	36,045,483	35,672,919
Net patient service revenue	521,563,549	513,030,467
Other service revenue, net of cost of revenue		
2014 \$12,074,058, 2013 \$11,426,714	5,129,167	5,870,389
Medical office building rental revenue	2,051,026	2,120,240
Other revenue	26,048,193	31,438,387
Total revenue	554,791,935	552,459,483
Expenses		
Salaries and wages	254,445,842	239,375,705
Employee benefits	49,300,354	47,510,837
Contracted professionals and services	35,746,405	48,719,607
Supplies	89,876,702	83,721,196
Other	83,859,373	75,478,431
Interest	3,238,385	4,069,575
Depreciation and amortization	36,797,188	36,277,950
Total expenses	553,264,249	535,153,301
Operating income	1,527,686	17,306,182
Nonoperating gains and losses		
Interest and dividend income and realized gains		
on sales of investments	23,158,882	11,782,407
Current year change in unrealized gains on trading securities	3,573,211	6,838,810
Other nonoperating income	2,619,517	4,245,995
Nonoperating gains	29,351,610	22,867,212
Excess of revenue over expenses	30,879,296	40,173,394
Less excess of revenue over expenses attributable to noncontrolling interests	(1,194,881)	(1,340,443)
Excess of revenue over expenses attributable to Genesis Health System	29,684,415	38,832,951
Change in unrecognized funded status of retirement plan	(2,438,081)	13,291,089
Increase in unrestricted net assets	\$ 27,246,334	\$ 52,124,040

See Notes to Consolidated Financial Statements

**Genesis Health System
and Related Organizations**

**Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2014 and 2013**

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Noncontrolling Interests - Unrestricted Net Assets	Total Net Assets
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	-	-	-	(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
Excess of revenue over expenses	29,684,415	-	-	1,194,881	30,879,296
Change in unrecognized funded status of retirement plan	(2,438,081)	-	-	-	(2,438,081)
Contributions, investment income and other	-	5,258,527	122,577	-	5,381,104
Net assets released from restrictions, for operating activities	-	(1,715,776)	-	-	(1,715,776)
Change in interest in net assets of Foundation	-	509,120	-	-	509,120
Distributions to noncontrolling interests	-	-	-	(1,306,728)	(1,306,728)
Change in net assets	27,246,334	4,051,871	122,577	(111,847)	31,308,935
Net assets, June 30, 2014	\$ 544,402,637	\$ 20,227,110	\$ 4,104,228	\$ 8,343,876	\$ 577,077,851

See Notes to Consolidated Financial Statements

**Genesis Health System
and Related Organizations**

**Consolidated Statements of Cash Flows
Years Ended June 30, 2014 and 2013**

	2014	2013
Cash Flows from Operating Activities		
Change in net assets	\$ 31,308,935	\$ 52,980,273
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	36,517,491	35,953,462
Amortization	279,697	324,488
Change in interest in net assets of Foundation	(509,120)	(221,727)
Loss on disposal of property and equipment	62,429	430,752
Earnings less than distributions of associated companies	692,339	105,269
Excess of fair value over consideration paid for acquisitions	-	(3,261,704)
Restricted contributions	(1,727,769)	(851,245)
Realized and unrealized (gains) on investments	(25,599,642)	(15,086,951)
Net changes in assets and liabilities		
(Increase) decrease in patient and other receivables	7,911,413	(4,056,592)
(Increase) decrease in inventories, supplies and materials	222,535	(81,734)
(Increase) decrease in prepaid expenses and deposits	498,670	(256,949)
(Increase) in funded status of retirement plan	(5,392,519)	(19,652,014)
Increase (decrease) in accounts payable	(2,916,979)	3,741,250
Increase in accrued expenses, due to third-party payors, retirement benefits and other	2,588,306	1,048,442
Net cash provided by operating activities	43,935,786	51,115,020
Cash Flows from Investing Activities		
Purchase of property and equipment	(50,258,404)	(36,900,417)
Proceeds from sale of equipment	143,256	10,897
Cash received upon acquisition of Aledo organizations	-	3,431,975
Cash paid upon acquisition of Aledo organizations	-	(2,246,380)
Purchase of investments	(323,097,304)	(59,442,651)
Proceeds from sale of investments	206,245,176	55,291,599
Change in other assets	(1,009,147)	9,747
Net cash (used in) investing activities	(167,976,423)	(39,845,230)
Cash Flows from Financing Activities		
Principal payments on long-term debt, including capital lease obligations	(8,421,561)	(9,774,754)
Proceeds from long-term debt	124,950,091	-
Payment of bond issuance costs	(1,196,576)	-
Restricted contributions	1,727,769	851,245
Net cash provided by (used in) financing activities	\$ 117,059,723	\$ (8,923,509)

(Continued)

**Genesis Health System
and Related Organizations**

**Consolidated Statements of Cash Flows (Continued)
Years Ended June 30, 2014 and 2013**

	2014	2013
Net increase (decrease) in cash and cash equivalents	\$ (6,980,914)	\$ 2,346,281
Cash and cash equivalents		
Beginning	75,980,412	73,634,131
Ending	<u><u>\$ 68,999,498</u></u>	<u><u>\$ 75,980,412</u></u>
Supplemental Disclosure of Cash Flow Information, cash payments for interest, including capitalized interest 2014 \$3,974,212, 2013 \$128,089	\$ 7,212,597	\$ 4,197,699
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		<u><u>\$ 3,261,704</u></u>

See Notes to Consolidated Financial Statements

Genesis Health System and Related Organizations

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 (GMC – Aledo) and Genesis Senior Living – Aledo (GSL – Aledo), and is a partner in The Larson Center Partnership.

GHS Iowa, GHS Illinois, GMC – Aledo and GSL – Aledo collectively represent the Obligated Group on certain components of the System'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 health services to the residents of eastern Iowa and western Illinois.

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

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

Genesis Medical Center – DeWitt (GMC – DeWitt) is certified as a critical access hospital, which has 13-acute care and swing beds, and has a 77-bed long-term care facility, which provides services from its facility in DeWitt, Iowa.

Genesis 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 – Silvis (GMC – Silvis) 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.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

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

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

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

On February 1, 2013, GMC – Aledo and GSL – Aledo acquired all of the assets and assumed all the liabilities of the hospital and nursing home in Aledo, Illinois from Mercer County, Illinois. The assets acquired exceed the liabilities assumed and consideration paid by approximately \$3,261,000, a contribution which was presented as a component of other nonoperating income for the year ended June 30, 2013.

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.

GenGastro, LLC (d/b/a the Center for Digestive Health) is a limited liability company, which operates a single-specialty gastroenterology ambulatory surgery center located in Bettendorf, Iowa. Upon obtaining a controlling interest, the System consolidated the accounts of GenGastro, LLC in its consolidated financial statements in January 2011. Genesis Health System maintains a 75% ownership interest in GenGastro, LLC as of June 30, 2014 and 2013.

The Larson Center Partnership (LCP) is a for-profit real estate partnership which owns a medical office building adjacent to GMC – Silvis and leases space for clinics, laboratory, pharmacy and offices to GMC – Silvis 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 Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

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

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

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

Genesis Philanthropy is a wholly-owned tax-exempt entity formed in 2013, which partners 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 Health System and its related organizations are collectively referred to as the System.

Significant accounting policies:

Principles of consolidation 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).

Cash and cash equivalents 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.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

Patient receivables and net patient service revenue 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.

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 doubtful accounts. 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 third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System 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.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

The System's allowance for doubtful accounts and charity care, for all payors, increased from 9% of accounts receivable at June 30, 2013, to 11% of accounts receivable at June 30, 2014. In addition, the System's provision for doubtful accounts, for all payors, increased approximately \$1,420,000 from \$35,673,000 to \$37,093,000 for the years ended June 30, 2013 and 2014, 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, 2014. The System has not changed its charity care or uninsured discount policies during the year ended June 30, 2014.

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 for the years ended June 30, 2014 and 2013, was as follows:

	2014	2013
Third-party payor	\$ 477,404,828	\$ 478,316,171
Self-pay	80,204,204	70,387,215
	<u>\$ 557,609,032</u>	<u>\$ 548,703,386</u>

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

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 its 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.

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 is to be used for the payment of general and professional liabilities, is included in other operating revenue. Investment income (loss) included as other operating revenue was approximately \$836,000 and \$(110,000) for the years ended June 30, 2014 and 2013, respectively.

Genesis Health System and Related Organizations

Notes to Consolidated Financial Statements

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

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 gains (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 other revenue and included in 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 gains (losses) in the consolidated statements of operations 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. The System also has an interest in the Genesis Heart Institute.

Property and equipment 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.

Bond issuance costs Bond issuance costs are being amortized over the term the bonds are outstanding.

Goodwill 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 tested for impairment annually. Management performed assessments for impairment as of June 30, 2014 and 2013, and determined no goodwill impairment exists.

Unpaid losses and loss adjustment expenses Misericordia and the Workers' Compensation Trust (collectively the Trusts) 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 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 costs for losses and loss adjustment expenses.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

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 an actuarially determined amount, discounted using a 3% yield as of June 30, 2014 and 2013.

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 Workers' Compensation Trust participants are obligated by the terms of the Trusts' agreements to contribute retrospective payments to the Trusts, 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, Misericordia and Workers' Compensation Trust 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. Investments held by Misericordia and the Workers' Compensation Trust totaling approximately \$34,400,000 and \$35,700,000 as of June 30, 2014 and 2013, respectively, are included in investments in the accompanying consolidated balance sheets.

Premiums written and ceded 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 which is included in other long-term liabilities on the consolidated balance sheets.

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 which is included in other long-term liabilities on 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 which is included in other operating revenue. Accordingly, Misericordia's statements of operations 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.

Genesis Health System and Related Organizations

Notes to Consolidated Financial Statements

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

Noncontrolling interests 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 these interests has been recognized in the System's consolidated financial statements.

Fair value of financial instruments 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 \$210,862,000 and \$80,483,000 as of June 30, 2014 and 2013, respectively. The fair value of long-term debt is based on level 2 inputs within the fair value hierarchy.

Fair value measurements 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 requires 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.

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.

Operating income 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 core operating 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 is 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 use criteria over the applicable attestation period. During the years ended June 30, 2014 and 2013, the System has recognized approximately \$1,762,000 and \$6,625,000, respectively, of other operating revenue as the meaningful use objectives have been met. As of June 30, 2014 and 2013, the System recorded other current receivables of approximately \$299,000 and \$3,670,000, respectively, relating to the EHR incentive program.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

Charity care 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.

Subsequent events The System has evaluated subsequent events through October 22, 2014, the date on which the consolidated financial statements were issued. In October 2014, management entered into an agreement with an unrelated third party for the sale of assets used primarily for outpatient dialysis services. The System will invest in a 20% interest in a newly formed joint venture that will perform outpatient dialysis services. Management is also exploring other possible partnership opportunities, however, no other significant agreements have been entered into as of October 22, 2014.

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, 2014 and 2013 is as follows:

	2014	2013
Gross patient service revenue	\$ 1,320,000,640	\$ 1,255,009,661
Less discounts, allowances and estimated contractual adjustments under third-party reimbursement programs	762,391,608	706,306,275
Patient service revenue, net of contractual adjustments	557,609,032	548,703,386
Less provision for doubtful accounts	36,045,483	35,672,919
Net patient service revenue	\$ 521,563,549	\$ 513,030,467

Estimated contractual adjustments for the years ended June 30, 2014 and 2013 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 \$598,000 and \$1,064,000 for the years ended June 30, 2014 and 2013, respectively, and is related to the recognition of disproportionate share reimbursement and retroactive adjustments based on final settlements of cost reports.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

Note 2. Net Patient Service Revenue (Continued)

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 the years ended June 30, 2014 and 2013 amounted to approximately \$5,899,000 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 the years ended June 30, 2014 and 2013 amounted to approximately \$1,879,000 and \$1,846,000, respectively, which is included in other operating expenses. The Illinois Program is in place through June 2018.

On June 14, 2012, the Governor of Illinois signed the Save Medicaid Access and Resources Together (SMART) Act, which scaled back the Illinois Medicaid program through provider rate adjustments, utilization controls and eligibility verification. The SMART Act also included an enhanced hospital tax assessment program, which was approved by CMS in October 2013 and is retroactive to June 2012. The program, which is effective through December 31, 2014, 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. Total reimbursement revenue recognized by the Hospital related to the enhanced program, which is recorded as a reduction of estimated contractual adjustments, amounted to approximately \$3,142,000 and \$1,087,000 for the years ended June 30, 2014 and 2013, respectively. The total enhanced assessment incurred by the System was \$1,242,000 and \$388,000 for the years ended June 30, 2014 and 2013, respectively, which is included in other operating expenses.

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 diagnosis-related groups (DRG) reimbursement rates and also implements several supplemental inpatient and outpatient methodologies. The System's additional reimbursement has been recorded in the accompanying consolidated financial statements as a reduction of estimated contractual adjustments. 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, 2014 and 2013, which is included in other operating expenses.

The Affordable Care Act provides for a significant reduction in Medicaid disproportionate share (DSH) payments beginning in 2016. The U.S. Department of Health and Human Services is to determine the amount of Medicaid DSH payment cuts imposed on each state based on a defined methodology. As Medicaid DSH payments to states will be cut, consequently, payments to Medicaid-participating providers, including hospitals in Iowa and Illinois, will likely be reduced in the coming years.

The System has entered into various shared savings programs, including an Accountable Care Organization (ACO) program with Medicare. Through these programs, the System works with Wellmark and United Healthcare to provide fee-for-service beneficiaries with high-quality service and care, while reducing the growth in expenditures through enhanced care coordination. During the years ended June 30, 2014 and 2013, these programs achieved specified metrics and earned incentive payments which were paid to the System. The System's share of the incentive under these programs recognized in other operating revenue was approximately \$2,282,000 and \$1,365,000 for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, the System recorded other current receivables of approximately \$1,830,000 and \$104,000, respectively, relating to these programs.

Genesis Health System and Related Organizations

Notes to Consolidated Financial Statements

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 \$9,341,000 and \$10,252,000 for the years ended June 30, 2014 and 2013, 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
- 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 System's 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 – Silvis and GMC – Aledo, meet the requirements under the law to maintain their property and sales tax exemptions in Illinois.

**Genesis Health System
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Notes to Consolidated Financial Statements

Note 4. Receivables

Patient receivables as of June 30, 2014 and 2013 consist of the following

	2014	2013
Patient receivables before allowances	\$ 170,907,633	\$ 171,968,271
Less		
Estimated third-party contractual allowances	73,345,741	70,452,581
Allowance for doubtful accounts and charity care	17,969,336	15,792,827
	<u>\$ 79,592,556</u>	<u>\$ 85,722,863</u>

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, 2014 and 2013

	2014	2013
Cash, primarily money market funds	\$ 26,146,410	\$ 1,530,014
Certificates of deposit	569,899	567,798
Common stocks	79,574,075	76,092,391
Fixed income mutual funds	17,910,660	56,602,231
Equity mutual funds	65,650,493	58,512,134
Equity collective investment funds	60,927,846	48,619,018
U S Treasury bonds	132,709,117	-
Investment in associated companies	11,974,240	12,680,675
Other	1,836,494	935,542
	<u>\$ 397,299,234</u>	<u>\$ 255,539,803</u>

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, 2014 and 2013

	2014	2013
Short-term investments	\$ 658,377	\$ 648,632
Investments	63,028,063	61,651,493
Assets limited as to use		
Internally designated	200,065,142	174,235,597
Under bond indenture, funds held by trustee	111,012,884	-
Donor restricted	22,534,768	19,004,081
	<u>\$ 397,299,234</u>	<u>\$ 255,539,803</u>

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

**Genesis Health System
and Related Organizations**

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

	2014	2013
Investment income		
Interest and dividend income	\$ 4,610,494	\$ 5,132,712
Net realized gains on investments	20,760,362	7,824,448
Change in net unrealized gains and losses on investments	4,839,280	7,262,503
Equity in net income of associated companies	7,217,085	5,282,983
	<u>\$ 37,427,221</u>	<u>\$ 25,502,646</u>
Unrestricted		
Interest and dividend income and realized gains on sales of investments	\$ 23,158,882	\$ 11,782,407
Current year change in unrealized gains on trading securities	3,573,211	6,838,810
Other nonoperating income	2,623,043	912,639
Other operating revenue	5,445,862	4,275,087
	<u>34,800,998</u>	<u>23,808,943</u>
Temporarily restricted		
Interest and dividend income	206,174	301,874
Net realized gains on investments	1,184,571	811,969
Change in net unrealized gains on investments	1,171,574	518,502
	<u>2,562,319</u>	<u>1,632,345</u>
Permanently restricted		
Interest and dividend income	5,277	7,830
Net realized gains on investments	30,238	21,433
Change in net unrealized gains on investments	28,389	32,095
	<u>63,904</u>	<u>61,358</u>
	<u>\$ 37,427,221</u>	<u>\$ 25,502,646</u>

**Genesis Health System
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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.

**Genesis Health System
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Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements (Continued)

For the System's investments in U S treasury bonds where quoted prices are not available for identical securities in an active market, the System determines fair value utilizing vendors who apply matrix pricing for similar bonds where no price is observable or may compile prices from various sources. These models are primarily industry-standard models that consider various assumptions including time value, yield curve, volatility factors, prepayment speeds, default rates, loss severity, current market and contractual prices for the underlying financial instruments, as well as other relevant economic measures. Substantially all of these assumptions are observable in the market place, can be derived from observable data or are supported by observable levels at which transactions are executed in the market place. Fair values from these models are verified, where possible, to quoted prices for recent trading activity of assets with similar characteristics to the security being valued. Such methods are classified as level 2.

There have been no changes in valuation techniques used for any assets measured at fair value during the year ended June 30, 2014.

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, 2014 and 2013, 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, 2014			
	Fair Value	Level 1	Level 2	Level 3
Common Stocks				
Healthcare	\$ 11,260,181	\$ 11,260,181	\$ -	\$ -
Financial	9,044,094	9,044,094	-	-
Consumer Discretionary	14,319,289	14,319,289	-	-
Energy	7,508,129	7,508,129	-	-
Information Technology	19,273,558	19,273,558	-	-
Industrials	4,972,678	4,972,678	-	-
ADR's (American Depository Receipts)	3,400,027	3,400,027	-	-
Materials	3,107,112	3,107,112	-	-
Consumer Staples	5,037,134	5,037,134	-	-
Utilities	312,885	312,885	-	-
Telecommunication Services	1,338,988	1,338,988	-	-
Equity Mutual Funds				
PIMCO Cayman U S Total Return Fund	12,057,804	-	12,057,804	-
MFS Global Equity Fund	9,184,374	9,184,374	-	-
Lazard International Strategic Fund	23,008,766	23,008,766	-	-
Other, primarily those held in deferred compensation plan assets	21,399,548	21,399,548	-	-
Equity Collective Investment Funds				
JP Morgan Core Bond Trust	50,716,618	-	50,716,618	-
JP Morgan U S Aggregate Bond Fund	10,211,229	-	10,211,229	-
Fixed Income				
Nuveen Short-Term Bond Fund	12,126,792	12,126,792	-	-
U S Treasury Bonds	132,709,117	-	132,709,117	-
Metropolitan West Total Return Bond Fund	4,455,460	4,455,460	-	-
Other	1,328,408	1,328,408	-	-
	\$ 356,772,191	\$ 151,077,423	\$ 205,694,768	\$ -

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Notes to Consolidated Financial Statements

Note 6. Investments and Fair Value Measurements (Continued)

	Investments at Fair Value as of June 30, 2013			
	Fair 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	13,062,861	13,062,861	-	-
Energy	5,725,189	5,725,189	-	-
Information Technology	17,438,242	17,438,242	-	-
Industrials	6,589,594	6,589,594	-	-
ADR's (American Depository Receipts)	3,394,069	3,394,069	-	-
Materials	3,006,119	3,006,119	-	-
Consumer Staples	4,386,391	4,386,391	-	-
Utilities	602,687	602,687	-	-
Telecommunication Services	1,512,618	1,512,618	-	-
Equity Mutual Funds				
Thornburg International Value Fund	20,603,408	20,603,408	-	-
PIMCO Cayman U S Total Return Fund	13,210,549	-	13,210,549	-
MFS Global Equity Fund	7,500,015	7,500,015	-	-
Other, primarily those held in deferred compensation plan assets	17,198,162	17,198,162	-	-
Equity Collective Investment Funds				
JP Morgan Core Bond Trust	37,862,337	-	37,862,337	-
JP Morgan U S Aggregate Bond Fund	10,756,681	-	10,756,681	-
Fixed Income Mutual Funds				
PIMCO Total Return Fund	44,130,302	44,130,302	-	-
Nuveen Short-Term Bond Fund	11,781,429	11,781,429	-	-
Other	690,500	690,500	-	-
	<u>\$ 239,825,774</u>	<u>\$ 177,996,207</u>	<u>\$ 61,829,567</u>	<u>\$ -</u>

There were no transfers between levels of the fair value hierarchy during the years ended June 30, 2014 and 2013

**Genesis Health System
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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, 2014 and 2013

	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2014	2013			
Investments					
Equity Mutual Fund, PIMCO					
Cayman U S Total Return					
Fund (A)	\$ 12,057,804	\$ 13,210,549	\$ -	Daily	Daily
Equity Collective Investment Funds					
JP Morgan Core Bond Trust (B)	50,716,618	37,862,337	-	Daily	Daily
JP Morgan U S Aggregate					
Bond Fund (C)	10,211,229	10,756,681	-	Daily	Trade date, minus 3 days
	<u>\$ 72,985,651</u>	<u>\$ 61,829,567</u>	<u>\$ -</u>		

- (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, 2014 and 2013 consists of the following

	2014	2013
Land and land improvements (A)	\$ 33,136,340	\$ 30,479,557
Buildings (B)	345,889,375	344,507,404
Leasehold improvements	21,511,310	21,100,926
Equipment (C)	356,318,402	338,462,522
Construction in process	39,400,169	14,779,569
	<u>796,255,596</u>	<u>749,329,978</u>
Less accumulated depreciation, including accumulated depreciation on capital assets 2014 \$25,903,237, 2013 \$24,340,038	<u>530,430,082</u>	<u>497,039,692</u>
	<u>\$ 265,825,514</u>	<u>\$ 252,290,286</u>

- (A) Land and land improvements include assets under capital lease as of June 30, 2014 and 2013 of \$1,153,678
- (B) Buildings include assets under capital lease as of June 30, 2014 and 2013 of \$22,272,145
- (C) Equipment includes assets under capital lease as of June 30, 2014 and 2013 of \$9,467,994

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt and Pledged Assets

Long-term debt and pledged assets as of June 30, 2014 and 2013 consist of the following

	2014	2013
GHS Iowa:		
Revenue bonds, Series 2010 (A)	\$ 67,040,000	\$ 73,435,000
Revenue bonds, Series 2013 (B)	121,000,000	-
Unamortized bond premium, Series 2010 and 2013 (A)(B)	5,924,159	3,216,984
Capital lease obligation (C)	2,392,808	3,622,895
GHS Iowa subtotal	196,356,967	80,274,879
GHS Illinois, capital lease obligations (D)	6,375,000	7,070,000
Obligated Group subtotal (E)	202,731,967	87,344,879
GenVentures, note payable, bank (F)	248,276	349,750
	202,980,243	87,694,629
Less current maturities	8,861,422	8,421,389
	\$ 194,118,821	\$ 79,273,240

- (A) During fiscal year 2010, GHS Iowa issued Iowa 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) During fiscal year 2014, GHS Iowa issued Iowa Finance Authority Healthcare Revenue Bonds, Series 2013. The Series 2013 bonds, which had an original principal balance of \$121,000,000 and were issued at a premium of \$3,950,091, have payments due July 1, annually, and mature in varying amounts through July 1, 2033 and bear interest at rates between 4.0% and 5.5%. The Series 2013 bonds are secured by a pledge of the Obligated Group's unrestricted receivables. The proceeds of the bonds are restricted to be used for capital acquisitions and improvements.

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.

- (C) 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 \$1,611,000 as of June 30, 2014.

**Genesis Health System
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Notes to Consolidated Financial Statements

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

- (D) GMC – Silvis 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 \$6,375,000. 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 2 1/2% to 4 5/8%, which is payable on January 1 and July 1. The bonds mature in varying amounts from \$710,000 to \$905,000 through January 2022.

The depreciated cost of land, land improvements and buildings under this capital lease is approximately \$5,332,000 as of June 30, 2014.

- (E) 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.
- (F) GenVentures' bank note is due in monthly payments of \$10,200, including interest at a variable rate, 6.95% as of June 30, 2014, 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.

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, 2014.

Year ending June 30	
2015	\$ 2,296,000
2016	2,045,000
2017	949,000
2018	949,000
2019	951,000
Thereafter	2,845,000
	<hr/> 10,035,000
Less the amount representing interest	1,267,000
Present value of future minimum lease payments	<hr/> \$ 8,768,000 <hr/>

**Genesis Health System
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Notes to Consolidated Financial Statements

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

The aggregate principal maturities of the long-term debt, including the maturities of capital leases and excluding unamortized bond premium, as of June 30, 2014 over the next five years and thereafter are approximately as follows

Year ending June 30	
2015	\$ 8,861,000
2016	8,961,000
2017	8,559,000
2018	8,955,000
2019	9,405,000
Thereafter	152,315,000
	<u>\$ 197,056,000</u>

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 \$4,939,000 and \$5,413,000 for the years ended June 30, 2014 and 2013, 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 (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. 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 status of the defined benefit pension plan in the accompanying consolidated balance sheets as of June 30, 2014 and 2013. 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.

**Genesis Health System
and Related Organizations**

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:

	2014	2013
Projected benefit obligation at beginning of year	\$ (181,241,980)	\$ (187,533,433)
Interest cost	(9,037,692)	(8,736,342)
Actuarial gain (loss), impact of change in assumptions	(23,672,484)	7,622,843
Benefits paid	7,997,330	7,404,952
Projected benefit obligation at end of year	(205,954,826)	(181,241,980)
Fair value of plan assets	214,013,202	183,907,837
Funded status, plan assets in excess of benefit obligation	\$ 8,058,376	\$ 2,665,857
Rollforward of accrued benefit (liability)		
Accrued benefit (liability) on balance sheet, beginning of year	\$ 2,665,857	\$ (16,986,157)
Return on plan assets	32,102,695	14,765,513
System contributions	6,000,000	6,000,000
Change in plan liability	(32,710,176)	(1,113,499)
Accrued benefit on balance sheet, end of year	\$ 8,058,376	\$ 2,665,857
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		
Interest cost	\$ 9,037,692	\$ 8,736,342
Expected return on plan assets	(12,620,222)	(11,376,496)
Amortization of unrecognized net loss	1,751,925	2,279,230
Net periodic pension (income)	\$ (1,830,605)	\$ (360,924)

**Genesis Health System
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Notes to Consolidated Financial Statements

Note 9. Employee Retirement Plans (Continued)

	2014	2013
Amounts not yet recognized as components of net periodic pension cost		
Net actuarial (loss)	\$ (62,883,059)	\$ (60,459,755)
Prior service credit	-	14,777
Unrecognized amounts, end of year	(62,883,059)	(60,444,978)
Unrecognized amounts, beginning of year	(60,444,978)	(73,736,067)
Current year change	\$ (2,438,081)	\$ 13,291,089
Assumptions used in computations		
In computing ending obligations		
Discount rate	4 30%	5 10%
Rate of compensation increase	n/a	n/a
In computing net periodic benefit cost		
Discount rate	5 10%	4 75%
Expected return on assets	7 25%	7 25%
Rate of compensation increase	n/a	n/a

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.

**Genesis Health System
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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, 2014 and 2013 by asset category, segregated by the level of the valuation inputs within the fair value hierarchy as described in Note 6, are as follows

	Fair Value	Level 1	Level 2	Level 3
	Investments at Fair Value as of June 30, 2014			
Common Stocks				
Healthcare	\$ 9,724,604	\$ 9,724,604	\$ -	\$ -
Financial	11,241,449	11,241,449	-	-
Consumer Discretionary	15,048,609	15,048,609	-	-
Energy	6,468,807	6,468,807	-	-
Information Technology	14,927,248	14,927,248	-	-
Industrials	5,673,277	5,673,277	-	-
ADR's (American Depository Receipts)	7,412,047	7,412,047	-	-
Materials	2,971,632	2,971,632	-	-
Consumer Staples	3,305,920	3,305,920	-	-
Utilities	673,157	673,157	-	-
Telecommunication Services	789,150	789,150	-	-
Fixed Income Mutual Fund, PIMCO Total Return Fund	141,618	141,618	-	-
Fixed Income				
U S Treasury Bonds	29,327,065	-	29,327,065	-
Other	4,184,820	-	4,184,820	-
Equity Mutual Funds				
MFS Global Equity Fund	9,753,317	9,753,317	-	-
Lazard International Strategic Fund	24,498,505	24,498,505	-	-
Equity Collective Investment Fund, JP Morgan				
Extended Duration Fund	52,869,731	-	52,869,731	-
	199,010,956	\$ 112,629,340	\$ 86,381,616	\$ -
Other plan assets, cash and cash equivalents	15,002,246			
Total plan assets	\$ 214,013,202			

	Investments at Fair Value as of June 30, 2013			
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 (American Depository Receipts)	5,747,264	5,747,264	-	-
Materials	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	-	-
Thornburg 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	\$ 183,907,837			

**Genesis Health System
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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, 2014 and 2013

	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2014	2013			
Investments, Equity Collective					
Investment Fund, JP Morgan					
Extended Duration Fund (A)	\$ 52,869,731	\$ 38,602,979	\$ -	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 and actual asset allocations by major asset categories as of June 30, 2014 and 2013

	Target Allocation		Actual	
	2014	2013	2014	2013
Domestic equity securities				
Large cap	28.5%	26.0%	34.5%	31.6%
Small cap	9.0	9.0	9.0	11.6
International equity securities	16.0	15.0	16.0	16.2
Fixed income	46.5	50.0	40.5	40.6
	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 does not expect to contribute to its defined benefit pension plan during the year ending June 30, 2015.

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

Year ending June 30	
2015	\$ 10,500,000
2016	11,300,000
2017	12,100,000
2018	12,800,000
2019	12,800,000
2020 to 2024	64,900,000
	<u>\$ 124,400,000</u>

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 nonqualified deferred compensation plans recorded on the accompanying consolidated balance sheets are approximately \$14,362,000 and \$11,616,000 as of June 30, 2014 and 2013, respectively.

**Genesis Health System
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Notes to Consolidated Financial Statements

Note 10. Income Tax Matters

GHS Iowa, GHS Illinois, GSL – Aledo, GMC – Aledo, the Genesis Foundation, and the Workers' Compensation Trust are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. 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, 2014 and 2013:

	2014	2013
Deferred tax assets	\$ 3,067,000	\$ 2,648,000
Less valuation allowance	(3,067,000)	(2,648,000)
	<u>\$ -</u>	<u>\$ -</u>

For the years ended June 30, 2014 and 2013, there are no current income tax provisions due to the utilization of the net operating loss carryforwards.

As of June 30, 2014, 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	
2015	\$ -
2016	-
2017	-
2018	-
2019	-
Thereafter	1,981,000
	<u>\$ 1,981,000</u>

**Genesis Health System
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Notes to Consolidated Financial Statements

Note 10. Income Tax Matters (Continued)

Uncertainty in income taxes:

GHS Iowa, GHS Illinois, GSL – Aledo, GMC – Aledo, the Genesis 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, GMC – Aledo, the Genesis 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 and the Workers' Compensation Trust are no longer subject to examination for the fiscal years ended June 30, 2010 and prior. GenVentures is a taxable organization and currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. GenVentures is no longer subject to income tax examinations for the fiscal years ended June 30, 2010 and prior. There were no uncertain tax positions as of June 30, 2014 and 2013.

**Genesis Health System
and Related Organizations**

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, 2014 and 2013, 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 \$28,223,000 and \$26,454,000 for the years ended June 30, 2014 and 2013, 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 \$39,612,000 and \$37,287,000 as of June 30, 2014 and 2013, respectively, which include approximately \$19,441,000 and \$22,592,000, respectively, that are included in other long-term liabilities and approximately \$4,403,000 and \$2,010,000, respectively, included in other accrued expenses. The amount of reinsurance recoverable on unpaid losses as of June 30, 2014 and 2013 was approximately \$6,301,000 and \$5,369,000, 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, 2014 and 2013.

Genesis Health System and Related Organizations

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, 2014 and 2013, 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.

Health care reform:

As a result of recently enacted federal health care reform legislation, substantial changes are anticipated in the United States health care system. Such legislation includes numerous provisions affecting the delivery of health care services, the financing of health care costs, reimbursement of health care providers and the legal obligations of health insurers, providers and employers. These provisions are currently slated to take effect at specified times over approximately the next decade.

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 states may have an adverse effect on cash flows related to the Medicaid programs.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

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

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, 2014 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	
2015	\$ 1,845,000
2016	1,845,000
2017	1,845,000
2018	1,691,000
	<u>\$ 7,226,000</u>

The System has operating lease agreements for office space. Future annual minimum lease payments due under noncancelable agreements as of June 30, 2014 are as follows:

Year ending June 30	
2015	\$ 2,430,000
2016	2,739,000
2017	2,770,000
2018	2,810,000
2019	2,245,000
Thereafter	16,126,000
	<u>\$ 29,120,000</u>

The System has signed commitments to renovate GMC – Davenport (known as campus integration) and GMC – Aledo, totaling approximately \$32,768,000, of which approximately \$10,977,000 is remaining as of June 30, 2014. The remaining commitments related to these projects will be funded with assets limited as to use under bond indenture and cash from operations. The System is also evaluating additional phases of the campus integration, but has not signed commitments as of October 22, 2014, other than what is described above.

**Genesis Health System
and Related Organizations**

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, 2014 and 2013

	2014	2013
Cardiac research	\$ 710,333	\$ 467,104
Visiting nurse programs	3,987,672	3,969,431
Hospice house	1,342,888	2,229,916
Heart of Mercy financial assistance	1,065,409	665,415
Inventory and equipment for GMC - Davenport	1,883,761	1,883,761
Cancer research	940,594	171,711
Adler Fund	1,838,699	1,511,841
Employee assistance fund	753,407	618,537
Waddell regional fund for hospice and cancer care	979,909	-
Operational and educational support for GMC - Davenport	2,455,130	1,940,688
Other	4,269,308	2,716,835
	<u>\$ 20,227,110</u>	<u>\$ 16,175,239</u>

During the years ended June 30, 2014 and 2013, 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 \$1,715,776 and \$1,945,409, 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 and the hospice house. The permanently restricted net assets held by the System are for the following purposes as of June 30, 2014 and 2013

	2014	2013
Heart of Mercy financial assistance	\$ 1,476,623	\$ 1,487,299
Hospice house	1,928,530	1,925,694
Other	699,075	568,658
	<u>\$ 4,104,228</u>	<u>\$ 3,981,651</u>

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, 2014

Year ending June 30	
2015	\$ 1,925,000
2016	1,760,000
2017	1,328,000
2018	1,086,000
2019	1,086,000
Thereafter	4,806,000
Total approximate future minimum rentals	<u><u>\$ 11,991,000</u></u>

**Genesis Health System
and Related Organizations**

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 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, 2014 and 2013 the DCH Foundation had unaudited net assets of approximately \$1,503,000 and \$994,000, 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, 2014 and 2013 was as follows:

	2014	2013
Medicare	29%	30%
Medicaid	15	12
Blue Cross	15	12
Other third-party payors	15	16
Patients	26	30
	100%	100%

As of June 30, 2014, 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.

**Genesis Health System
and Related Organizations**

Notes to Consolidated Financial Statements

Note 16. Pending Accounting Pronouncements

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.

In April 2013, the FASB 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 not-for-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.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers*, which provides a robust framework for addressing revenue recognition issues and replaces most of the existing revenue recognition guidance including industry-specific guidance, in current U.S. GAAP. The standard is effective for periods beginning after December 15, 2016 for public entities. Management is evaluating the impact this ASU may have on the System's consolidated financial statements.

**Genesis Health System
and Related Organizations**

Notes to 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, 2014 and 2013 are as follows:

	2014	2013
Health care services	\$ 434,105,208	\$ 415,756,844
General, administrative and support services	96,082,172	94,110,179
Fund raising, net of intercompany contributions	728,687	923,647
	<u>\$ 530,916,067</u>	<u>\$ 510,790,670</u>

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

**Genesis Health System
and Related Organizations**

**Schedule of Community Benefit
Year Ended June 30, 2014
(Unaudited)**

The System contributed \$14,601,583 in community benefit to the Quad City, DeWitt, and Aledo areas in the year ended June 30, 2014. This represents an increase of 1% when compared to the year ended June 30, 2013. Charity care, reported at estimated cost in the amount of \$9,340,987 was provided by GHS business units compared to \$10,252,349 for the year ended June 30, 2013. 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 the System was unable to collect. The System does not count bad debt in community benefit reporting, however, bad debt at gross charges for the System totaled \$36,045,485 for the year ended June 30, 2014, up 1% from \$35,672,910 for the year ended June 30, 2013.

Unreimbursed Medicaid and other means-tested program costs are also not included in community benefit reporting, however, the unreimbursed Medicaid and other means-tested program costs for the year ended June 30, 2014 were estimated at \$16,496,866. This level of unreimbursed Medicaid costs increased 4% compared to the year ended June 30, 2013's level of \$15,864,786.

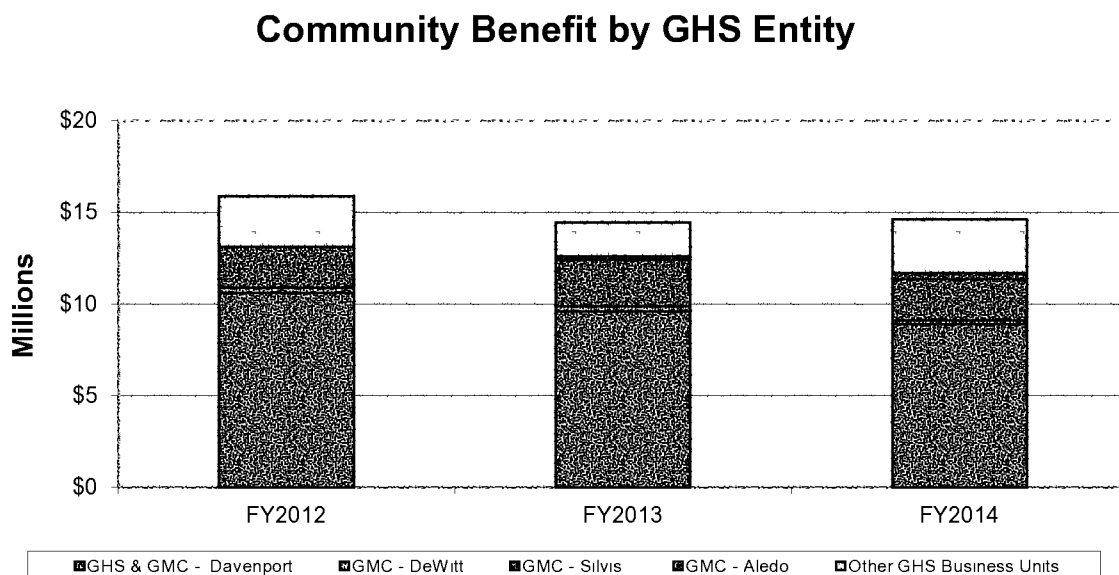
Table 1 shows a 7% decrease in community benefit for GHS & GMC – Davenport compared to the year ended June 30, 2013. GMC – DeWitt decreased its community benefit by 17%, GMC – Silvis decreased by 12% and GMC – Aledo increased by 115%. Community benefit increased by 56% in the year ended June 30, 2014 for other business units of the System.

Table 1: Community Benefit by GHS Entity

	GHS & GMC - Davenport	GMC - DeWitt	GMC - Silvis	GMC - Aledo	Other GHS Business Units	Total
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
FY2014	8,869,579	238,871	2,253,468	318,085	2,921,580	14,601,583

This information is shown graphically in Graph 1.

Graph 1: Community Benefit by GHS Business Unit



**Genesis Health System
and Related Organizations**

**Schedule of Community Benefit
Year Ended June 30, 2014
(Unaudited)**

Graph 2 represents the community benefit funding by category for each of the past three fiscal years. Overall, community benefit funding increased 1% compared to the year ended June 30, 2013. Community Building Activities increased 57%, Research increased 85%, and Community Health Improvement increased 47%, while Charity Care decreased 9% compared to the prior year.

Graph 2: GHS Community Benefit Totals

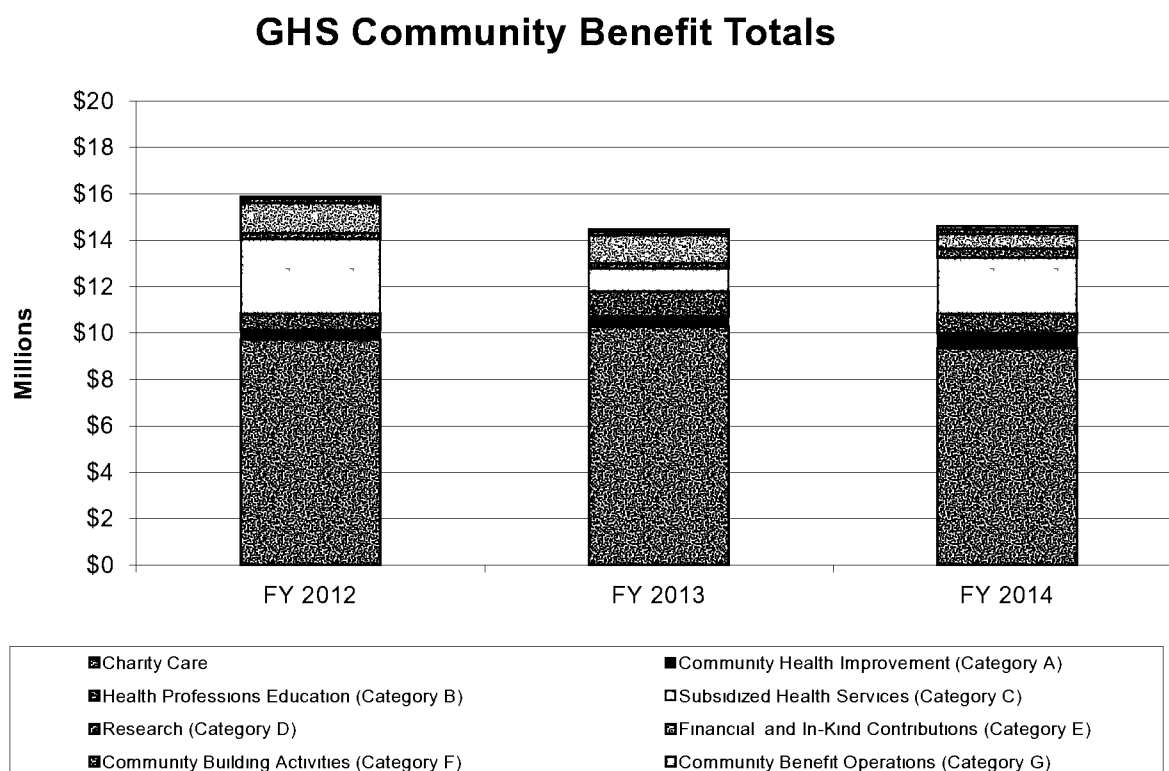


Table 2: FY 2014 Category Comparisons by GHS Business Unit

	Charity Care	Community Health Improvement (Category A)	Health Professions Education (Category B)	Subsidized Health Services (Category C)	Research (Category D)	Financial and In-Kind Contributions (Category E)	Community Building Activities (Category F)	Community Benefit Operations (Category G)	Total
GHS & GMC - Davenport	\$ 5,826,521	\$ 294,827	\$ 844,059	\$ 944,560	\$ 399,609	\$ 308,458	\$ 115,894	\$ 135,651	\$ 8,869,579
GMC - DeWitt	178,961	183	-	-	-	58,621	-	1,106	238,871
GMC - Silvis	2,200,582	12,180	-	-	-	37,646	3,060	-	2,253,468
GMC - Aledo	299,682	5,073	4,269	-	-	6,301	2,760	-	318,085
Other GHS Business Units	835,241	334,707	-	1,461,912	-	224,103	65,617	-	2,921,580
Totals	\$ 9,340,987	\$ 646,970	\$ 848,328	\$ 2,406,472	\$ 399,609	\$ 635,129	\$ 187,331	\$ 136,757	\$ 14,601,583

**Genesis Health System
and Related Organizations**

**Schedule of Community Benefit
Year Ended June 30, 2014
(Unaudited)**

Table 3: Category Comparisons for the Past Three Fiscal Years

		Community Health Improvement Care	Health Professions Education (Category B)	Subsidized Health Services (Category C)	Research (Category D)	Financial and In-Kind Contributions (Category E)	Community Building Activities (Category F)	Community Benefit Operations (Category G)	Total
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
FY 2014	9,340,987	646,970	848,328	2,406,472	399,609	635,129	187,331	136,757	14,601,583

**Genesis Health System
and Related Organizations**

**Consolidating Balance Sheet Information
June 30, 2014**

Assets	GHS Iowa	GHS Illinois	Genesis Medical Center - Aleo	Genesis Senior Living - Aleo	Eliminations	Obligated Group *
Current Assets						
Cash and cash equivalents	\$ 50,284,404	\$ 14,524,412	\$ 1,100,386	\$ 294,202	\$ -	\$ 66,203,404
Short-term investments	658,377	-	-	-	-	658,377
Receivables						
Patients, net	61,939,468	13,798,807	1,878,087	409,744	-	78,026,106
Affiliates	13,738,414	486,498	66,719	27,248	(5,866,419)	8,452,460
Notes, affiliate	1,415,466	437,947	-	-	(437,947)	1,415,466
Other	18,279,689	233,842	49,402	-	-	18,562,933
Inventories, supplies and materials	9,324,528	2,185,370	281,276	24,116	-	11,815,290
Prepaid expenses and deposits	5,849,431	449,978	63,170	5,086	-	6,367,665
Total current assets	161,489,777	32,116,854	3,439,040	760,396	(6,304,366)	191,501,701
Long-Term Receivables and Investments						
Affiliate notes	13,620,386	5,012,053	-	-	(5,012,053)	13,620,386
Investment in subsidiaries	45,806,042	2,254,759	-	-	(651,399)	47,409,402
Investments	25,562,096	258,457	-	-	-	25,820,553
	84,988,524	7,525,269	-	-	(5,663,452)	86,850,341
Assets Limited as to Use						
Internally designated	200,065,142	-	-	-	-	200,065,142
Under bond indenture, funds held by trustee	111,012,884	-	-	-	-	111,012,884
Interest in net assets of Foundation	12,439,557	282,735	-	-	-	12,722,292
Donor restricted	2,048,071	-	53,144	21,139	-	2,122,354
	325,565,654	282,735	53,144	21,139	-	325,922,672
Property and Equipment, net	171,111,220	42,981,236	9,108,698	1,157,817	-	224,358,971
Other Assets						
Bond issuance costs, net	886,931	155,019	-	-	-	1,041,950
Goodwill	1,293,792	-	-	-	-	1,293,792
Overfunded status of retirement plan	8,058,376	-	-	-	-	8,058,376
Other	66,475	-	-	-	-	66,475
	10,305,574	155,019	-	-	-	10,460,593
	\$ 753,460,749	\$ 83,061,113	\$ 12,600,882	\$ 1,939,352	\$ (11,967,818)	\$ 839,094,278

* The Obligated Group includes Genesis Health System – Iowa, Genesis Health System – Illinois, Genesis Medical Center – Aleo and Genesis Senior Living – Aleo

Genesis Health Services Foundation	GenGastro, LLC	The Larson Center Partnership	GenVentures, Inc	Genesis Accountable Care Organization, LLC	Genesis Philanthropy	Genesis Health System Workers' Compensation Plan and Trust	Misericordia Assurance Company, Ltd	Eliminations	Total
\$ 469,474	\$ 257,869	\$ 348,906	\$ 287,396	\$ 51,017	\$ 2,198	\$ 70,618	\$ 1,308,616	\$ -	\$ 68,999,498
-	-	-	-	-	-	-	-	-	658,377
-	472,419	-	1,094,031	-	-	-	-	-	79,592,556
-	-	-	342,374	87,380	63	35,773	-	(8,918,050)	-
-	-	-	-	-	-	-	-	(1,415,466)	-
293,391	10,977	17,232	1,422,243	1,830,545	-	1,778,005	4,579,646	(1,239,858)	27,255,114
-	41,265	-	837,895	-	-	-	-	-	12,694,450
-	-	-	130,170	1,145	-	-	6,410	-	6,505,390
762,865	782,530	366,138	4,114,109	1,970,087	2,261	1,884,396	5,894,672	(11,573,374)	195,705,385
-	-	-	-	-	-	-	-	(13,620,386)	-
-	-	-	-	-	-	-	-	(47,409,402)	-
1,765,785	-	-	1,046,000	-	-	12,126,792	22,268,933	-	63,028,063
1,765,785	-	-	1,046,000	-	-	12,126,792	22,268,933	(61,029,788)	63,028,063
-	-	-	-	-	-	-	-	-	200,065,142
-	-	-	-	-	-	-	-	-	111,012,884
-	-	-	-	-	-	-	-	(11,219,113)	1,503,179
19,333,354	-	-	-	-	1,079,060	-	-	-	22,534,768
19,333,354	-	-	-	-	1,079,060	-	-	(11,219,113)	335,115,973
9,975	59,245	1,972,286	39,425,037	-	-	-	-	-	265,825,514
-	-	-	-	-	-	-	-	-	1,041,950
-	-	-	-	-	-	-	-	29,910,433	31,204,225
-	-	-	-	-	-	-	-	-	8,058,376
-	-	-	87,664	-	-	-	-	-	154,139
-	-	-	87,664	-	-	-	-	29,910,433	40,458,690
\$ 21,871,979	\$ 841,775	\$ 2,338,424	\$ 44,672,810	\$ 1,970,087	\$ 1,081,321	\$ 14,011,188	\$ 28,163,605	\$ (53,911,842)	\$ 900,133,625

**Genesis Health System
and Related Organizations**

**Consolidating Balance Sheet Information
June 30, 2014**

	GHS Iowa	GHS Illinois	Genesis Medical Center - Aledo	Genesis Senior Living - Aledo	Eliminations	Obligated Group *
Liabilities and Net Assets and Equity						
Current Liabilities						
Current maturities of long-term debt	\$ 8,042,955	\$ 710,000	\$ 437,947	\$ -	\$ (437,947)	\$ 8,752,955
Accounts payable						
Trade	21,933,524	1,872,895	629,168	111,557	-	24,547,144
Affiliates	948,137	2,225,391	2,200,556	854,444	(5,866,419)	362,109
Accrued salaries and wages	9,107,942	830,693	164,838	59,777	-	10,163,250
Accrued paid leave	13,322,029	1,859,449	335,573	194,716	-	15,711,767
Due to third-party payors	6,289,798	3,584,401	549,527	-	-	10,423,726
Unpaid losses and loss adjustment expenses	-	-	-	-	-	-
Other accrued expenses	6,354,237	1,321,266	150,494	46,320	-	7,872,317
Total current liabilities	65,998,622	12,404,095	4,468,103	1,266,814	(6,304,366)	77,833,268
Long-Term Debt, less current maturities	188,314,012	5,665,000	5,012,053	-	(5,012,053)	193,979,012
Unpaid Losses and Loss Adjustment Expenses, Retirement Benefits and Other Long-Term Liabilities	14,362,417	-	-	-	-	14,362,417
Total liabilities	268,675,051	18,069,095	9,480,156	1,266,814	(11,316,419)	286,174,697
Net Assets and Equity						
Common stock	-	-	-	-	-	-
Additional paid-in capital	-	-	-	-	-	-
Retained earnings (deficit)	-	-	-	-	-	-
Members and partners' equity	-	-	-	-	-	-
Unrestricted	470,298,070	64,709,283	3,067,582	651,399	(651,399)	538,074,935
Noncontrolling interests - unrestricted	-	-	-	-	-	-
Temporarily restricted	14,487,628	282,735	-	21,139	-	14,791,502
Permanently restricted	-	-	53,144	-	-	53,144
	484,785,698	64,992,018	3,120,726	672,538	(651,399)	552,919,581
	\$ 753,460,749	\$ 83,061,113	\$ 12,600,882	\$ 1,939,352	\$ (11,967,818)	\$ 839,094,278

* The Obligated Group includes Genesis Health System – Iowa, Genesis Health System – Illinois, Genesis Medical Center – Aledo and Genesis Senior Living – Aledo

Genesis Health Services Foundation	GenGastro, LLC	The Larson Center Partnership	GenVentures, Inc	Genesis Accountable Care Organization, LLC	Genesis Philanthropy	Genesis Health System Workers' Compensation Plan and Trust	Misericordia Assurance Company, Ltd	Eliminations	Total
\$ -	\$ -	\$ -	\$ 1,674,581	\$ -	\$ -	\$ -	\$ -	\$ (1,566,114)	\$ 8,861,422
2,226	97,747	1,555	390,524	-	220	31,590	106,330	-	25,177,336
268,133	-	12,200	4,640,577	2,890,653	72,685	641,298	30,395	(8,918,050)	-
-	24,294	-	71,885	-	-	-	-	-	10,259,429
-	13,894	-	349,423	-	-	-	-	-	16,075,084
-	-	-	-	-	-	-	-	-	10,423,726
-	-	-	-	-	-	7,541,758	9,465,459	(1,239,858)	15,767,359
1,159,195	-	238,226	1,054,422	-	-	-	-	-	10,324,160
1,429,554	135,935	251,981	8,181,412	2,890,653	72,905	8,214,646	9,602,184	(11,724,022)	96,888,516
-	-	-	13,609,547	-	-	-	-	(13,469,738)	194,118,821
-	-	-	-	-	-	-	17,686,020	-	32,048,437
1,429,554	135,935	251,981	21,790,959	2,890,653	72,905	8,214,646	27,288,204	(25,193,760)	323,055,774
-	-	-	1,000	-	-	-	120,000	(121,000)	-
-	-	-	28,821,772	-	-	-	-	(28,821,772)	-
-	-	-	(5,940,921)	-	-	-	755,401	5,185,520	-
-	705,840	2,086,443	-	-	-	-	-	(2,792,283)	-
824,133	-	-	-	(920,566)	(79,097)	5,796,542	-	706,690	544,402,637
-	-	-	-	-	-	-	-	8,343,876	8,343,876
15,567,208	-	-	-	-	1,087,513	-	-	(11,219,113)	20,227,110
4,051,084	-	-	-	-	-	-	-	-	4,104,228
20,442,425	705,840	2,086,443	22,881,851	(920,566)	1,008,416	5,796,542	875,401	(28,718,082)	577,077,851
\$ 21,871,979	\$ 841,775	\$ 2,338,424	\$ 44,672,810	\$ 1,970,087	\$ 1,081,321	\$ 14,011,188	\$ 28,163,605	\$ (53,911,842)	\$ 900,133,625

**Genesis Health System
and Related Organizations**

**Consolidating Balance Sheet Information
June 30, 2013**

Assets	GHS Iowa	GHS Illinois	Genesis Medical Center - Aleo	Genesis Senior Living - Aleo	Eliminations	Obligated 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
Inventories, 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, Genesis Health System – Illinois, Genesis Medical Center – Aleo and Genesis Senior Living – Aleo

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	Misericordia Assurance Company, Ltd	Eliminations	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
1,092,421	1,020,697	360,301	4,760,428	1,365,482	1,909,331	5,238,326	(9,785,683)	211,309,172
-	-	-	-	-	-	-	(15,035,851)	-
-	-	-	-	-	-	-	(48,671,686)	-
1,352,739	-	-	1,046,000	-	11,781,429	23,967,230	-	61,651,493
1,352,739	-	-	1,046,000	-	11,781,429	23,967,230	(63,707,537)	61,651,493
-	-	-	-	-	-	-	-	174,235,597
-	-	-	-	-	-	-	(10,993,393)	994,059
16,815,988	-	-	-	-	-	-	-	19,004,081
16,815,988	-	-	-	-	-	-	(10,993,393)	194,233,737
9,975	119,585	2,091,142	41,102,784	-	-	-	-	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
\$ 19,271,123	\$ 1,140,282	\$ 2,451,443	\$ 47,107,805	\$ 1,365,482	\$ 13,690,760	\$ 29,205,556	\$ (54,576,180)	\$ 753,867,749

**Genesis Health System
and Related Organizations**

**Consolidating Balance Sheet Information
June 30, 2013**

	GHS Iowa	GHS Illinois	Genesis Medical Center - Aledo	Genesis Senior Living - Aledo	Eliminations	Obligated Group *
Liabilities and Net Assets and Equity						
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 maturities	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	-	-	-	-	-	-
Temporarily 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
	\$ 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, Genesis Health System – Illinois, Genesis Medical Center – Aledo and Genesis Senior Living – Aledo

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	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
-	-	-	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

**Genesis Health System
and Related Organizations**

**Consolidating Statement of Operations and Changes in Net Assets Information
Year Ended June 30, 2014**

	GHS Iowa	GHS Illinois	Genesis Medical Center - Aleo	Genesis Senior Living - Aleo	Eliminations	Obligated Group *
Change in unrestricted net assets						
Unrestricted revenue						
Patient service revenue, net of contractual adjustments	\$ 449,457,858	\$ 90,525,015	\$ 12,819,895	\$ 3,888,696	\$ (1,320,517)	\$ 555,370,947
Less provision for doubtful accounts	28,045,989	7,377,444	606,972	15,078	-	36,045,483
Net patient service revenue	421,411,869	83,147,571	12,212,923	3,873,618	(1,320,517)	519,325,464
Other service revenue, net of cost of revenue	-	-	-	-	-	-
Medical office building rental revenue	(2,850)	-	-	-	-	(2,850)
Other revenue	22,775,030	3,570,393	504,844	207,800	(709,906)	26,348,161
Total revenue	444,184,049	86,717,964	12,717,767	4,081,418	(2,030,423)	545,670,775
Expenses						
Salaries and wages	211,830,411	28,068,072	5,368,932	2,563,258	-	247,830,673
Employee benefits	40,117,275	6,094,001	1,078,117	606,805	(76,997)	47,819,201
Contracted professionals and services	27,912,180	5,915,269	1,539,722	383,850	(1,491,662)	34,259,359
Supplies	78,310,363	13,418,287	1,097,910	460,397	(237,173)	93,049,784
Other	53,924,452	27,955,473	3,914,995	1,659,679	(224,591)	87,230,008
Interest	3,215,484	66	-	-	-	3,215,550
Depreciation and amortization	28,822,981	4,394,042	54,902	54,364	-	33,326,289
Total expenses	444,133,146	85,845,210	13,054,578	5,728,353	(2,030,423)	546,730,864
Operating income (loss)	50,903	872,754	(336,811)	(1,646,935)	-	(1,060,089)
Nonoperating gains and (losses)						
Interest and dividend income and realized gains on sales of investments	22,714,379	66,987	7,485	1,127	-	22,789,978
Current year change in unrealized gains on trading securities	3,379,953	-	-	-	-	3,379,953
Other nonoperating income (expense)	2,291,595	17,233	845,332	-	-	3,154,160
Nonoperating gains and (losses)	28,385,927	84,220	852,817	1,127	-	29,324,091
Excess of revenue over (under) expenses before equity in net income of subsidiaries	28,436,830	956,974	516,006	(1,645,808)	-	28,264,002
Equity in net income (loss) of subsidiaries	2,293,799	(1,264,832)	-	-	1,645,808	2,674,775
Excess of revenue over (under) expenses	30,730,629	(307,858)	516,006	(1,645,808)	1,645,808	30,938,777
Less excess of revenue (over) expenses attributable to noncontrolling interests	-	-	-	-	-	-
Excess of revenue over (under) expenses attributable to Genesis Health System	30,730,629	(307,858)	516,006	(1,645,808)	1,645,808	30,938,777
Income associated with noncontrolling interests	-	-	-	-	-	-
Distributions to noncontrolling interests	-	-	-	-	-	-
Change in unrecognized funded status of retirement plan	(2,438,081)	-	-	-	-	(2,438,081)
Increase (decrease) in unrestricted net assets	28,292,548	(307,858)	516,006	(1,645,808)	1,645,808	28,500,696
Change in temporarily restricted net assets						
Contributions, investment income and other	(65,739)	-	-	-	-	(65,739)
Net assets released from restrictions, used for operations	-	-	-	-	-	-
Change in interest in net assets of Foundation	713,522	21,318	-	-	-	734,840
Increase in temporarily restricted net assets	647,783	21,318	-	-	-	669,101
Change in permanently restricted net assets, contributions, investment income and other	-	-	-	-	-	-
Increase (decrease) in net assets	\$ 28,940,331	\$ (286,540)	\$ 516,006	\$ (1,645,808)	\$ 1,645,808	\$ 29,169,797

* The Obligated Group includes Genesis Health System – Iowa, Genesis Health System – Illinois, Genesis Medical Center – Aleo and Genesis Senior Living – Aleo

Genesis Health Services Foundation	GenGastro, LLC	The Larson Center Partnership	GenVentures, Inc	Genesis Accountable Care Organization, LLC	Genesis Philanthropy	Genesis Health System Workers' Compensation Plan and Trust	Misericordia Assurance Company, Ltd	Eliminations	Total
\$ -	\$ 6,390,969	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,152,884)	\$ 557,609,032
-	-	-	-	-	-	-	-	-	36,045,483
-	6,390,969	-	-	-	-	-	-	(4,152,884)	521,563,549
-	-	-	5,129,167	-	-	-	-	-	5,129,167
-	-	1,208,320	9,119,270	-	-	-	-	(8,273,714)	2,051,026
2,394,529	-	-	3,509,915	2,282,097	181,891	2,020,629	2,689,887	(13,378,916)	26,048,193
2,394,529	6,390,969	1,208,320	17,758,352	2,282,097	181,891	2,020,629	2,689,887	(25,805,514)	554,791,935
349,098	454,137	-	5,702,339	-	109,595	-	-	-	254,445,842
53,496	228,053	-	1,194,508	-	7,781	-	-	(2,685)	49,300,354
135,684	518,694	13,850	203,233	792,742	7,269	226,233	536,622	(947,281)	35,746,405
100,368	236,070	2,621	379,057	77	1,853	-	-	(3,893,128)	89,876,702
2,462,633	558,816	498,194	7,120,774	1,939,782	140,879	1,794,396	2,153,265	(20,039,374)	83,859,373
-	49	-	945,832	-	-	-	-	(923,046)	3,238,385
-	66,268	189,468	3,215,163	-	-	-	-	-	36,797,188
3,101,279	2,062,087	704,133	18,760,906	2,732,601	267,377	2,020,629	2,689,887	(25,805,514)	553,264,249
(706,750)	4,328,882	504,187	(1,002,554)	(450,504)	(85,486)	-	-	-	1,527,686
102,260	-	-	15,750	-	-	250,894	-	-	23,158,882
98,196	-	-	-	-	-	95,062	-	-	3,573,211
267,359	5	(415)	25,437	-	6,389	(833,418)	-	-	2,619,517
467,815	5	(415)	41,187	-	6,389	(487,462)	-	-	29,351,610
(238,935)	4,328,887	503,772	(961,367)	(450,504)	(79,097)	(487,462)	-	-	30,879,296
-	-	-	-	-	-	-	-	(2,674,775)	-
(238,935)	4,328,887	503,772	(961,367)	(450,504)	(79,097)	(487,462)	-	(2,674,775)	30,879,296
-	-	-	-	-	-	-	-	(1,194,881)	(1,194,881)
(238,935)	4,328,887	503,772	(961,367)	(450,504)	(79,097)	(487,462)	-	(3,869,656)	29,684,415
-	-	-	-	-	-	-	-	1,194,881	1,194,881
-	-	-	-	-	-	-	-	(1,306,728)	(1,306,728)
-	-	-	-	-	-	-	-	-	(2,438,081)
(238,935)	4,328,887	503,772	(961,367)	(450,504)	(79,097)	(487,462)	-	(3,981,503)	27,134,487
4,236,753	-	-	-	-	1,087,513	-	-	-	5,258,527
(1,715,776)	-	-	-	-	-	-	-	-	(1,715,776)
-	-	-	-	-	-	-	-	(225,720)	509,120
2,520,977	-	-	-	-	1,087,513	-	-	(225,720)	4,051,871
122,577	-	-	-	-	-	-	-	-	122,577
\$ 2,404,619	\$ 4,328,887	\$ 503,772	\$ (961,367)	\$ (450,504)	\$ 1,008,416	\$ (487,462)	\$ -	\$ (4,207,223)	\$ 31,308,935

**Genesis Health System
and Related Organizations**

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

	GHS Iowa	GHS Illinois	Genesis Medical Center - Aledo	Genesis Senior Living - Aledo	Eliminations	Obligated Group *
Change in unrestricted net assets						
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	-	-	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 of cost of revenue	-	-	-	-	-	-
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						
Salaries and wages	201,524,971	27,873,270	2,186,764	1,125,953	-	232,710,958
Employee benefits	39,543,436	5,882,212	446,555	290,974	(137,649)	46,025,528
Contracted professionals and services	41,665,845	5,846,716	583,818	235,724	(1,152,999)	47,179,104
Supplies	73,508,901	13,491,381	489,172	163,533	(208,113)	87,444,874
Other	47,520,635	27,419,761	1,521,050	679,904	(363,558)	76,777,792
Interest	3,862,107	174,112	3,784	-	-	4,040,003
Depreciation and amortization	28,444,591	4,267,542	21,057	25,935	-	32,759,125
Total expenses	436,070,486	84,954,994	5,252,200	2,522,023	(1,862,319)	526,937,384
Operating income (loss)	10,884,700	3,882,906	(23,057)	(676,646)	-	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	-	5,102,522
Nonoperating gains and (losses)	19,857,534	17,520	2,574,633	727,473	-	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	-	-	(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 noncontrolling interests	-	-	-	-	-	-
Excess of revenue over (under) expenses attributable to Genesis Health System	33,881,970	4,348,970	2,551,576	50,827	(50,827)	40,782,516
Income associated with noncontrolling interests	-	-	-	-	-	-
Distributions to noncontrolling interests	-	-	-	-	-	-
Transfers (to) from related organizations	-	-	-	2,246,380	(2,246,380)	-
Change in unrecognized funded status of retirement plan	13,291,089	-	-	-	-	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)	-	-	-	1,582,293
Increase (decrease) in temporarily restricted net assets	385,649	(41,960)	-	21,139	-	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, Genesis Health System – Illinois, Genesis Medical Center – Aledo and Genesis Senior Living – Aledo

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	Misericordia 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
-	-	-	5,870,389	-	-	-	-	5,870,389
-	-	1,198,928	9,294,346	-	-	-	(8,373,034)	2,120,240
1,190,353	-	-	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
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	-	-	-	(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	-	-	-	-	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)	-	-	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
-	-	-	-	-	-	-	(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)	-	(4,840,630)	52,161,306
2,482,106	-	-	-	-	-	-	-	2,378,832
(831,218)	-	-	-	-	-	-	-	(1,945,409)
-	-	-	-	-	-	-	(1,360,566)	221,727
1,650,888	-	-	-	-	-	-	(1,360,566)	655,150
110,673	-	-	-	-	-	-	-	163,817
\$ 1,210,150	\$ 4,658,801	\$ 503,110	\$ (334,362)	\$ (470,062)	\$ (877,745)	\$ -	\$ (6,201,196)	\$ 52,980,273