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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GENESIS HEALTHCARE SYSTEM

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2951 MAPLE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ZANESVILLE, OH 43701

D Employer identification number
31-1480941

E Telephone number
(740) 454-5000

G Gross receipts $ 409,968,196

F Name and address of principal officer
MATTHEW PERRY
2951 MAPLE AVENUE
ZANESVILLE, OH 43701

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3727

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GENESISHCS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IN 1997, GOOD SAMARITAN MEDICAL CENTER AND BETHESDA HOSPITAL ASSOCIATION, A TAX-EXEMPT COMMUNITY HOSPITAL ALSO LOCATED IN ZANESVILLE, AFFILIATED TO FORM GENESIS HEALTHCARE SYSTEM GENESIS HAS BEEN GRANTED 501C3 STATUS AS A HOSPITAL ALL HOSPITAL OPERATIONS AND ASSETS OF GOOD SAMARITAN MEDICAL CENTER WERE TRANSFERRED TO GENESIS WITH THE EXCEPTION OF CERTAIN INVESTMENTS GOOD SAMARITAN MEDICAL CENTER WILL CONTINUE TO HAVE CONTROL OVER CERTAIN INVESTMENTS WHICH ARE BEING USED BY THE GENESIS HEALTHCARE SYSTEM IN FULFILLING ITS TAX-EXEMPT PURPOSE

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3,215
6	Total number of volunteers (estimate if necessary)	6	369
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,630,470
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-21,879

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	204,558	371,813
	9 Program service revenue (Part VIII, line 2g)	354,489,598	387,260,718
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,558,357	3,925,547
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,606,907	16,178,704
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	375,859,420	407,736,782
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	92,394
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	162,730,988	164,875,549
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	182,836,903	195,063,330
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	345,567,891	360,031,273
	19 Revenue less expenses Subtract line 18 from line 12	30,291,529	47,705,509

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	531,322,335	542,563,079
	21 Total liabilities (Part X, line 26)	383,169,806	385,731,853
	22 Net assets or fund balances Subtract line 21 from line 20	148,152,529	156,831,226

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2017-11-13
Signature of officer Date

PAUL MASTERSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Bernie Ostrowski	Bernie Ostrowski	2017-11-12		P00366367

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951
Firm's address ▶ 250 S High St Suite 100 Columbus, OH 43215 | Phone no (614) 849-3000

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

TO PROVIDE COMPASSIONATE, QUALITY HEALTH CARE

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 $ 203,631,273 including grants of $ 92,394) (Revenue $ 168,507,650)
See Additional Data

4b (Code) (Expenses $ 40,455,359 including grants of $ 0) (Revenue $ 126,546,727)
See Additional Data

4c (Code) (Expenses $ 17,255,666 including grants of $ 0) (Revenue $ 53,976,733)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 14,459,673 including grants of $ 0) (Revenue $ 45,230,702)

4e **Total program service expenses** ▶ 275,801,971

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		No
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		No
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	Yes	
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		No
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . .	**1a**	299		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,215		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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		Yes	
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		Yes	
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		Yes	
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		Yes	
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		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶MARTI NASH 2951 MAPLE AVENUE ZANESVILLE, OH 43701 (740) 454-5000

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

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

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

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

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

(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,457,510	779,255	589,465

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 56

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
PRECYSE SOLUTIONS LLC 1275 DRUMMERS LN SUITE 200 WAYNE, PA 190871571	HEALTH INFORMATION MANAGEMENT	5,603,409
ZANESVILLE ANESTHESIA PHYSICIANS INC 37 S SEVENTH ST ZANESVILLE, OH 43701	MEDICAL SERVICES	4,212,958
CARDIAC ANESTHESIA ASSOC 800 FOREST AVE ZANESVILLE, OH 43701	MEDICAL SERVICES	1,710,000
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 84127	LABWORK	1,059,245
DIVERSIFIED CLINICAL SERVICES 28525 NETWORK PLACE CHICAGO, IL 606731285	MEDICAL PERSONNEL SERVICES	913,874

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 42

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	113,211			
	e Government grants (contributions)	1e	258,602			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f		371,813			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICES	621110	386,963,746	386,963,746		
	b PASSTHROUGH INCOME	621110	296,972	296,972		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		387,260,718			
	3 Investment income (including dividends, interest, and other similar amounts)		4,859,461			4,859,461
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	1,400,199				
	b Less rental expenses	1,297,500				
	c Rental income or (loss)	102,699				
	d Net rental income or (loss)			102,699	102,699	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses		933,914			
	c Gain or (loss)		-933,914			
	d Net gain or (loss)			-933,914		-933,914
Other Revenue	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					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA SALES	621110	2,917,285		96,965	2,820,320
	b OCCUPATIONAL HEALTH	621110	1,278,021	1,278,021		
	c EHR TECHNOLOGY INCOME	621110	1,198,334	1,198,334		
	d All other revenue		10,682,365	4,422,040	2,533,505	3,726,820
	e **Total.** Add lines 11a–11d		16,076,005			
	12 **Total revenue.** See Instructions		407,736,782	394,261,812	2,630,470	10,472,687

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	92,394	92,394		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,247,233		1,247,233	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,703,338	88,620,309	31,083,029	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,894,208	3,585,979	1,308,229	
9 Other employee benefits	30,437,528	22,301,533	8,135,995	
10 Payroll taxes	8,593,242	6,296,256	2,296,986	
11 Fees for services (non-employees)				
a Management				
b Legal	722,652		722,652	
c Accounting	428,751		428,751	
d Lobbying	154,630		154,630	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,493,527	17,624,460	14,869,067	
12 Advertising and promotion	489,916	489,916		
13 Office expenses	10,472,028	5,034,722	5,437,306	
14 Information technology	7,783,150	1,453,212	6,329,938	
15 Royalties				
16 Occupancy	11,062,203	6,681,171	4,381,032	
17 Travel	503,615	203,040	300,575	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,921,222	14,921,222		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,716,519	17,633,794	4,082,725	
23 Insurance	283,620	275,571	8,049	
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 MEDICAL SUPPLIES	72,335,487	71,567,685	767,802	
b BAD DEBT EXPENSE	14,462,071	14,462,071		
c LAB REFERENCE FEES	1,592,079	1,588,267	3,812	
d PHYSICIAN RECRUITMENT	774,662	774,662		
e All other expenses	4,867,198	2,195,707	2,671,491	
25 **Total functional expenses.** Add lines 1 through 24e	360,031,273	275,801,971	84,229,302	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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,771,751	1	3,865,531
	2	Savings and temporary cash investments		6,303,262	2	10,305,181
	3	Pledges and grants receivable, net		7,083	3	2,083
	4	Accounts receivable, net		64,163,472	4	71,240,238
	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			7	
	8	Inventories for sale or use		5,566,927	8	5,753,526
	9	Prepaid expenses and deferred charges		6,335,414	9	6,539,873
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 475,063,051			
	b	Less accumulated depreciation	10b 165,224,080	316,929,775	10c	309,838,971
	11	Investments—publicly traded securities		76,303,329	11	83,537,936
	12	Investments—other securities See Part IV, line 11		10,935,680	12	9,247,024
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		6,109,176	14	6,109,176
	15	Other assets See Part IV, line 11		35,896,466	15	36,123,540
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		531,322,335	16	542,563,079
Liabilities	17	Accounts payable and accrued expenses		38,014,307	17	40,430,754
	18	Grants payable			18	
	19	Deferred revenue		5,510,444	19	4,736,012
	20	Tax-exempt bond liabilities		291,245,952	20	287,707,200
	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		9,900,000	23	10,825,000
	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		38,499,103	25	42,032,887
	26	**Total liabilities.** Add lines 17 through 25		383,169,806	26	385,731,853
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		148,152,529	27	156,831,226
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		148,152,529	33	156,831,226
	34	Total liabilities and net assets/fund balances		531,322,335	34	542,563,079

Part XI Reconcilliation 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	407,736,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	360,031,273
3	Revenue less expenses Subtract line 2 from line 1	3	47,705,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,152,529
5	Net unrealized gains (losses) on investments	5	1,277,397
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	-40,304,209
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,831,226

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? 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	3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1480941

Name: GENESIS HEALTHCARE SYSTEM

Form 990, Part III, Line 4a:

GENESIS PROVIDES ACUTE CARE SERVICES INCLUDING MEDICAL, SURGICAL, OBSTETRICAL, PEDIATRIC AND CRITICAL CARE TOTAL DISCHARGES FROM MEDICAL/SURGICAL UNITS DURING 2016 WERE 7,298 TOTAL OBSTETRIC DISCHARGES EQUALED 1,559 WITH 1,557 TOTAL BIRTHS AND PEDIATRIC DISCHARGES EQUALED 187 THERE WERE 400 CRITICAL CARE DISCHARGES, 1,335 CARDIOVASCULAR DISCHARGES, 576 ONCOLOGY DISCHARGES AND 926 ORTHOPEDIC DISCHARGES GENESIS PROVIDES A WIDE RANGE OF DIAGNOSTIC AND SUPPORT SERVICES FOR INPATIENTS AND OUTPATIENTS THESE SERVICES ARE COMPRISED OF LABORATORY, IMAGING SERVICES, CARDIAC, AND PHARMACY LABORATORY SERVICES INCLUDE CHEMISTRY, PATHOLOGY, MICROBIOLOGY, HEMATOLOGY, AND CYTOLOGY FOR TOTAL VOLUMES IN 2016 OF 1,609,927 IMAGING SERVICES INCLUDES RADIOLOGY, NUCLEAR MEDICINE, MRI, ULTRASOUND, CT SCAN, AND PET SCAN WITH TOTAL VOLUMES OF 174,569

Form 990, Part III, Line 4b:

HEART & VASCULAR SERVICES THE GENESIS HEART & VASCULAR TEAM PROVIDES CARDIAC, THORACIC, AND VASCULAR SERVICES HEART TREATMENTS INCLUDE INTERVENTIONAL CARDIOLOGY SUCH AS BALLOON ANGIOPLASTY AND STENTING, ELECTROPHYSIOLOGY TO TREAT ABNORMAL HEART RHYTHMS AND OPEN-HEART SURGERY SUCH AS CORONARY ARTERY BYPASS GRAFTING (CABG) AND VALVE REPAIR AND REPLACEMENT OTHER SERVICES PROVIDED ARE MEDICAL MANAGEMENT BY OUR CARDIOLOGISTS, AN ANTICOAGULATION CLINIC AND A CARDIAC REHABILITATION PROGRAM GENESIS HOSPITAL HAS RECEIVED CHEST PAIN CENTER ACCREDITATION, HEART FAILURE ACCREDITATION & ATRIAL FIBRILLATION CERTIFICATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE THE TOTAL NUMBER OF HEART & VASCULAR CASES TREATED IN 2016 WERE 2,477

Form 990, Part III, Line 4c:

RESPIRATORY SERVICES - GENESIS RESPIRATORY & LUNG PROVIDES SERVICES FOR A VARIETY OF LUNG CONDITIONS AND DISEASES INCLUDING LUNG SURGERIES AND RESPIRATORY THERAPY OUR TEAM, INCLUDING BOARD-CERTIFIED PULMONOLOGISTS, PROVIDE CARE AND TREATMENT FOR PATIENTS WITH PNEUMONIA, LUNG CANCER, BLACK LUNG DISEASE, RESPIRATORY FAILURE, COLLAPSED LUNG, AND OTHER PLEURAL DISEASES THE TOTAL NUMBER OF RESPIRATORY CASES TREATED IN 2016 WERE 1,952

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

(Code) (Expenses $ 14,459,673 including grants of $ 0) (Revenue $ 45,230,702)

ORTHOPEDIC SERVICES - THE GENESIS ORTHOPEDIC TEAM PROVIDES ALL THE CARE NEEDED FOR MUSCULOSKELETAL SURGERY, FROM IMAGING TESTS TO REHABILITATION PATIENTS BENEFIT FROM BOARD-CERTIFIED ORTHOPEDIC SURGEONS AND SPECIALLY TRAINED SURGICAL NURSING STAFF BESIDES GENERAL ORTHOPEDIC SURGERIES, GENESIS OFFERS KNEE SURGERY, INCLUDING ACL RECONSTRUCTION, KNEE REPLACEMENT, AND MENISCECTOMY AND MENISCUS REPAIR, SHOULDER SURGERY INCLUDING REPLACEMENTS AND ROTATOR CUFF REPAIR, PARTIAL OR TOTAL HIP REPLACEMENT, AND HAND SURGERY INCLUDING CARPAL AND CUBITAL TUNNEL RELEASE PATIENTS SCHEDULED FOR A HIP OR KNEE REPLACEMENT ARE ABLE TO TAKE PART IN A PREOPERATIVE CLASS THAT EXPLAINS HOW TO PREPARE FOR SURGERY AND HOW TO ENHANCE THEIR RECOVERY THE TOTAL NUMBER OF ORTHOPEDIC CASES TREATED IN 2016 WERE 1,117

(Code) (Expenses $ including grants of $) (Revenue $)

IN 2014, THE NEW GENESIS BEHAVIORAL HEALTH CENTER OPENED BRINGING TOGETHER ALL GENESIS BEHAVIOR HEALTH SERVICES IN ONE LOCATION THE PREMIER FACILITY IS THE ONLY COMPREHENSIVE BEHAVIORAL HEALTH CENTER IN SOUTHEASTERN OHIO AND OFFERS INPATIENT AND OUTPATIENT ADULT, ADOLESCENT, AND CHILD PSYCHIATRIC CARE, SUBSTANCE ABUSE SUPPORT AND RECOVERY PROGRAMS, PARTIAL HOSPITALIZATION, AND ANGER MANAGEMENT INPATIENT & PARTIAL HOSPITALIZATION CARE IS PROVIDED IN THREE DISTINCT AREAS, A PRIVATE, SECURE ADULT UNIT, A CLOSED INTENSIVE PSYCHIATRIC UNIT, AND A PEDIATRIC/ ADOLESCENT UNIT ALONG WITH PRIVATE ROOMS THE NEW CENTER PROVIDES OPEN, QUIET SPACES WITH NATURAL LIGHTING AND EXERCISE EQUIPMENT THE GENESIS BEHAVIORAL HEALTH TEAM OF PSYCHIATRISTS, PSYCHOLOGISTS, CERTIFIED COUNSELORS, THERAPISTS, NURSES AND SUPPORT STAFF ARE HIGHLY TRAINED AND WORK CLOSELY WITH OTHER COMMUNITY BASED HEALTH AGENCIES TO COORDINATE SERVICES MISCELLANEOUS PROGRAMS INCLUDE SUBSTANCE ABUSE, SUICIDE AND DATE VIOLENCE PREVENTION AND GRIEF COUNSELING TO AREA SCHOOLS AND CONDUCTING CLASSES ON DEALING WITH DIVORCE REQUIRED FOR FAMILIES GOING THROUGH THIS PROCESS BY THE MUSKINGUM COUNTY COURT SYSTEM PEOPLE OF ALL AGES AND FROM 33 COUNTIES COME TO GENESIS FOR BEHAVIORAL HEALTH CARE TOTAL INPATIENTS TREATED IN 2016 WERE 1,601

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			
JODY BALLAS EX-OFFICIO	2 62 0 00	X						0	0	0
JERRY NOLDER TREASURER	2 31 0 00	X		X				0	0	0
MARK MOYER TRUSTEE	1 85 0 00	X						0	0	0
SR LAURA WOLF EX-OFFICIO	1 69 0 00	X						0	0	0
RANDY COCHRANE CHAIR	2 62 0 24	X		X				0	0	0
JAMES MCDONALD TRUSTEE	1 15 0 24	X						0	0	0
ERIN REMSTER MD TRUSTEE	40 00 0 00	X						0	295,062	17,213
JOHN DITTOE TRUSTEE	1 15 0 00	X						0	0	0
SR MARY ANN NUGENT TRUSTEE	1 15 0 00	X						0	0	0
WILLIAM SHADE MD VICE CHAIR	2 85 0 00	X		X				0	1,600	0

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			
JOANN BUTCHER EX-OFFICIO	1 62 0 00	X						0	0	0
COLBY GRAHAM TRUSTEE	1 15 0 00	X						0	0	0
PATRICK NASH SECRETARY	2 08 0 04	X		X				0	0	0
SHIRLEY VAN WYE TRUSTEE	2 08 0 43	X						0	0	0
TOD KLOTZBACH TRUSTEE	1 15 0 00	X						0	0	0
DANIEL MCGINTY EX-OFFICIO	1 69 0 04	X						0	0	0
JOHN ZIMMERMAN MD TRUSTEE	39 85 0 15	X						0	482,593	31,838
MATTHEW PERRY PRESIDENT & CEO	39 08 0 92			X				673,143	0	100,768
PAUL MASTERSON CHIEF FINANCIAL OFFICER	39 12 0 88			X				407,281	0	66,040
EDMUND ROMITO CHIEF INFORMATION OFFICER	40 00 0 00				X			337,719	0	34,902

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			
ALAN BURNS CHIEF DEVELOPMENT OFFICER	39 85 0 15				X			368,688	0	57,582
DANIEL SCHEERER MD CHIEF MEDICAL AFFAIRS OFFICER	40 00 0 00				X			391,782	0	63,598
ABBY NGUYEN CHIEF NURSING OFFICER	39 81 0 19				X			259,690	0	27,839
DIANNA LEVECK CHIEF HUMAN RESOURCES OFFICER	40 00 0 00				X			281,286	0	21,032
WENDY CEDOZ CHIEF LEGAL OFFICER	40 00 0 00				X			285,835	0	28,561
SLOAN ALBERT CHIEF PHYSICIAN NETWORK OFFICER	40 00 0 00				X			372,225	0	21,601
SHAWN ROARK CHIEF TRANSF/POP HEALTH OFFICER	40 00 0 00				X			305,862	0	17,989
CHARLES ADAMS JR DIRECTOR	40 00 0 00					X		153,969	0	17,808
SHARON PARKER DIRECTOR OF CANCER SERVICE	40 00 0 00					X		159,501	0	19,206
LES BOYER DIRECTOR	40 00 0 00					X		149,803	0	21,236

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			
CHERYL JORGE DIRECTOR	40 00 0 00					X		161,870	0	18,904
GREGORY HAMILTON DIRECTOR	40 00 0 00					X		148,856	0	23,348

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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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318017497

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
GENESIS HEALTHCARE SYSTEM	31-1480941

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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-
2				
3				
4				
5				
6				

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		
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-		

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

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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		158,780
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		21,613
j	Total Add lines 1c through 1i			180,393
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	GENESIS HEALTHCARE SYSTEM PAYS MEMBERSHIP DUES TO THE FOLLOWING ORGANIZATIONS A PORTION OF THE DUES ARE RELATED TO LOBBYING ACTIVITIES AMERICAN HOSPITAL ASSOCIATION - FSCC SHARE (AHA) 21 78% OF $56,117 ($12,222) OHIO HOSPITAL ASSOCIATION - FSCC SHARE (OHA) 3 5% OF $77,721 ($2,720) AMERICAN SOCIETY HEALTHCARE ENGINEERING (ASHE/AHA) 21 78% OF $450 ($98) AMERICAN SOCIETY HEALTHCARE HR ADMIN (ASHHRA/AHA) 21 78% OF $160 ($35) AMERICAN SOCIETY HEALTHCARE RISK MGMT (ASHRM/AHA) 21 78% OF $159 ($35) SOC FOR HEALTHCARE STRATEGY & MARKET DEVELOPMENT (SHSMD/AHA) 21 78% OF $235 ($51) CATHOLIC CONFERENCE OF OHIO 3 5% OF $3,262 ($114) CATHOLIC HEALTH ASSOC (FSCC SHARE) 3 11% OF $7,898 ($246) ACADEMY OF NUTRITION & DIETETICS (AND) 14 0% OF $234 ($33) AMERICAN ACADEMY OF SLEEP MEDICINE (AASM) 2 0% OF $1,100 ($22) AMERICAN BAR ASSOC (ABA) 2 5% OF $219 ($5) AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA) 5 0% OF $350 ($18) AMERICAN HEART ASSOC (AHA) 6 0% OF $260 ($16) AMERICAN MEDICAL GROUP ASSOCIATION (AMGA) 20 0% OF $9,750 ($1,950) AMERICAN SOCIETY HEALTH-SYSTEM PHARMACISTS (ASHP) 40 0% OF $109 ($43) AMERICAN SPEECH & HEARING ASSOCIATION (ASHA) 4 0% OF $900 ($36) ASSOCIATION OF COMMUNITY CANCER CENTERS (ACCC) 3 0% OF $1,150 ($35) COLLEGE OF HEALTHCARE INFO MGMT EXECUTIVES (CHIME) 8 0% OF $375 ($30) HEALTHCARE INFORMATION & MANAGEMENT SYSTEMS SOCIETY (HIMSS) 2 87% OF $2,813 ($81) MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) 23 0% OF $779 ($179) OHIO STATE BAR ASSOCIATION (OBA) 5 0% OF $305 ($15) SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY (SDMS) 4 0% OF $160 ($6) SOCIETY OF THORACIC SURGEONS (STS) 18 0% OF $8,250 ($1,485) SOCIETY OF VASCULAR ULTRASOUND (SVU) 20 0% OF $145 ($29) TRAUMA CENTER ASSOCIATION OF AMERICA (TCAA) 29 0% OF $1,667 ($483) ZANESVILLE - MUSKINGUM CO CHAMBER OF COMMERCE 10 0% OF $5,833 ($583) ZANESVILLE - MUSKINGUM CO CHAMBER OF COMMERCE 10 0% OF $4,590 ($459) OHIO HOSPICE AND PALLIATIVE CARE ORGANIZATION DBA MIDWEST CARE ALLIANCE (OHPCO) 7 3% OF 8,000 ($584) GENESIS HEALTHCARE SYSTEM PAID SECOND CAPITAL CONSULTING, LLC $158,780 IN 2016 FOR ADVOCACY AND OUTREACH CONSULTING SERVICES THESE SERVICES ASSIST GENESIS IN ENGAGING, EDUCATING AND COMMUNICATING WITH PUBLIC POLICY MAKERS REGARDING PENDING LEGISLATION OR PROPOSED REGULATIONS AND ASSIST ELECTED OFFICIALS IN UNDERSTANDING THE IMPACT THESE REGULATIONS HAVE ON GENESIS'S ABILITY TO DELIVER COST EFFECTIVE, QUALITY CARE FOR PATIENTS IN SOUTHEAST OHIO GENESIS WORKS PRIMARILY THROUGH NATIONAL AND STATE HOSPITAL ASSOCIATIONS, IN WHICH GENESIS HAS MEMBERSHIP, TO UNDERSTAND POTENTIAL POLICIES WHICH COULD NEGATIVELY AFFECT THEIR ABILITY TO WORK WITH THE LOCAL MEDICAL COMMUNITY TO MEET THE HEALTHCARE NEEDS OF THE REGION SOME ISSUES OF INTEREST INCLUDE THE 340B PROGRAM, MEDICAID REGULATIONS AND INFRASTRUCTURE IMPROVEMENTS AT THE LOCAL LEVEL TO ENHANCE ACCESS TO THE HOSPITAL FOR EMERGENCY VEHICLES, PATIENTS AND FAMILIES, WHILE MINIMIZING TRAFFIC CONGESTION THROUGHOUT THE BUSY COMMERCIAL CORRIDOR IN ZANESVILLE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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' on 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		8,108,904		8,108,904
b Buildings		222,168,695	16,924,704	205,243,991
c Leasehold improvements		5,101,243	2,425,836	2,675,407
d Equipment		226,213,415	144,617,224	81,596,191
e Other		13,470,794	1,256,316	12,214,478
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				309,838,971

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) UNAMORTIZED BOND ISSUE COSTS	4,362,683
(2) INVESTMENTS IN RELATED AND OTHER HEALTHCARE ORGANIZATIONS	4,272,056
(3) ASSETS LIMITED AS TO USE	27,488,801
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	36,123,540

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED MINIMUM PENSION LIABILITY	40,731,184
ACCRUED PROFESSIONAL LIABILITY	1,301,703
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	42,032,887

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1480941
Name: GENESIS HEALTHCARE SYSTEM

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE SYSTEM AND ITS SUBSIDIARIES ARE TAX-EXEMPT ORGANIZATIONS, EXCEPT FOR CARELIFE, ACCORDINGLY, NO TAX PROVISION IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SYSTEM AND TO RECOGNIZE A TAX LIABILITY IF THE SYSTEM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			4,684,352	11,452,439	0	0 %
b Medicaid (from Worksheet 3, column a)			75,982,804	57,606,437	18,376,367	5 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			80,667,156	69,058,876	18,376,367	5 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	52	77,482	1,359,030	57,781	1,301,249	0 380 %
f Health professions education (from Worksheet 5)	12	3,220	1,267,877	0	1,267,877	0 370 %
g Subsidized health services (from Worksheet 6)			1,607,242	1,472,497	134,745	0 040 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	1,341	38,518	0	38,518	0 010 %
j **Total.** Other Benefits	75	82,043	4,272,667	1,530,278	2,742,389	0 800 %
k **Total.** Add lines 7d and 7j	75	82,043	84,939,823	70,589,154	21,118,756	6 120 %

Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,462,073		
3	Enter 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	3	197,265		
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	105,377,213
6	Enter Medicare allowable costs of care relating to payments on line 5	6	108,636,239
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,259,026
8	Describe 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

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "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		9b	Yes	

Part IV Management 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				
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Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group GENESIS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW GENESISHCS ORG/ABOUT-US/COMMUNITY			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW GENESISHCS ORG/ABOUT-US/COMMUNITY			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

GENESIS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) http //www genesishcs org/app/files/public/2726/Financial-Assistance-Self-P			
b	☑ The FAP application form was widely available on a website (list url) http //www genesishcs org/app/files/public/2660/Fin-Assist-Form-Rev pdf			
c	☑ A plain language summary of the FAP was widely available on a website (list url) http //www genesishcs org/app/files/public/2546/Fin-Asst-Summary pdf			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

GENESIS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

GENESIS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	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 ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	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? **23**		No
	If "Yes," explain in Section C		
24	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **15**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
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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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	
Part II, Community Building Activities	GENESIS HAS AN ACTIVE PRESENCE ON MANY COMMITTEES INVOLVED IN FINDING LOW COST SOLUTIONS T O PHYSICAL AND MENTAL HEALTH ISSUES PREVALENT IN OUR COMMUNITIES, WITH PARTICULAR FOCUS ON SERVING LOW-INCOME, UNINSURED OR OTHERWISE UNDERSERVED GENESIS NURSES, THERAPISTS, DIABE TES COUNSELORS, ADMINISTRATORS AND OTHER PROFESSIONALS PARTICIPATE IN COMMUNITY COALITIONS AND PREVENTION PROGRAMS, PRIMARILY WITH A FOCUS ON DIABETES, DOMESTIC VIOLENCE, FAMILY SE RVICES, WELLNESS INITIATIVES AND MENTAL HEALTH THESE ACTIVITIES ARE ALL CAPTURED IN COMMU NITY BENEFIT COMMUNITY BENEFIT BUILDING ACTIVITIES ARE NOT PART OF THE DOCUMENTATION FOR COMMUNITY BENEFIT TO DATE FOR GENESIS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	BAD DEBT IS CALCULATED USING GROSS CHARGES
Part III, Line 3	THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO CHARITY CARE WAS ESTIMATED BASED UPON BAD DEBT A/R RECLASSIFIED IN 2016 TO CHARITY WITH DISCHARGE DATES OF 2015 AND PRIOR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	
Part III, Line 8	CALCULATION WAS BASED ON THE MEDICARE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	
Part VI, Line 2	GENESIS HEALTHCARE SYSTEM, AS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, IS DEDICATED TO MEETING THE HEALTH NEEDS OF OUR COMMUNITIES, REGARDLESS OF ONE'S ABILITY TO PAY WE ENCOURAGE AND SUPPORT COLLABORATION WITH OTHER COMMUNITY PARTNERS TO IDENTIFY, RESPOND TO AND STRIVE TO IMPROVE THE HEALTH-RELATED NEEDS OF THE POOR, THE UNDERSERVED, AND THE COMMUNITY AT LARGE WE PLEDGE ALL AVAILABLE FINANCIAL RESOURCES - AFTER OUR OPERATING EXPENSES ARE MET - TO RESPOND TO THE COMMUNITY'S HEALTH NEEDS WITH SERVICE INITIATIVES, FINANCIAL AND PROFESSION AL SUPPORT, AND EDUCATION AND WELLNESS PROGRAMS THE COMMUNITY BENEFIT COMMITTEE COLLABORAT ES WITH GENESIS ADMINISTRATION AND DEPARTMENTS AND WITH COMMUNITY AGENCIES IN OUR DEFINED GEOGRAPHIC MARKET, INCLUDING BUT NOT LIMITED TO THE PUBLIC HEALTH DEPARTMENTS, MUSKINGUM V ALLEY HEALTH CENTERS, AND THE UNITED WAY, TO ASSESS COMMUNITY HEALTH NEEDS AND STRENGTHS, DEVELOP A COMMUNITY BENEFIT PLAN WITH STRATEGIC GOALS AND INTERVENTIONS, MONITOR IMPLEMENT ATION OF COMMUNITY BENEFIT ACTIVITIES, EVALUATE COMMUNITY BENEFIT ACTIVITIES, ADVOCATE FOR THE COMMUNITY BENEFIT PROGRAMS, AND ASSIST IN TELLING THE GENESIS HOSPITAL COMMUNITY BENE FIT STORY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	
Part VI, Line 4	OUR GEOGRAPHIC MARKET AREA IS A SIX-COUNTY RURAL REGION OF SOUTHEAST OHIO, INCLUDING MUSKI NGUM, MORGAN, PERRY, COSHOCTON, GUERNSEY AND NOBLE COUNTIES TOTAL MARKET AREA POPULATION IS APPROXIMATELY 226,800, WITH MUSKINGUM COUNTY (86,100) REPRESENTING THE LARGEST COUNTY MEDIAN HOUSEHOLD INCOME LEVELS RANGE FROM $7,400 TO $12,400 LOWER THAN THE STATE MEDIAN HO USEHOLD INCOME AND $11,900 TO $16,800 LOWER THAN THE NATIONAL MEDIAN HOUSEHOLD INCOME PEO PLE LIVING BELOW POVERTY LEVEL RANGES FROM 15 0% TO 19 0% IN THE REGION VERSUS 14 8% FOR S TATE AND 13 5% FOR NATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	
Part VI, Line 6	THE GENESIS ORGANIZATION AND IT'S AFFILIATES ARE REACHING OUT TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH VARIOUS PROGRAMS, MANY BASED ON PREVENTION THESE FREE PROGRAMS INCLUDE FALL-RISK ASSESSMENTS, THINKFIRST INJURY PREVENTION FOR CHILDREN AND YOUNG ADULTS, AND IMPACT (IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING) AS A PART OF THESE PROGRAMS, GENESIS COMMUNITY AMBULANCE SERVICE (CAS) PARTICIPATES IN PRESENTATIONS THAT SIMULATE DISTRACTED DRIVING ACCIDENTS TO SCHOOLS AND ORGANIZATIONS CAS ALSO PROMOTES THE WELL-BEING OF THE COMMUNITY THROUGH STANDBYS AT LOCAL EVENTS, PARAMEDIC ASSIST, AMBULANCE TOURS AND EFFORTS TO INCREASE PUBLIC AWARENESS OF EMERGENCY MEDICAL SERVICE AND 9-1-1 BEFORE AN EMERGENCY OCCURS IN ADDITION, GENESIS PROVIDES NUMEROUS HEALTH SCREENINGS THROUGH OUR AFFILIATED PHARMACIES, PARTICIPATES IN COMMUNITY-BASED HEALTH FAIRS, OFFERS REGULAR EDUCATION PROGRAMS ON A VARIETY OF HEALTH TOPICS, AND COOPERATES WITH OUR IN-HOME CARE AFFILIATES TO GENERATEA BETTER QUALITY OF LIFE FOR AREA RESIDENTS WHO MAY OTHERWISE REQUIRE NURSING HOME CARE System member organizations routinely participate with the hospital in providing health and wellness programs and screenings Specifically, the retail pharmacy offers ongoing screenings through a well-established wellness program and serves as the hospital's screening partner for community-based initiatives

Additional Data

Software ID:

Software Version:

EIN: 31-1480941

Name: GENESIS HEALTHCARE SYSTEM

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
2	GENESIS HOSPITAL 2951 MAPLE AVE ZANESVILLE, OH 43701	X	X					X		ACUTE CARE HOSPITAL	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
GENESIS HOSPITAL	Part V, Section B, Line 5 A COMMUNITY HEALTH SURVEY WAS CONDUCTED THE SURVEY GATHERED THE COMMUNITY INPUT ON THEIR PRIORITIES FOR CHRONIC CONDITIONS, RISK FACTORS FOR DISEASE, MOTHERS AND CHILDREN AND ACCESS TO CARE THE SURVEY WAS COLLECTED ON THE GENESIS WEBSITE IN SEPTEMBER OF 2015 AND USED FACEBOOK, TWITTER, AND THE ZANESVILLE TIMES RECORDER TO PUBLICIZE THE COMMUNITY HEALTH NEEDS SURVEY 67 COMPLETED SURVEYS WERE COLLECTED FROM THE GENESIS WEBSITE AND FROM INDIVIDUALS WAITING FOR SERVICES AT THE GENESIS HOSPITAL ALL SIX COUNTIES WERE REPRESENTED IN THE SURVEY TWO STUDENTS FROM MUSKINGUM UNIVERSITY AND KEY PARTNERS SUCH AS MUSKINGUM VALLEY HEALTH CENTER, THE VETERAN'S CLINIC, SALVATION ARMY, CHRIST'S TABLE, AND UNITED WAY COLLECTED SURVEYS FROM LOCATIONS SERVICING THE UNDERSERVED POPULATION SIXTY-THREE PERSONS COMPLETED THE SURVEY IN THE UNDERSERVED LOCATIONS A TOTAL OF 130 SURVEYS WERE COLLECTED 58 KEY INFORMANT SURVEYS WERE COLLECTED IN THE COMMUNITY AND CONTAINED CATEGORIES FOR BEHAVIORAL RISKS, MOMS AND BABIES, MORTALITY RATES AND POVERTY SPECIAL CARE WAS USED TO IDENTIFY KEY INFORMANTS WITH KNOWLEDGE OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS IN ADDITION, WE HAVE IDENTIFIED THE KEY INFORMANTS SPECIFICALLY AS (1) PERSONS WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH, (2) REPRESENTATIVES FROM GOVERNMENT OR PUBLIC HEALTH DEPARTMENTS, AND (3) LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS ALL SIX COUNTIES WERE REPRESENTED IN THE KEY INFORMANT SURVEY IN ADDITION TO USING COUNTY BASED NEEDS ASSESSMENTS, DUE TO THE LARGE COMMUNITY DEFINED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT, SPECIAL CARE WAS TAKEN TO INCORPORATE THE VIEWS OF KEY INFORMANTS FROM EACH COUNTY BELOW ARE EXAMPLES OF THE AGENCIES AND GROUPS COMPLETING THE KEY INFORMANT SURVEYS COSHOCTON GENESIS HEALTHCARE SYSTEMCOSHOCTON COUNTY HEALTH DEPARTMENTCOSHOCTON JOB AND FAMILY SERVICESCOSHOCTON UNITED WAYMUSKINGUM VALLEY HEALTH CENTERCOSHOCTON BEHAVIORAL HEALTH CHOICESMUSKINGUM GENESIS HEALTHCARE SYSTEMTHE CARR CENTERQUALITY CARE PARTNERSZANESVILLE-MUSKINGUM COUNTY HEALTH DEPARTMENTHEART BEATSBIG BROTHERS BIG SISTERSMUSKINGUM COUNTY COMMUNITY FOUNDATIONMUSKINGUM RECREATION CENTERMUSKINGUM COUNTY PORT AUTHORITYSALVATION ARMYBETHEL MISSIONFIRST UNITED METHODIST CHURCHMUSKINGUM VALLEY HEALTH CENTERAMERICAN CANCER SOCIETYWICGUERNSEY GENESIS HEALTHCARE SYSTEMAMERICAN CANCER SOCIETYMUSKINGUM VALLEY HEALTH CENTERMORGAN GENESIS HEALTHCARE SYSTEMMORGAN LOCAL SCHOOLSMUSKINGUM VALLEY HEALTH CENTERBUCKEYE HILLSSALVATION ARMYNOBLE GENESIS HEALTHCARE SYSTEMBUCKEYE HILLS-HOCKING VALLEY REGIONAL DEVELOPMENT DISTRICTCARESOURCEAMERICAN CANCER SOCIETYPERRY GENESIS HEALTHCARE SYSTEMPERRY COUNTY HEALTH DEPARTMENTNORTHERN LOCAL SCHOOLSHELP ME GROWHOPEWELL HEALTH CENTERCROOKSVILLE SCHOOL NURSESALVATION ARMY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
GENESIS HOSPITAL	Part V, Section B, Line 6a THE CHNA WAS CONDUCTED SIMULTANEOUSLY FOR BOTH GENESIS HOSPITAL AND GOOD SAMARITAN HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
GENESIS HOSPITAL	Part V, Section B, Line 7d THE CHNA REPORT IS AVAILABLE ON OUR WEBSITE AT HTTP //GENESISHCS ORG, UNDER THE TAB "ABOUT US" AT THE BOTTOM OF THE FRONT PAGE, AND THEN UNDER THE "CARING FOR OUR COMMUNITY" TAB THE REPORT WAS SHARED WITH COMMUNITY PARTNERS AND COPIES ARE AVAILABLE FOR FREE UPON REQUEST

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
GENESIS HOSPITAL	Part V, Section B, Line 11 THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY IS A W RITTEN PLAN THAT ADDRESSES EACH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2015 CHNA THE PLAN HAS BEEN TAILORED TO THE SERVICE LINES OF GENESIS, TAKING INTO ACCOUNT SPECIFIC PROGRAMS, RESOURCES AND PRIORITIES THE IMPLEMENTATION STRATEGY PLANNING GROUPS INCLUDED T WO THAT HAD REPRESENTATION ACROSS SERVICE LINES AND INCLUDED COMMUNITY AGENCIES (1) THE A DDICTION REDUCTION PLANNING GROUP AND (2) THE OBESITY REDUCTION PLANNING GROUP OTHER GENE SIS PLANNING GROUPS INCLUDED GENESIS BEHAVIORAL HEALTH, CANCER SERVICES, HEART AND VASCUL AR SERVICES, TRAUMA SERVICES, NEUROSCIENCE SERVICES, WOMEN'S AND CHILDREN'S SERVICES, POPU LATION HEALTH AND WELLNESS, PULMONARY ADMINISTRATION, EDUCATIONAL SERVICES, MEDICAL STAFF SERVICES, GENESIS HOSPICE AND PALLIATIVE CARE/CAREGIVERS, MARKETING AND PUBLIC RELATIONS, MISSION, NURSELINE, SPIRITUAL CARE, PATIENT EDUCATION AND VOLUNTEER SERVICES GIVEN THE EVE R CHANGING LANDSCAPE OF HEALTHCARE, THE INITIATIVES IN THIS IMPLEMENTATION STRATEGY MAY CH ANGE AND NEW ONES MAY BE ADDED OR OTHERS ELIMINATED BASED ON THE COMMUNITY NEEDS DURING TH E 2016-2018 PERIOD THESE CHANGES WILL BE NOTED EACH YEAR IN THE ANNUAL EVALUATION REPORT THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY OUTCOMES ARE TRACKED QUARTERLY AND ANNUALLY THROUGH THE COMMUNITY BENEFIT'S DATA SYSTEM KNOWN AS THE COMMUNITY BENEFIT INVEN TORY OF SOCIAL ACCOUNTABILITY (CBISA) THE INITIAL PROPOSED OUTCOMES IN THE TABLES BELOW W ILL BE USED AS A BASELINE FOR PERFORMANCE FOR EACH YEAR AND USED TO GUIDE THE EVALUATION P ROCESS AND FUTURE INITIATIVE DEVELOPMENT THE INITIATIVES AND ANTICIPATED OUTCOMES INCLUDE D IN THIS DOCUMENT WILL BE EVALUATED AGAINST THE DATA COLLECTED FOR THE IDENTIFIED MEASURE S THROUGH CBISA THE FOCUS AREA LEADERS WILL ENSURE THAT THE OUTCOMES FOR EACH INITIATIVE ARE REPORTED IN CBISA THROUGH THE COMMUNITY BENEFIT PROGRAM AND SUMMARY REPORTS WILL BE AS SESSED QUARTERLY BY THE GENESIS COMMUNITY BENEFIT COMMITTEE THE DOCUMENT '2016 EVALUATION OF PROGRESS COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY' WAS APPROVED BY THE GENE SIS QUALITY COMMITTEE AND THE BOARD OF DIRECTORS IN APRIL OF 2017 IT OUTLINES THE 2016 OU TCOMES FOR EACH INITIATIVE THE EVALUATION REPORT WAS POSTED ON THE GENESIS WEBSITE MAY 20 17 THE CHNA IDENTIFIED TOP PRIORITY CHRONIC CONDITIONS, RELATED RISK FACTORS, ISSUES FOR M OTHERS AND CHILDREN AND ACCESS TO CARE ISSUES THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTAT ION STRATEGY FOCUSES ON ALL THE MAJOR AREAS OF NEED EXCEPT ACCESS TO CARE (CHNA PAGES 27-2 9) ACCESS TO CARE IS A FOCUS OF THE GENESIS STRATEGIC PLAN AND INITIATIVES ARE IMPLEMENTE D THROUGH ADMINISTRATION, SERVICE LINE DIRECTORS, FINANCIAL ASSISTANCE, AND TRANSFORMATION AL CARE DEPARTMENTS THE TOP HEALTH PRIORITIES FROM THE CHNA, WHICH ARE THE FOCUS OF THE 2 016-2018 COMMUNITY BENEFIT IMPLEMENTATION STRATEGY, ARE LISTED BELOW ACCOMPANIED BY THE RE FERENCE PAGE WHERE THAT PRIORI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
GENESIS HOSPITAL	TY AREA IS LOCATED IN THE CHNA DOCUMENT THE TOP PRIORITY CHRONIC CONDITIONS IDENTIFIED ARE AS FOLLOWS 1 CANCER (CHNA PAGE 14), PRIORITY RISK FACTOR TOBACCO USE (CHNA PAGE 15)2 M ENTAL HEALTH ISSUES (CHNA PAGE 16), PRIORITY RISK FACTORS DRUG ADDICTIONS (CHNA PAGE 17) AND ALCOHOL OVERUSE (CHNA PAGE 18)3 DIABETES (CHNA PAGE 18)4 HEART DISEASE (CHNA PAGE 19), PRIORITY RISK FACTORS OBESITY (CHNA PAGE 20), UNHEALTHY EATING (CHNA PAGE 20), AND PHY SICAL INACTIVITY (CHNA PAGE 21)5 CHRONIC BREATHING PROBLEMS (CHNA PAGE 21)6 JOINT & BACK PAIN (CHNA PAGE 22)7 STROKE (CHNA PAGE 23), PRIORITY RISK FACTOR HIGH BLOOD PRESSURE (C HNA PAGE 23)THE TOP PRIORITY HEALTH ISSUES FOR MOTHERS AND CHILDREN INCLUDE 1 PREGNANT AN D USING TOBACCO (CHNA PAGE 24)2 PREGNANT AND USING ALCOHOL (CHNA PAGE 24)3 PREGNANT AND USING DRUGS (CHNA PAGE 24)4 CHILDREN OVERWEIGHT (CHNA PAGE 25)5 SUPPORT FOR DRUG ADDICTE D BABIES (CHNA PAGE 25)6 CHILDREN WITH DISABILITIES (CHNA PAGE 26)AS PLANNING GROUPS FORM ED TO DESIGN THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY, TWO CROSS AGENCY/CRO SS SERVICE LINES PLANNING GROUPS EVOLVED ONE GROUP FOCUSED ON ADDICTIONS REDUCTION AND BE CAME THE ADDICTIONS REDUCTION PLANNING GROUP WHICH INCLUDED ADDICTIONS TO TOBACCO, ALCOHOL AND DRUGS AND INCLUDED ADDICTED MOTHERS AND BABIES ANOTHER GROUP FORMED TO FOCUS ON ADUL T AND CHILDREN OBESITY REDUCTION AND BECAME THE OBESITY REDUCTION PLANNING GROUP THE OTHE R TOP PRIORITY CHRONIC CONDITIONS AND ISSUES FOR MOTHERS AND CHILDREN TOPICS WERE DESIGNED BY THE RELATED SERVICE LINE STAFF LISTED IN THE INTRODUCTION IN THE IMPLEMENTATION STRATE GY SECTION

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)
1	1 - HOSPICE & PALLIATIVE CARE 713 FOREST AVENUE ZANESVILLE, OH 43701	HOSPICE & PALLIATIVE CARE CENTER
1	2 - CTR FOR OUTPATIENT & OCCUPATIONAL REHAB 740 ADAIR AVENUE ZANESVILLE, OH 43701	OUTPATIENT REHAB SERVICES
2	3 - HEALTHPLEX 2800 MAPLE AVENUE ZANESVILLE, OH 43701	OUTPATIENT LAB/IMAGING/URGENT CARE, PEDIATRIC REHAB
3	4 - GENESIS PHYSICIAN'S PAVILION 945 BETHESDA DRIVE ZANESVILLE, OH 43701	OUTPATIENT CARDIAC REHAB SERVICES, WOUND CARE CENTER
4	5 - GENESIS BEHAVIORAL HEALTH 2991 MAPLE AVENUE ZANESVILLE, OH 43701	MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT
5	6 - GENESIS INTERVENTIONAL PAIN MGT CLINIC 2945 MAPLE AVENUE ZANESVILLE, OH 43701	PAIN MEDICINE SPECIALIZATION,IMAGING TECHNIQUES,SOLUTIONS TO PAIN MANAGEMENT
6	7 - GENESIS SLEEP DISORDERS CENTER 840 BETHESDA DRIVE ZANESVILLE, OH 43701	DIAGNOSIS AND TREATMENT OF SLEEP DISORDERS
7	8 - GENESIS RHEUMATOLOGY CARE CENTER 2525 MAPLE AVENUE ZANESVILLE, OH 43701	EDUCATION AND OUTPATIENT RHEUMATOLOGY SERVICES
8	9 - GENESIS FIRST CARE - SOUTH 23 NORTH MAYSVILLE PIKE ZANESVILLE, OH 43701	URGENT CARE
9	10 - CAMBRIDGE HEALTH CENTER 61353 SOUTHGATE PARKWAR CAMBRIDGE, OH 43725	IMAGING SERVICES/LAB SERVICE/WOUND MANAGEMENT
10	11 - GENESIS CANCER CENTER 2951 MAPLE AVENUE ZANESVILLE, OH 43701	CANCER & PALLATIVE CARE/WOMEN'S BOUTIQUE
11	12 - GENESIS HEALTHCARE CENTER - NEW CONCORD 1 EAST MAIN STREET NEW CONCORD, OH 43762	LAB SERVICES
12	13 - GENESIS HEALTH CENTER - PERRY COUNTY 301 DR MIKE CLOUSE DRIVE SOMERSET, OH 43783	DIAGNOSITC HEALTHCARE SERVICES/PHYSICAL & OCCUPATIONAL THERAPY
13	14 - GENESIS SURGERY CENTER 2907 MAPLE AVENUE ZANESVILLE, OH 43701	OUTPATIENT SURGERY
14	15 - GENESIS NEW LEXINGTON DRAW CENTER 445 WEST BROADWAY NEW LEXINGTON, OH 43764	LAB SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 UNITED WAY DONATION IS MONITORED THROUGH "METRICS AND DATA" REPORTED TO GHCS AND GHCS APPOINTS ONE "AT-LARGE MEMBER" ANNUALLY TO SERVE ON THE COMMUNITY IMPACT BOARD THE AMERICAN HEART ASSOCIATION GRANT IS PART OF A 3 YR COMMITMENT FROM 2016-2018 FOR A TOTAL CONTRIBUTION OF $51,000 THIS COMMITMENT WAS AUTHORIZED BY OUR CEO THROUGH A SIGNED AGREEMENT AND IS TO BENEFIT THE LOCAL HEART CHASE PROGRAM OF WHICH GENESIS IS A SPONSOR AND PARTICIPANT THE AMERICAN CANCER SOCIETY GRANT IS A SPONSORSHIP OF LOCAL ACS EVENTS IN AREA COUNTIES SERVED BY GENESIS GENESIS ENCOURAGES COMMUNITY AND EMPLOYEE PARTICIPATION IN THESE EVENTS THE FOUNDATION FOR APPALACHIAN OHIO GRANT IS PART OF GENESIS'S INVESTMENT IN PERRY COUNTY, ONE OF THE SURROUNDING COUNTIES THAT GENESIS SERVES OUR CEO AND OTHER STAFF MEMBERS ALSO COMMIT TIME AND ENERGY WORKING IN COLLABORATION WITH THE FOUNDATION TO PROMOTE GOOD HEALTH AND WELL-BEING FOR AREA RESIDENTS THE CONTRIBUTION TO THE MUSKINGUM VALLEY HEALTH CENTER PATIENT CARE CHARITABLE FUND IS JUST ONE OF THE MANY WAYS THAT GENESIS WORKS WITH MVHC TO PROVIDE ACCESS TO PRIMARY AND PREVENTIVE CARE SERVICES FOR UNINSURED AND UNDERINSURED RESIDENTS OUR CHIEF PHYSICIAN NETWORK OFFICER SERVED ON THE MVHC BOARD DURING 2016 SHE, AS WELL AS SEVERAL PHYSICIANS AND TECHNICAL STAFF MEMBERS, WORKS CLOSELY WITH MVHC TO HELP MEET THE HEALTH NEEDS OF MUSKINGUM COUNTY

Additional Data

Software ID:
Software Version:
EIN: 31-1480941
Name: GENESIS HEALTHCARE SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
UNITED WAY OF MPM COUNTIES 526 PUTNAM AVENUE ZANESVILLE, OH 43701	31-4379456	501(C)(3)	40,000				GRANTS WERE PAID TO ASSIST IN COMMUNITY IMPACTGRANTS WERE PAID TO ASSIST IN PROVIDING ASSISTANCE FOR COMMUNITY IMPACT PROJECTS
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVENUE ZANESVILLE, OH 43701	31-1629304	501(C)(3)	13,894				GRANT PAID TO FUND GENESIS FOUNDATION CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN HEART ASSOCIATION PO BOX 4002907 DES MOINES, IA 50340	13-5613797	501(C)(3)	17,000				HEARTCHASE SPONSORSHIP AGREEMENT
AMERICAN CANCER SOCIETY 5555 FRANTZ ROAD DUBLIN, OH 43017	13-1788491	501(C)(3)	6,500				COUNTY SPONSOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
FOUNDATION FOR APPALACHIAN OHIO PO BOX 456 NELSONVILLE, OH 45764	31-1620483	501(C)(3)	5,000				COMMUNITY FOUNDATINO FOR PERRY CO ENDOW 200
MUSKINGUM VALLEY HEALTH CENTER 716 ADAIR AVENUE ZANESVILLE, OH 43701	20-8814374	501(C)(3)	10,000				PATIENT CARE CHARITABLE FUND

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If 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	**1b**	Yes	
2	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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on 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 in column(B) reported as deferred on 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	THE ORGANIZATION PAYS COUNTRY CLUB DUES AND RELATED BUSINESS EXPENSES FOR TEN MEMBERS OF LEADERSHIP PERSONAL USAGE IS PAID BY THE INDIVIDUAL AND THE PERCENTAGE OF DUES RELATED TO PERSONAL USAGE ARE ADDED TO THE INDIVIDUALS W-2
Part I, Line 4b	LINE 4B A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS SET UP TO PROVIDE ADDITIONAL DEFERRED RETIREMENT INCOME TO THE GENESIS HEALTH CARE SYSTEM SENIOR LEADERSHIP TEAM MEMBERS THIS PLAN IS FUNDED BY GENESIS AND VESTS WITH SERVICE GENESIS HEALTHCARE SYSTEM MADE CONTRIBUTIONS TO NONQUALIFIED RETIREMENT PLANS FOR THE FOLLOWING INDIVIDUALS MATTHEW PERRY $77,970 PAUL MASTERSON $26,000 ALAN BURNS $22,750 EDMUND ROMITO $21,125 DANIEL SCHEERER, MD $40,560

Additional Data

Software ID:
Software Version:
EIN: 31-1480941
Name: GENESIS HEALTHCARE SYSTEM

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ERIN REMSTER MDTRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	249,692	45,370	0	2,650	14,563	312,275	0
1JOHN ZIMMERMAN MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	344,757	137,836	0	7,050	24,788	514,431	0
2MATTHEW PERRY PRESIDENT & CEO	(I)	673,143	0	0	83,270	17,498	773,911	0
	(II)	0	0	0	0	0	0	0
3PAUL MASTERSON CHIEF FINANCIAL OFFICER	(I)	407,081	200	0	47,384	18,656	473,321	0
	(II)	0	0	0	0	0	0	0
4EDMUND ROMITO CHIEF INFORMATION OFFICER	(I)	337,719	0	0	31,002	3,900	372,621	0
	(II)	0	0	0	0	0	0	0
5ALAN BURNS CHIEF DEVELOPMENT OFFICER	(I)	368,688	0	0	42,867	14,715	426,270	0
	(II)	0	0	0	0	0	0	0
6DANIEL SCHEERER MD CHIEF MEDICAL AFFAIRS OFFICER	(I)	321,480	70,302	0	46,885	16,713	455,380	0
	(II)	0	0	0	0	0	0	0
7ABBY NGUYEN CHIEF NURSING OFFICER	(I)	259,690	0	0	6,590	21,249	287,529	0
	(II)	0	0	0	0	0	0	0
8DIANNA LEVECK CHIEF HUMAN RESOURCES OFFICER	(I)	281,286	0	0	6,617	14,415	302,318	0
	(II)	0	0	0	0	0	0	0
9WENDY CEDOZ CHIEF LEGAL OFFICER	(I)	285,835	0	0	1,962	26,599	314,396	0
	(II)	0	0	0	0	0	0	0
10SLOAN ALBERT CHIEF PHYSICIAN NETWORK OFFICER	(I)	372,225	0	0	2,479	19,122	393,826	0
	(II)	0	0	0	0	0	0	0
11SHAWN ROARK CHIEF TRANSF/POP HEALTH OFFICER	(I)	305,862	0	0	638	17,351	323,851	0
	(II)	0	0	0	0	0	0	0
12CHARLES ADAMS JR DIRECTOR	(I)	127,125	26,844	0	2,578	15,230	171,777	0
	(II)	0	0	0	0	0	0	0
13SHARON PARKER DIRECTOR OF CANCER SERVICE	(I)	143,292	16,209	0	3,900	15,306	178,707	0
	(II)	0	0	0	0	0	0	0
14LES BOYERDIRECTOR	(I)	149,777	26	0	1,408	19,828	171,039	0
	(II)	0	0	0	0	0	0	0
15CHERYL JORGEDIRECTOR	(I)	134,844	27,026	0	4,138	14,766	180,774	0
	(II)	0	0	0	0	0	0	0
16GREGORY HAMILTON DIRECTOR	(I)	147,416	1,440	0	4,559	18,789	172,204	0
	(II)	0	0	0	0	0	0	0

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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	MUSKINGUM COUNTY OHIO	31-6400080		05-09-2013	294,645,952	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	294,645,952			
4	Gross proceeds in reserve funds	18,306,939			
5	Capitalized interest from proceeds	12,464,619			
6	Proceeds in refunding escrows	46,879,891			
7	Issuance costs from proceeds	4,794,175			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	47,125,926			
11	Other spent proceeds	324,552			
12	Other unspent proceeds	62,751			
13	Year of substantial completion	2015			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?		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?								
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 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		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						
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						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		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						

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

Return Reference	Explanation
PART II, LINE 6	$46,879,891 WAS SPENT ON THE ISSUE DATE OF THE SERIES 2013 BONDS TO CURRENTLY REFUND A TAXABLE LOAN THEREFORE, AS OF 12/31/2016, THERE ARE $0 PROCEEDS IN REFUNDING ESCROW

Return Reference	Explanation
PART I, LINE A(F)	(i) Currently refund a taxable loan for certain hospital revenue bonds, and (ii) finance certain capital improvement projects for hospital facilities

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting 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
(1) SOUTHEAST OHIO MEDICAL INSURANCE COMPANY LTD	BOARD MEMBER, JOHN ZIMMERMAN, M D , IS A BOARD MEMBER WITH SOMIC	1,965,714	ACCRUED INSURANCE PREMIUMS		No

Part V Supplemental Information

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

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 990-EZ 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

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	THE HIM DEPARTMENT WAS OUTSOURCED INCLUDING A DIRECTOR AND A MANAGER A FIXED MONTHLY FEE IS PAID WHICH INCLUDES ALL PERSONNEL SALARY, WAGE AND BENEFIT COSTS, AND IS BASED ON ANNUA L VOLUMES OF MEDICAL RECORDS PROCESSED FOR 2016, THE TOTAL FEE WAS $370,597

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	FRANCISCAN SISTERS OF CHRISTIAN CHARITY SPONSORED MINISTRIES, INC , AND BETHESDA CARE SYST EM (OR THEIR RESPECTIVE SUCCESSORS AN ASSIGNS) ARE THE MEMBERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE FILING ORGANIZATION, HAVE THE RIGHT TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR AS VACANCIES ARISE, OR OTHERWISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE MEMBERS OF THE FILING ORGANIZATION, HAVE THE RIGHT TO APPROVE OR RATIFY DECISIONS OF T HE ORGANIZATION'S GOVERNING BODY SUCH AS APPROVAL OF THE GOVERNING'S BODY'S DECISION TO DI SSOLVE THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE 990 IS REVIEWED IN ITS ENTIRETY BY THE CFO AN OVERVIEW OF THE 990 IS REVIEWED WITH THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE CONFLICT OF INTEREST POLICY STATES THAT BOARD MEMBERS AND OFFICERS HAVE A DUTY TO GOVE RN HONESTLY AND ECONOMICALLY ALL POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS AND THE BOARD WILL DETERMINE IF A CONFLICT EXISTS AND APPROPRIATE PROC EDURES TO MITIGATE THE SITUATION, SUCH AS ALTERNATIVE TRANSACTIONS AND PARTICIPATION AND V OTING RESTRICTIONS THE COMPLIANCE OFFICER MONITORS AND ENFORCES THESE POLICIES ALL OFFIC ERS AND DIRECTORS REVIEW AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE COMPENSATION OF THE CEO IS MANAGED THROUGH A THIRD PARTY THAT IS A NATIONALLY RECOGNIZ ED FIRM SPECIALIZING IN COMPENSATION BENCHMARKING AND ANALYSIS THE FIRM IS RECOGNIZED FOR THEIR EXPERTISE IN EVALUATING TOTAL COMPENSATION AT THE EXECUTIVE LEVEL THIS FIRM PRESEN TS THEIR RECOMMENDATIONS AND ANALYSIS TO THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF I NDEPENDENT MEMBERS OF THE GENESIS BOARD OF DIRECTORS THE COMMITTEE IS RESPONSIBLE FOR MAK ING A RECOMMENDATION TO THE BOARD OF DIRECTORS REGARDING THE EXECUTIVE COMPENSATION POLICY AND SPECIFIC COMPONENTS OF THE TOTAL COMPENSATION OF THE CEO THE CEO IS ACTIVELY INVOLVE D IN THE REVIEW, ANALYSIS AND RECOMMENDATION RELATED TO THE TOTAL COMPENSATION FOR THE REM AINING MEMBERS OF THE SENIOR LEADERSHIP TEAM THE CEO DETERMINES THE COMPENSATION OF THE S ENIOR LEADERSHIP TEAM MEMBERS WITHIN THE PARAMETERS ESTABLISHED BY THE COMPENSATION COMMIT TEE THIS COMPENSATION PROCESS WAS LAST COMPLETED IN 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	GAIN IN FAIR VALUE OF PERPETUAL TRUST -1,977,947 PLEDGE RECEIVABLE FROM RELATED PARTY -37 ,143,783 RESERVE FOR COSHOCTON COUNTY MEMORIAL -1,222,479 CONTRIBUTED CAPITAL 40,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	The finance committee oversees the audit of the financial statements and is involved in th e selection of the independent accountant which completes the audit This process has not changed from the prior year

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, LINE H(D)	THIS IS THE PARENT RETURN FOR A GROUP GENESIS HEALTHCARE SYSTEM GROUP RETURN, EIN 31-1773259

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 16B	ALTHOUGH THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY REGARDING JOINT VENTURES, LEGAL C OUNSEL EVALUATES EACH PROPOSED VENTURE IN ADVANCE AND THE BOARD MUST APPROVE THE GUIDELIN ES FOR EACH JOINT VENTURE ARE CLEARLY ARTICULATED IN EACH OF THE OPERATING AGREEMENTS OR R ELATED GOVERNANCE DOCUMENTS CURRENTLY GENESIS HEALTHCARE SYSTEM IS INVOLVED IN ONE JOINT VENTURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12B	GENESIS HEALTHCARE SYSTEM IS INCLUDED IN AUDITED CONSOLIDATED FINANCIAL STATEMENTS OHIO I NTEGREATED CARE PROVIDERS (OICP) IS A WHOLLY-OWNED DISREGARDED ENTITY UNDER GENESIS HEALTH CARE SYSTEM AND IS INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number
31-1480941

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) ZANESVILLE SURGERY CENTER 2907 BELL STREET ZANESVILLE, OH 43701 31-1620813	SURGICAL CENTER	OH	0	0	GENESIS HEALTHCARE SYSTEM
(2) OHIO INTEGRATED CARE PROVIDERS LLC 2951 MAPLE AVE ZANSVILLE, OH 43701 46-1795662	CLINICAL INTEGRATION	OH	0	0	GENESIS HEALTHCARE SYSTEM

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.

See Additional Data Table

(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	(g) No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)CARELIFE LLC 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1128717	PHYSICIAN SERVICES, CHILDCARE SERVICES, PHARMACY, DME	OH	GENESIS HEALTHCARE SYSTEM	C	-41,687,976	26,531,728	100 000 %	Yes	
(2)SOUTHEAST OHIO MEDICAL INSURANCE COMPANY FIRST CARIBBEAN HOUSE GEORGE TOWN, CAYMAN ISLANDS CJ 98-0436356	CAPTIVE INSURANCE COMPANY	CJ	GENESIS HEALTHCARE SYSTEM	C		16,143,944	100 000 %	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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
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	Yes	
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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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: 31-1480941
Name: GENESIS HEALTHCARE 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) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1629304	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	
(1) 2951 MAPLE AVENUE zANESVILLE, OH 43701 31-0969646	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE FOUNDATION	Yes	
(2) 2951 MAPLE AVENUE zANESVILLE, OH 43701 31-0885513	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE FOUNDATION	Yes	
(3) 2951 MAPLE AVENUE zANESVILLE, OH 43701 39-1530622	SPONSOR OF GHS	WI	501(C)(3)	7	N/A		No
(4) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-4379479	MAINTAINS REAL ESTATE TITLE FOR HOSPITAL	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	
(5) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1067174	SPONSOR OF GHS	OH	501(C)(3)	9	GENESIS HEALTHCARE SYSTEM	Yes	
(6) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-4380038	MAINTAINS REAL ESTATE TITLE FOR HOSPITAL	OH	501(C)(3)	Line 12a, I	GENESIS HEALTHCARE SYSTEM	Yes	
(7) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1487187	STERILIZATIONS	OH	501(C)(3)	3	BETHESDA CARE SYSTEM	Yes	
(8) 2951 MAPLE AVENUE zANESVILLE, OH 43701 31-1099924	FORMERLY OPERATED 2 NURSING HOMES THAT WERE SOLD PRIOR TO 2012	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	
(9) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 34-1773323	AMBULANCE SERVICE	OH	501(C)(3)	Line 10	GENESIS HEALTHCARE SYSTEM	Yes	
(10) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1282152	HOME CARE SERVICES	OH	501(C)(3)	3	CARESERVE	Yes	
(11) 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-6050713	GIFT SHOP	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CARELIFE LLC	S	3,122,454	ACCRUAL TRANSACTION
(1)	CARELIFE LLC	R	4,672,647	aCCRUAL TRANSACTION
(2)	GENESIS HEALTHCARE SYSTEM GROUP	Q	113,211	ACCRUAL TRANSACTION
(3)	GENESIS HEALTHCARE SYSTEM GROUP	S	4,222,580	ACCRUAL TRANSACTION
(4)	GENESIS HEALTHCARE SYSTEM GROUP	O	273,095	ACCRUAL TRANSACTION
(5)	COMMUNITY AMBULANCE SERVICE	M	877,296	ACCRUAL TRANSACTION
(6)	COMMUNITY AMBULANCE SERVICE	O	52,016	ACCRUAL TRANSACTION