

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	210,481,841	including grants of \$	348,283)	(Revenue \$	172,310,972)
See Additional Data							

4b	(Code)	(Expenses \$	38,958,910	including grants of \$	0)	(Revenue \$	123,487,152)
See Additional Data							

4c	(Code)	(Expenses \$	18,410,912	including grants of \$	0)	(Revenue \$	58,356,639)
See Additional Data							

See Additional Data Table

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	14,459,210	including grants of \$	0)	(Revenue \$	45,831,021)	

4e	Total program service expenses ▶	282,310,873
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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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	299	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	3,277	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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		
	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		
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?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?		No
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?		

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: ► MICHAEL MEYER 2951 MAPLE AVENUE ZANESVILLE, OH 43701 (740) 454-5000

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

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

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[illegible]

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 ▶ 58

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPITAL MEDICINE ASSOC LLC PO BOX 634850 CINCINNATI, OH 45263	PROFESSIONAL FEES	5,470,857
NTHRIVE INC PO BOX 733492 DALLAS, TX 75373	REVENUE CYCLE CONSULTING	5,446,820
ZANESVILLE ANESTHESIA PHYSICIANS INC 37 S SEVENTH STREET ZANESVILLE, OH 43701	MEDICAL SERVICES	4,163,652
CARDIAC ANESTHESIA ASSOC OF ZANESVILLE PO BOX 2684 ZANESVILLE, OH 43701	MEDICAL SERVICES	1,710,000
ARUP LABORATORIES INC 500 CHIPETA WAY SALT LAKE CITY, UT 84127	MEDICAL SERVICES	1,066,569

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 ► 50	
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Part VIII Statement of RevenueCheck 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	248,256			
	e Government grants (contributions)	1e	252,528			
	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 ▶		500,784			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICES	621110	391,615,569	391,615,569		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		391,615,569			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,041,675			5,041,675
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		1,660,245				
	b Less rental expenses	1,478,331				
	c Rental income or (loss)	181,914				
	d Net rental income or (loss) ▶		181,914	181,914		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			1,336,248			
	b Less cost or other basis and sales expenses		0			
	c Gain or (loss)		1,336,248			
	d Net gain or (loss) ▶		1,336,248			1,336,248
	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 340B DISPENSING	621110	6,398,286	6,398,286			
b CAFETERIA SALES	621110	2,994,125		101,983	2,892,142	
c LABORATORY	621110	1,941,489	485,924	1,455,565		
d All other revenue		5,523,042	1,304,091	125,184	4,093,767	
e Total. Add lines 11a-11d ▶		16,856,942				
12 Total revenue. See Instructions ▶		415,533,132	399,985,784	1,682,732	13,363,832	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	348,283	348,283		
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.				
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.	122,747,805	88,343,028	34,404,777	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,936,816	3,553,084	1,383,732	
9 Other employee benefits.	28,840,972	20,757,184	8,083,788	
10 Payroll taxes.	8,693,457	6,256,782	2,436,675	
11 Fees for services (non-employees):				
a Management.				
b Legal.	895,190		895,190	
c Accounting.	479,753		479,753	
d Lobbying.	161,337		161,337	
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).	40,250,672	24,919,032	15,331,640	
12 Advertising and promotion.	362,682	362,682		
13 Office expenses.	10,822,411	5,222,874	5,599,537	
14 Information technology.	8,192,510	1,462,776	6,729,734	
15 Royalties.				
16 Occupancy.	10,156,077	5,955,317	4,200,760	
17 Travel.	446,449	151,505	294,944	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	14,562,457	14,562,457		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	21,441,996	17,645,497	3,796,499	
23 Insurance.	1,229,797	1,219,774	10,023	
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	72,310,638	71,534,997	775,641	
b BAD DEBT EXPENSE	11,045,110	11,045,110		
c LAB REFERENCE FEES	1,426,127	1,426,127		
d PHYSICIAN RECRUITMENT	798,339	798,339		
e All other expenses	9,999,906	6,746,025	3,253,881	
25 Total functional expenses. Add lines 1 through 24e.	370,148,784	282,310,873	87,837,911	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 SheetCheck 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		3,865,531	1	3,418,982
	2	Savings and temporary cash investments		10,305,181	2	17,557,135
	3	Pledges and grants receivable, net		2,083	3	0
	4	Accounts receivable, net		71,240,238	4	73,325,400
	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		5,753,526	8	5,402,928
	9	Prepaid expenses and deferred charges		6,539,873	9	6,407,340
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 472,499,802			
	b	Less: accumulated depreciation	10b 171,050,577	309,838,971	10c	301,449,225
	11	Investments—publicly traded securities		83,537,936	11	98,319,509
	12	Investments—other securities. See Part IV, line 11		9,247,024	12	8,272,388
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		6,109,176	14	3,099,034
	15	Other assets. See Part IV, line 11		36,123,540	15	35,179,270
16	Total assets. Add lines 1 through 15 (must equal line 34)		542,563,079	16	552,431,211	
Liabilities	17	Accounts payable and accrued expenses		40,430,754	17	41,538,816
	18	Grants payable			18	
	19	Deferred revenue		4,736,012	19	3,850,051
	20	Tax-exempt bond liabilities		287,707,200	20	286,165,829
	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		10,825,000	23	9,755,000
	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		42,032,887	25	37,089,924
	26	Total liabilities. Add lines 17 through 25		385,731,853	26	378,399,620
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		156,831,226	27	174,031,591
	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		156,831,226	33	174,031,591	
34	Total liabilities and net assets/fund balances		542,563,079	34	552,431,211	

Part XI Reconciliation of Net AssetsCheck 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	415,533,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,148,784
3	Revenue less expenses Subtract line 2 from line 1	3	45,384,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,831,226
5	Net unrealized gains (losses) on investments	5	4,976,041
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	-33,160,024
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,031,591

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

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

Form 990 (2017)

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 2017 WERE 7,157 TOTAL OBSTETRIC DISCHARGES EQUALED 1,530 WITH 1,510 TOTAL BIRTHS AND PEDIATRIC DISCHARGES EQUALED 188 THERE WERE 405 CRITICAL CARE DISCHARGES, 1,399 CARDIOVASCULAR DISCHARGES, 202 ONCOLOGY DISCHARGES AND 914 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, CYTOLOGY, AND PHLEBOTOMY FOR TOTAL VOLUMES IN 2017 OF 1,568,924 IMAGING SERVICES INCLUDES RADIOLOGY, NUCLEAR MEDICINE, MRI, ULTRASOUND, CT SCAN, PET SCAN, MAMMOGRAPHY AND BONE DENSITY SCANNING WITH TOTAL VOLUMES OF 186,326

Form 990, Part III, Line 4b:

GENESIS HEART & VASCULAR SERVICES PROVIDE NEEDED HEART CARE FROM PREVENTION TO REHABILITATION OUR BOARD-CERTIFIED SPECIALISTS INCLUDE CARDIOLOGISTS, CARDIOTHORACIC VASCULAR SURGEONS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS, CARDIAC ANESTHESIOLOGISTS AND CARDIAC REHAB SPECIALISTS THE CARDIOTHORACIC AND VASCULAR SURGICAL TEAMS PERFORM A WIDE VARIETY OF COMPLEX AND HIGH-RISK CARDIAC, THORACIC AND VASCULAR PROCEDURES INCLUDING OPEN HEART SURGERY OUR CARDIAC TEAM TAKES OUR PATIENTS FROM EVALUATION AND DIAGNOSIS THROUGH LIFESTYLE CHANGES AND TREATMENTS ALSO INCLUDED IN OUR CARDIAC SERVICES ARE OUR CLINICS AND SPECIALTY PROGRAMS THESE INCLUDE AN ANTICOAGULATION CLINIC, A CONGESTIVE HEART FAILURE CLINIC, A DEVICE CLINIC, A VEIN CLINIC AND A CARDIAC REHABILITATION PROGRAM GENESIS IS AN ACCREDITED CHEST PAIN CENTER WITH PCI, AN ACCREDITED ECHOCARDIOGRAPHY FACILITY, AND IN 2017 AGAIN RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD WITH TARGET STROKESM HONOR ROLL THE TOTAL NUMBER OF HEART & VASCULAR CASES TREATED IN 2017 WERE 2,289

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 2017 WERE 1,938

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

(Code) (Expenses \$ 14,459,210 including grants of \$ 0) (Revenue \$ 45,831,021)

THE GENESIS ORTHOPEDIC TEAM OF BOARD-CERTIFIED SURGEONS, SPECIALLY TRAINED NURSES, AND REHABILITATION THERAPISTS WORK TOGETHER TO DIAGNOSE AND TREAT THE MUSCULOSKELETAL ISSUES OF OUR PATIENTS SERVICES RANGE FROM ADVANCED IMAGING TESTING THROUGH TO REHABILITATION SURGICAL SURGERIES INCLUDE NUMEROUS PROCEDURES INCLUDING REPLACEMENT OF THE HIP, KNEE, OR SHOULDER AS WELL AS VARIOUS SURGERIES INVOLVING THE HAND THE SPECIALIZED REHABILITATION PROGRAM SPEEDS RECOVERY AFTER A SERIOUS INJURY OR SURGERY RELATED TO A BONE, JOINT, LIGAMENT, TENDON OR MUSCLE IN ADDITION TO PHYSICAL AND OCCUPATIONAL THERAPY, GENESIS ALSO PROVIDES AMPUTEE AND PROSTHETICS THERAPY AND TRAINING THE TOTAL NUMBER OF ORTHOPEDIC CASES TREATED IN 2017 WERE 1,063

(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 2017 WERE 1,689

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			
RANDY COCHRANE CHAIR	2 62	X		X				0	0	0
TOD KLOTZBACH TREASURER	2 31	X		X				0	0	0
PATRICK NASH VICE CHAIR	2 62	X		X				0	0	0
WILLIAM SHADE MD SECRETARY	2 27	X		X				76,250	0	0
JODY BALLAS EX-OFFICIO	2 62	X						0	0	0
JOANN BUTCHER EX-OFFICIO	1 62	X						0	0	0
JOHN DITTOE TRUSTEE	1 15	X						0	0	0
COLBY GRAHAM TRUSTEE	1 15	X						0	0	0
SUSAN HOLDREN TRUSTEE	1 15	X						0	0	0
JAMES MCDONALD EX-OFFICIO	1 15	X						0	0	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			
DAN MCGINTY EX-OFFICIO	1 69 0 00	X						0	0	0
MARK MOYER TRUSTEE	1 85 0 00	X						0	0	0
SR MARY ANN NUGENT TRUSTEE	1 15 0 00	X						0	0	0
ERIN REMSTER DO TRUSTEE	40 00 0 00	X						0	290,836	20,999
KRISTY RITCHIE MD TRUSTEE	40 00 0 00	X						0	501,888	30,710
SHIRLEY VAN WYE TRUSTEE	1 15 0 21	X						0	0	0
SR LAURA WOLF EX-OFFICIO	0 69 0 00	X						0	0	0
JOHN ZIMMERMAN MD TRUSTEE	3 15 0 15	X						0	483,704	28,015
PAUL MASTERSON CHIEF FINANCIAL OFFICER	39 17 0 83			X				514,595	0	224,560
MATTHEW PERRY PRESIDENT & CEO	39 17 0 83			X				847,844	0	605,363

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			
SLOAN ALBERT CHIEF PNO 01/01/17 - 09/19/17	40 00 0 00				X			527,346	0	23,826
CHRISTOPHER SCHOELLES CHIEF PNO 12/24/17 - 12/31/17	40 00 0 00				X			189,876	0	16,253
ALAN BURNS COO 01/01/17 - 07/08/17	39 84 0 16				X			461,377	0	176,456
SHARON PARKER COO 07/09/17 - 12/31/17	40 00 0 00				X			206,268	0	21,358
WENDY CEDOZ CHIEF LEGAL OFFICER	39 79 0 21				X			370,039	0	37,029
DIANNA LEVECK CHIEF HUMAN RESOURCES OFFICER	40 00 0 00				X			405,553	0	23,109
ABBY NGUYEN CHIEF NURSING OFFICER	39 82 0 18				X			327,828	0	30,710
EDMUND ROMITO CHIEF INFORMATION OFFICER	40 00 0 00				X			425,552	0	48,057
DANIEL SCHEERER MD CHIEF MEDICAL AFFAIRS OFFICER	40 00 0 00				X			408,301	0	65,049
SHAWN ROARK VICE PRESIDENT	40 00 0 00					X		202,049	0	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			
MICHAEL NORMAN VICE PRESIDENT	40 00 0 00					X		191,451	0	14,810
LES BOYER DIRECTOR	40 00 0 00					X		164,046	0	27,490
CHERYL JORGE DIRECTOR	40 00 0 00					X		168,474	0	19,878
GREGORY HAMILTON DIRECTOR	40 00 0 00					X		163,149	0	16,164

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

GENESIS HEALTHCARE SYSTEM

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

2017

Open to Public Inspection

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
2 Activities Test Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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

2017

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 GENESIS HEALTHCARE SYSTEM	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		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		161,437
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,056
j	Total. Add lines 1c through 1i			187,493
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) 22 98% OF \$56,611 (\$13,009) OHIO HOSPITAL ASSOCIATION - FSCC SHARE (OHA) 4 3% OF \$79,421 (\$3,415) AMERICAN ORGANIZATION OF NURSE EXECUTIVES (AONE/AHA) 22 98% OF \$440 (\$101) AMERICAN SOCIETY HEALTHCARE ENGINEERING (ASHE/AHA) 22 98% OF \$300 (\$69) AMERICAN SOCIETY HEALTHCARE HR ADMIN (ASHHRA/AHA) 22 98% OF \$160 (\$37) AMERICAN SOCIETY HEALTHCARE RISK MGMT (ASHRM/AHA) 22 98% OF \$477 (\$110) SOC FOR HEALTHCARE STRATEGY & MARKET DEVELOPMENT (SHSMD/AHA) 22 98% OF \$235 (\$54) CATHOLIC CONFERENCE OF OHIO 4 3% OF \$2,060 (\$89) CATHOLIC HEALTH ASSOC (FSCC SHARE) 3 76% OF \$25,414 (\$956) CATHOLIC HEALTH ASSOC (FSCC SHARE) 3 93% OF \$21,178 (\$832) 340B HEALTH 2016 8 0% OF \$5,360 (\$429) 340B HEALTH 2017 & 2018 11 0% OF \$14,252 (\$1,568) ACADEMY OF NUTRITION & DIETETICS (AND) 14 0% OF \$234 (\$33) AMERICAN ASSOCIATION RESPIRATORY CARE (AARC) 20 0% OF \$223 (\$45) AMERICAN ACADEMY OF SLEEP MEDICINE (AASM) 2 0% OF \$2,200 (\$44) AMERICAN COLLEGE OF RADIATION ONCOLOGY (ACRO) 53 0% OF \$305 (\$162) AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA) 5 0% OF \$370 (\$19) AMERICAN MEDICAL GROUP ASSOCIATION (AMGA) 20 0% OF \$10,250 (\$2,050) COLLEGE OF HEALTHCARE INFO MGMT EXECUTIVES (CHIME) 8 0% OF \$375 (\$30) HEALTHCARE INFORMATION & MANAGEMENT SYSTEMS SOCIETY (HIMSS) 1 37% OF \$3,375 (\$46) MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) 23 0% OF \$5,542 (\$1,275) OHIO STATE BAR ASSOCIATION (OBA) 5 0% OF \$1,263 (\$63) TRAUMA CENTER ASSOCIATION OF AMERICA (TCAA) 29 0% OF \$2,000 (\$580) 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 \$161,437 IN 2017 FOR ADVOCACY AND OUTREACH CONSULTING SERVICES. SECOND CAPITAL CONSULTING, LLC HAS PROVIDED ADVOCACY AND OUTREACH CONSULTING SERVICES TO GENESIS HEALTHCARE SYSTEM SINCE 2013. THESE SERVICES ASSIST THE SYSTEM TO ENGAGE, EDUCATE AND COMMUNICATE WITH PUBLIC POLICY MAKERS REGARDING PENDING LEGISLATION OR PROPOSED REGULATIONS, AS WELL AS, ASSIST ELECTED OFFICIALS IN UNDERSTANDING THE IMPACT OF LEGISLATION ON GHCS'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, MEDICARE & MEDICAID BUDGET DECISIONS AND REGULATIONS, AND INFRASTRUCTURE IMPROVEMENTS AT THE LOCAL LEVEL THAT ENHANCE ACCESS TO THE HOSPITAL. IN FACT, A DIRECT ACCESS LANE OPENED THIS YEAR FOR EMERGENCY VEHICLES, SPEEDING THE TIME CRITICAL TO PATIENTS IN ARRIVING FOR EMERGENCY CARE.

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As Filed Data -

DLN: 93493312028638

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

2017

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.

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?

YesNo

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?

YesNo

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

2a

2b

2c

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?

YesNo

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)?

YesNo

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		222,300,221	21,254,781	201,045,440
c Leasehold improvements		4,090,386	2,202,898	1,887,488
d Equipment		225,026,741	146,496,809	78,529,932
e Other		12,973,550	1,096,089	11,877,461
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				301,449,225

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	4,223,840
(2) INVESTMENTS IN RELATED AND OTHER HEALTHCARE ORGANIZATIONS	3,273,954
(3) ASSETS LIMITED AS TO USE	27,681,476
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	35,179,270

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	35,430,217	
ACCRUED PROFESSIONAL LIABILITY	1,659,707	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	37,089,924	

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, ACCORDI NGLY, NO TAX PROVISION IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS ACCOUNTING P RINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUAT E TAX POSITIONS TAKEN BY THE SYSTEM AND TO RECOGNIZE A TAX LIABILITY IF THE SYSTEM HAS TAK EN 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)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

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 eligible 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)			2,512,290	1,701,041	811,249	0 230 %
b Medicaid (from Worksheet 3, column a)			84,706,406	69,059,664	15,646,742	4 350 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			87,218,696	70,760,705	16,457,991	4 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	53	70,276	1,217,653	54,907	1,162,746	0 320 %
f Health professions education (from Worksheet 5)	7	2,750	1,237,702		1,237,702	0 340 %
g Subsidized health services (from Worksheet 6)			1,628,084	1,584,710	43,374	0 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	1,778	17,113		17,113	0 %
j Total. Other Benefits	67	74,804	4,100,552	1,639,617	2,460,935	0 670 %
k Total. Add lines 7d and 7j	67	74,804	91,319,248	72,400,322	18,918,926	5 250 %

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 Healthcare 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		
	11,045,110		
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		
	86,190		
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	107,800,905
6 Enter Medicare allowable costs of care relating to payments on line 5	6	112,174,457
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,373,552
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
GENESIS HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 <u>15</u>		
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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>WWW.GENESISHCS.ORG/ABOUT-US/COMMUNITY</u>		
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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW.GENESISHCS.ORG/ABOUT-US/COMMUNITY</u>	10 Yes	
a		
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
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? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>HTTP //WWW.GENESISHC.ORG/APP/FILES/PUBLIC/2726/FINANCIAL-ASSISTANCE-SELF-P</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>HTTP //WWW.GENESISHC.ORG/APP/FILES/PUBLIC/2660/FIN-ASSIST-FORM-REV.PDF</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW.GENESISHC.ORG/APP/FILES/PUBLIC/2546/FIN-ASST-SUMMARY.PDF</u>			
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 nonpayment?	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 _____**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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **14**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COSTS OF CHARITY CARE AND COMMUNITY BENEFIT ACTIVITIES WERE CALCULATED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM PART I, LINE 7, COLUMN (F) PERCENTAGE OF TOTAL EXPENSES WAS CALCULATED BASED ON TOTAL EXPENSES LESS BAD DEBT EXPENSE AS REPORTED ON FORM 990, PART IX
PART II, COMMUNITY BUILDING ACTIVITIES	GENESIS HAS AN ACTIVE PRESENCE ON MANY COMMITTEES INVOLVED IN FINDING LOW COST SOLUTIONS TO PHYSICAL AND MENTAL HEALTH ISSUES PREVALENT IN OUR COMMUNITIES, WITH PARTICULAR FOCUS ON SERVING LOW-INCOME, UNINSURED OR OTHERWISE UNDERSERVED GENESIS NURSES, THERAPISTS, DIABETES COUNSELORS, ADMINISTRATORS AND OTHER PROFESSIONALS PARTICIPATE IN COMMUNITY COALITIONS AND PREVENTION PROGRAMS, PRIMARILY WITH A FOCUS ON ACCESS TO CARE, TRANSPORTATION, FOOD INSECURITY, HOMELESSNESS, DOMESTIC VIOLENCE, FAMILY SERVICES, WELLNESS INITIATIVES, COUNTY HEALTH COALITIONS, COMMUNITY RESOURCES, ADDICTION REDUCTION, ACCIDENT PREVENTION, AND MENTAL HEALTH THESE ACTIVITIES ARE ALL CAPTURED IN CBISA COMMUNITY BUILDING ACTIVITIES INCLUDE MEMBERSHIP IN COMMUNITY GROUPS AND ATTENDING MEETINGS, CONFERENCES, AND COLLABORATIVE COMMUNITY EVENTS AND PARTICIPATION IN THE HEALTH ASSESSMENTS AND PLANNING EFFORTS OF LOCAL HEALTH DEPARTMENTS COMMUNITY BENEFIT BUILDING ACTIVITIES ARE CURRENTLY NOT PART OF THE DOCUMENTATION FOR COMMUNITY BENEFIT

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	THE FINANCIAL STATEMENT FOOTNOTE RELATED TO BAD DEBT IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENT FOOTNOTE 1 "NATURE OF BUSINESS AND SIGNIFICANT ACCOUNTING POLICIES" GROUPED WITH ACCOUNTS RECEIVABLE ON PAGE 8
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	ALL PATIENTS ARE OFFERED A PLAIN LANGUAGE SUMMARY (PLS) OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE FROM THE HOSPITAL AT LEAST THREE SEPARATE COMMUNICATIONS WILL BE MAILED TO THE LAST KNOWN ADDRESS OF THE RESPONSIBLE PARTY ALSO CONTAINING THE PLS AT LEAST 60 DAYS WILL LAPSE BETWEEN THE FIRST AND THIRD REQUIRED COMMUNICATION DETAILED ITEMIZED STATEMENTS WILL BE MADE AVAILABLE UPON REQUEST EXCEPT WHERE PROHIBITED BY STATE OR FEDERAL REGULATIONS ACCOUNTS WITH ZERO BALANCES WILL NOT RECEIVE THREE SEPARATE COMMUNICATIONS, HOWEVER, THESE ACCOUNT HOLDERS MAY ALSO BE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE ALL RESPONSIBLE PARTIES WILL RECEIVE WRITTEN NOTIFICATION REGARDING EXTRAORDINARY COLLECTION ACTIONS (ECA) THAT MAY COMMENCE IF ACTION IS NOT TAKEN THIRTY DAYS WILL LAPSE BETWEEN ISSUANCE OF NOTIFICATION AND COMMENCEMENT OF ECA ACTION TAKEN BY THE RESPONSIBLE PARTY CONSTITUTES MAKING PAYMENT ARRANGEMENTS FOR THE AMOUNT DUE OR COMPLETING A FINANCIAL ASSISTANCE APPLICATION ACCOUNTS GO TO FULL COLLECTION AFTER DAY 120 IF NO PRIOR ARRANGEMENTS HAVE BEEN MADE COLLECTION AGENCIES ARE INSTRUCTED TO MAKE PHONE CALLS AND SEND LETTERS IF THEY CANNOT RESOLVE THE BALANCE, OR HAVE NOT BEEN ABLE TO MAKE PAYMENT ARRANGEMENTS, THE ACCOUNT IS SENT BACK TO GENESIS AS NON-COLLECTIBLE IN 18 MONTHS
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 PROFESSIONAL SUPPORT, AND EDUCATION AND WELLNESS PROGRAMS THE COMMUNITY BENEFIT COMMITTEE COLLABORATES WITH GENESIS ADMINISTRATION AND DEPARTMENTS AND WITH COMMUNITY AGENCIES IN OUR DEFINED GEOGRAPHIC MARKET, INCLUDING BUT NOT LIMITED TO THE PUBLIC HEALTH DEPARTMENTS, MUSKINGUM VALLEY HEALTH CENTERS, AND THE UNITED WAY, TO ASSESS COMMUNITY HEALTH NEEDS AND STRENGTHS, DEVELOP A COMMUNITY BENEFIT PLAN WITH STRATEGIC GOALS AND INTERVENTIONS, MONITOR IMPLEMENTATION OF COMMUNITY BENEFIT ACTIVITIES, EVALUATE COMMUNITY BENEFIT ACTIVITIES, ADVOCATE FOR THE COMMUNITY BENEFIT PROGRAMS, AND ASSIST IN TELLING THE GENESIS HOSPITAL COMMUNITY BENEFIT STORY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	GENESIS HAS SIGNAGE STRATEGICALLY LOCATED IN THE FACILITY (REGISTRATION AREAS AND CASHIER AREAS) ADVISING OF FREE CARE BILLING STATEMENTS ALSO CONTAIN THIS INFORMATION ALONG WITH A CHARITY CARE APPLICATION PRINTED ON THE REVERSE SIDE OF THE BILL THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE WE HAVE REGISTRATION STAFF THAT WORK IN THE EMERGENCY DEPARTMENT TO SCREEN PATIENTS FOR POTENTIAL MEDICAID QUALIFIERS IF THE PATIENT ALLOWS FOR INPATIENTS, WE HAVE RESOURCE COUNSELING STAFF THAT SCREEN SELF-PAY, UNDERINSURED AND MEDICARE ONLY PATIENTS FOR MEDICAID AND/OR CHARITY
PART VI, LINE 4	OUR GEOGRAPHIC MARKET AREA IS A SIX-COUNTY RURAL REGION OF SOUTHEAST OHIO, INCLUDING MUSKINGUM, MORGAN, PERRY, COSHOCTON, GUERNSEY AND NOBLE COUNTIES TOTAL MARKET AREA POPULATION IS APPROXIMATELY 226,800, WITH MUSKINGUM COUNTY (86,818) REPRESENTING THE LARGEST COUNTY MEDIAN HOUSEHOLD INCOME LEVELS RANGE FROM \$37,067 TO \$42,017 WHICH IS LOWER THAN THE STATE MEDIAN HOUSEHOLD INCOME OF \$50,074 AND EVEN LOWER THAN THE NATIONAL MEDIAN HOUSEHOLD INCOME OF \$53,889 PEOPLE LIVING BELOW POVERTY LEVEL RANGE FROM 15 0% TO 19 0% IN THE REGION VERSES 14 6% FOR THE STATE AND 12 7% FOR THE NATION CHILDREN IN POVERTY RANGE FROM 18 0% TO 28 0% IN OUR REGION COMPARED TO 20 0% FOR THE STATE OF OHIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	ONGOING COMMUNITY HEALTH EDUCATION IS PROVIDED THROUGH REGULARLY SCHEDULED HEALTH AND WELLNESS PROGRAMS PRESENTED BY GENESIS STAFF AND AFFILIATED PHYSICIANS PREVENTATIVE HEALTH SCREENINGS ARE ALSO ROUTINELY SCHEDULED FOR BLOOD PRESSURE, DIABETES, FALL-RISK ASSESSMENTS, THINK-FIRST INJURY PREVENTION FOR CHILDREN AND YOUNG ADULTS, AND I M P A C T (IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING) PROGRAM TOPICS ARE BASED ON COMMUNITY NEED AS DETERMINED BY FEEDBACK FROM PARTICIPANTS, THE COMMUNITY BENEFIT COMMITTEE AND SERVICE LINE LEADERS GENESIS ALSO REGULARLY PROVIDES HEALTH AND WELLNESS PROMOTION THROUGH COMMUNITY-BASED HEALTH FAIRS AND EVENTS HELD THROUGHOUT THE COMMUNITY CLINICAL EXPERIENCES ARE OFFERED FOR HEALTHCARE STUDENTS AS WELL AS TRAINING OPPORTUNITIES FOR HEALTHCARE PROFESSIONALS
PART VI, LINE 6	GENESIS HOSPITAL AND ITS AFFILIATES ARE REACHING OUT TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH COMMUNITY INITIATIVES, MANY BASED ON PREVENTION SOME EXAMPLES INCLUDE - PROVIDING CLINICAL EXPERIENCES WITH AFFILIATED PHYSICIANS FOR MEDICAL STUDENTS- NUMEROUS HEALTH SCREENINGS IN CONJUNCTION WITH AFFILIATED PHARMACY- COMMUNITY PROGRAMS ON VARIOUS HEALTH TOPICS PROVIDED BY AFFILIATED PHYSICIANS- GENESIS COMMUNITY AMBULANCE INITIATIVES INCLUDING PARTICIPATION IN PRESENTATIONS THAT SIMULATE DISTRACTED DRIVING ACCIDENTS AT SCHOOLS AND ORGANIZATIONS, PROMOTING THE WELL-BEING OF THE COMMUNITY THROUGH PARAMEDIC ASSISTS AND STANDBYS AT LOCAL EVENTS AND INCREASING PUBLIC AWARENESS OF EMERGENCY MEDICAL SERVICE THROUGH VARIOUS EFFORTS SUCH AS AMBULANCE TOURS

Schedule H (Form 990) 2017

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

Form and Line Reference	Explanation
GENESIS 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 SCHOOLSAMERICAN VALLEY HEALTH CENTERBUCKEYE HILLSMUSKINGUM COUNTY NOBLE 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GENESIS 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GENESIS HOSPITAL	PART V, SECTION B, LINE 11 THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY IS A WRITTEN 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 TWO THAT HAD REPRESENTATION ACROSS SERVICE LINES AND INCLUDED COMMUNITY AGENCIES (1) THE ADDICTION REDUCTION PLANNING GROUP AND (2) THE OBESITY REDUCTION PLANNING GROUP OTHER GENESIS PLANNING GROUPS INCLUDED GENESIS BEHAVIORAL HEALTH, CANCER SERVICES, HEART AND VASCULAR SERVICES, TRAUMA SERVICES, NEUROSCIENCE SERVICES, WOMEN'S AND CHILDREN'S SERVICES, POPULATION HEALTH AND WELLNESS, PULMONARY ADMINISTRATION, EDUCATIONAL SERVICES, MEDICAL STAFF SERVICES, GENESIS HOSPICE AND PALLIATIVE CARE/CAREGIVERS, MARKETING AND PUBLIC RELATIONS, MISSION, NURSELIN, SPIRITUAL CARE, PATIENT EDUCATION AND VOLUNTEER SERVICES GIVEN THE EVER CHANGING LANDSCAPE OF HEALTHCARE, THE INITIATIVES IN THIS IMPLEMENTATION STRATEGY MAY CHANGE AND NEW ONES MAY BE ADDED OR OTHERS ELIMINATED BASED ON THE COMMUNITY NEEDS DURING THE 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 INVENTORY OF SOCIAL ACCOUNTABILITY (CBISA) THE INITIAL PROPOSED OUTCOMES IN THE TABLES BELOW WILL BE USED AS A BASELINE FOR PERFORMANCE FOR EACH YEAR AND USED TO GUIDE THE EVALUATION PROCESS AND FUTURE INITIATIVE DEVELOPMENT THE INITIATIVES AND ANTICIPATED OUTCOMES INCLUDED IN THIS DOCUMENT WILL BE EVALUATED AGAINST THE DATA COLLECTED FOR THE IDENTIFIED MEASURES 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 ASSESSED QUARTERLY BY THE GENESIS COMMUNITY BENEFIT COMMITTEE THE DOCUMENT "2018 COMMUNITY BENEFIT PLAN" CONTAINS THE 2017 EVALUATION OF OUTCOMES AND THE 2018 PROPOSED OUTCOMES OF THE 2016-2018 COMMUNITY IMPLEMENTATION STRATEGY WHICH WAS APPROVED BY THE GENESIS QUALITY COMMITTEE AND THE BOARD OF DIRECTORS IN APRIL OF 2018 THE CHNA IDENTIFIED TOP PRIORITY CHRONIC CONDITIONS, RELATED RISK FACTORS, ISSUES FOR MOTHERS AND CHILDREN AND ACCESS TO CARE ISSUES THE COMMUNITY BENEFIT 2016-2018 IMPLEMENTATION STRATEGY FOCUSES ON ALL THE MAJOR AREAS OF NEED EXCEPT ACCESS TO CARE (CHNA PAGES 27-29) ACCESS TO CARE IS A FOCUS OF THE GENESIS STRATEGIC PLAN AND INITIATIVES ARE IMPLEMENTED THROUGH ADMINISTRATION, SERVICE LINE DIRECTORS, FINANCIAL ASSISTANCE, AND TRANSFORMATIONAL CARE DEPARTMENTS THE TOP HEALTH PRIORITIES FROM THE CHNA, WHICH ARE THE FOCUS OF THE 2016-2018 COMMUNITY BENEFIT IMPLEMENTATION STRATEGY, ARE LISTED BELOW ACCOMPANIED BY THE REFERENCE PAGE WHERE THAT PRIORITY AREA IS LOCATED IN THE CHNA DOCUMENT

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

Form and Line Reference	Explanation
GENESIS HOSPITAL	THE TOP PRIORITY CHRONIC CONDITIONS IDENTIFIED ARE AS FOLLOWS 1 CANCER (CHNA PAGE 14), P R I O R I T Y R I S K F A C T O R TOBACCO USE (CHNA PAGE 15)2 MENTAL HEALTH ISSUES (CHNA PAGE 16), P R I O R I T Y R I S K F A C T O R S DRUG ADDICTIONS (CHNA PAGE 17) AND ALCOHOL OVERUSE (CHNA PAGE 18)3 DI ABETES (CHNA PAGE 18)4 HEART DISEASE (CHNA PAGE 19), P R I O R I T Y R I S K F A C T O R S OBESITY (CHNA PAGE 20), UNHEALTHY EATING (CHNA PAGE 20), AND PHYSICAL INACTIVITY (CHNA PAGE 21)5 CHRON IC BREATHING PROBLEMS (CHNA PAGE 21)6 JOINT & BACK PAIN (CHNA PAGE 22) 7 STROKE (CHNA PAG E 23), P R I O R I T Y R I S K F A C T O R HIGH BLOOD PRESSURE (CHNA PAGE 23)THE TOP PRIORITY HEALTH ISS UES FOR MOTHERS AND CHILDREN INCLUDE 1 PREGNANT AND USING TOBACCO (CHNA PAGE 24)2 PREGNA NT AND USING ALCOHOL (CHNA PAGE 24)3 PREGNANT AND USING DRUGS (CHNA PAGE 24)4 CHILDREN O VERWEIGHT (CHNA PAGE 25)5 SUPPORT FOR DRUG ADDICTED BABIES (CHNA PAGE 25)6 CHILDREN WITH DISABILITIES (CHNA PAGE 26)GENESIS HAS TWO PLANNING GROUPS THAT INCLUDE COMMUNITY PARTNER S TO COLLABORATIVELY IMPLEMENT INITIATIVES RELATED TO ADDICTIONS AND OBESITY THE FIRST GR OUP, THE "ADDICTIONS REDUCTION GROUP" MEETS QUARTERLY TO COLLABORATE AND ASSESS PROGRESS O N INITIATIVES THE FOCUS OF THE GROUP INCLUDES ADDICTIONS TO TOBACCO, ALCOHOL, AND DRUGS I NCLUDING ADDICTED MOTHERS AND BABIES THE SECOND GROUP, FORMED ORIGINALLY AS THE "OBESITY REDUCTION GROUP", FOCUSED ON REDUCING BOTH ADULT AND CHILD OBESITY IN 2017, THIS GROUP ME RGED WITH ANOTHER GENESIS COLLABORATION CALLED "MUSKINGUM MOVES" COLLABORATIVE INITIATIVE S INCLUDE COMMUNITY INFORMATION DISTRIBUTED THROUGH A FACEBOOK PAGE PROMOTING HEALTHY LIFE STYLES THAT REDUCE OBESITY ALL GENESIS SERVICE LINE INITIATIVES RELATED TO OBESITY REDUCT ION ARE STILL CAPTURED THROUGH CBISA

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, 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 - CAMBRIDGE HEALTH CENTER 61353 SOUTHGATE PARKWAR CAMBRIDGE, OH 43725	IMAGING SERVICES/LAB SERVICE/WOUND MANAGEMENT
9 10 - GENESIS CANCER CENTER 2951 MAPLE AVENUE ZANESVILLE, OH 43701	CANCER & PALLATIVE CARE/WOMEN'S BOUTIQUE
10 11 - GENESIS HEALTHCARE CENTER - NEW CONCORD 1 EAST MAIN STREET NEW CONCORD, OH 43762	LAB SERVICES
11 12 - GENESIS HEALTH CENTER - PERRY COUNTY 301 DR MIKE CLOUSE DRIVE SOMERSET, OH 43783	DIAGNOSITC HEALTHCARE SERVICES/PHYSICAL & OCCUPATIONAL THERAPY
12 14 - GENESIS SURGERY CENTER 2907 MAPLE AVENUE ZANESVILLE, OH 43701	OUTPATIENT SURGERY
13 15 - GENESIS NEW LEXINGTON DRAW CENTER 445 WEST BROADWAY NEW LEXINGTON, OH 43764	LAB SERVICES

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTHCARE SYSTEM

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

2017

Open to Public
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 ANNUAL COMMUNITY IMPACT DONATION TO THE UNITED WAY, USUALLY MADE IN 4 QUARTERLY INSTALLMENTS, WAS DISCONTINUED AFTER THE JUNE 2017 PAYMENT AS "GENESIS WILL BE RE-DEPLOYING COMMUNITY BENEFIT IMPACT DOLLARS TO COMMUNITY WELLNESS AND HEALTH PROGRAMS THAT GENESIS IS ACTIVELY PROVIDING GENESIS WILL CONTINUE TO SUPPORT THE ANNUAL CORPORATE DONATION OF \$15,000 IN ADDITION TO THE GENESIS EMPLOYEES ANNUAL DONATIONS 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 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 SEVERAL OF OUR GENESIS PHYSICIANS AND TECHNICAL STAFF MEMBERS WORK CLOSELY WITH MVHC TO HELP MEET THE HEALTH NEEDS OF THE AREA

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)	12,500				GRANTS WERE PAID TO ASSIST IN COMMUNITY IMPACTGRANTS WERE PAID TO ASSIST IN PROVIDING ASSISTANCE FOR COMMUNITY IMPACT PROJECTS
UNITED WAY OF MPM COUNTIES 526 PUTNAM AVENUE ZANESVILLE, OH 43701	31-4379456	501(C)(3)	15,000				CORPORATE DONATION FOR PLEDGE 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
MUSKINGUM VALLEY HEALTH CENTER 716 ADAIR AVENUE ZANESVILLE, OH 43701	20-8814374	501(C)(3)		38,754	FAIR MARKET VALUE		DONATION OF TRIAGE SERVICES
MUSKINGUM VALLEY HEALTH CENTER 716 ADAIR AVENUE ZANESVILLE, OH 43701	20-8814374	501(C)(3)	5,000				PATIENT CARE CHARITABLE FUND

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
CENTRAL AMERICAN MEDICAL OUTREACH 322 WESTWOOD AVENUE ORVILLE, OH 44667	34-1740695	501(C)(3)		253,529	FAIR MARKET VALUE		DONATION OF SUPPLIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
GENESIS HEALTHCARE SYSTEM

Employer identification number

31-1480941

Part I Questions Regarding Compensation

1a Check the appropriate 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 indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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.

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?

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a Yes

4b Yes

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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.

See Additional Data Table

[illegible]

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 MEMBERS OF SENIOR 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, LINES 4A-B	LINE 4A: A SEVERANCE PAYMENT IN THE AMOUNT OF \$108,096 WAS REMITTED TO SLOAN ALBERT DURING 2017. 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 \$576,136; PAUL MASTERSON \$175,751; ALAN BURNS \$140,564; EDMUND ROMITO \$21,776; DANIEL SCHEERER, MD \$41,860.

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			(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				
1 ERIN REMSTER DO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	245,516	45,320	0	5,400	15,599	311,835	0
1 KRISTY RITCHIE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	401,403	100,485	0	5,400	25,310	532,598	0
2 JOHN ZIMMERMAN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	352,195	131,509	0	8,100	19,915	511,719	0
3 PAUL MASTERSON CHIEF FINANCIAL OFFICER	(i)	413,612	100,983	0	196,673	27,887	739,155	0
	(ii)	0	0	0	0	0	0	0
4 MATTHEW PERRY PRESIDENT & CEO	(i)	730,731	117,113	0	583,630	21,733	1,453,207	0
	(ii)	0	0	0	0	0	0	0
5 SLOAN ALBERT CHIEF PNO 01/01/17 - 09/19/17	(i)	325,572	93,678	108,096	2,427	21,399	551,172	0
	(ii)	0	0	0	0	0	0	0
6 CHRISTOPHER SCHOELLES CHIEF PNO 12/24/17 - 12/31/17	(i)	179,375	10,501	0	1,625	14,628	206,129	0
	(ii)	0	0	0	0	0	0	0
7 ALAN BURNS COO 01/01/17 - 07/08/17	(i)	370,422	90,955	0	160,147	16,309	637,833	0
	(ii)	0	0	0	0	0	0	0
8 SHARON PARKER COO 07/09/17 - 12/31/17	(i)	196,068	10,200	0	3,900	17,458	227,626	0
	(ii)	0	0	0	0	0	0	0
9 WENDY CEDOZ CHIEF LEGAL OFFICER	(i)	295,789	74,250	0	2,694	34,335	407,068	0
	(ii)	0	0	0	0	0	0	0
10 DIANNA LEVECK CHIEF HUMAN RESOURCES OFFICER	(i)	336,055	69,498	0	7,870	15,239	428,662	0
	(ii)	0	0	0	0	0	0	0
11 ABBY NGUYEN CHIEF NURSING OFFICER	(i)	263,478	64,350	0	6,004	24,706	358,538	0
	(ii)	0	0	0	0	0	0	0
12 EDMUND ROMITO CHIEF INFORMATION OFFICER	(i)	342,638	82,914	0	29,876	18,181	473,609	0
	(ii)	0	0	0	0	0	0	0
13 DANIEL SCHEERER MD CHIEF MEDICAL AFFAIRS OFFICER	(i)	328,606	79,695	0	47,260	17,789	473,350	0
	(ii)	0	0	0	0	0	0	0
14 SHAWN ROARK VICE PRESIDENT	(i)	120,000	82,049	0	0	0	202,049	0
	(ii)	0	0	0	0	0	0	0
15 MICHAEL NORMAN VICE PRESIDENT	(i)	182,079	9,372	0	0	14,810	206,261	0
	(ii)	0	0	0	0	0	0	0
16 LES BOYER DIRECTOR	(i)	151,061	12,985	0	104	27,386	191,536	0
	(ii)	0	0	0	0	0	0	0
17 CHERYL JORGE DIRECTOR	(i)	136,925	31,549	0	4,212	15,666	188,352	0
	(ii)	0	0	0	0	0	0	0
18 GREGORY HAMILTON DIRECTOR	(i)	151,402	11,747	0	4,595	11,569	179,313	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
GENESIS HEALTHCARE SYSTEM

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

2017

Open to Public Inspection

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 COUNTY OF PERRY OHIO	31-6400082		09-19-2017	10,000,000	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	2,306,839							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	100,500							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,206,339							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		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 ▶								
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 ▶								
6 Total of lines 4 and 5								
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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTHCARE SYSTEM

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

2017

Open to Public Inspection

Employer identification number

31-1480941

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE HIM DEPARTMENT, INCLUDING A DIRECTOR AND MANAGER, WAS OUTSOURCED IN 2015 DURING 2017, A TOTAL OF \$4 65M IN FIXED MONTHLY FEES WAS PAID TO THE MANAGEMENT COMPANY AND INCLUDED A LL PERSONNEL SALARY, WAGE AND BENEFIT COSTS FEES ARE PART OF AN INITIAL 5 YEAR AGREEMENT AND WERE BASED ON A REVIEW OF ANNUAL VOLUME OF MEDICAL RECORDS PROCESSED

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 THE ORGANIZATION'S GOVERNING BODY SUCH AS APPROVAL OF THE GOVERNING'S BODY'S DECISION TO DISSOLVE 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 A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS VIA A WEB PORTAL FOR REVIEW

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 GOVERN 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 PROCEDURES TO MITIGATE THE SITUATION, SUCH AS ALTERNATIVE TRANSACTIONS AND PARTICIPATION AND VOTING RESTRICTIONS THE COMPLIANCE OFFICER MONITORS AND ENFORCES THESE POLICIES ALL OFFICERS 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 RECOGNIZED FIRM SPECIALIZING IN COMPENSATION BENCHMARKING AND ANALYSIS. THE FIRM IS RECOGNIZED FOR THEIR EXPERTISE IN EVALUATING TOTAL COMPENSATION AT THE EXECUTIVE LEVEL. THIS FIRM PRESENTS THEIR RECOMMENDATIONS AND ANALYSIS TO THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF INDEPENDENT MEMBERS OF THE GENESIS BOARD OF DIRECTORS. THE COMMITTEE IS RESPONSIBLE FOR MAKING 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 INVOLVED IN THE REVIEW, ANALYSIS AND RECOMMENDATION RELATED TO THE TOTAL COMPENSATION FOR THE REMAINING MEMBERS OF THE SENIOR LEADERSHIP TEAM. THE CEO DETERMINES THE COMPENSATION OF THE SENIOR LEADERSHIP TEAM MEMBERS WITHIN THE PARAMETERS ESTABLISHED BY THE COMPENSATION COMMITTEE. 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 IX, LINE 11G	BILLING AND COLLECTION FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,570,915 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,570,915 LAUNDRY SERVICE PROGRAM SERVICE EXPENSES 1,416,881 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,416,881 INPATIENT TRANSPORT PROGRAM SERVICE EXPENSES 129,688 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 129,688 COURIER SERVICE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 722,596 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 722,596 MEDICAL AND PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 14,630,539 MANAGEMENT AND GENERAL EXPENSES 1,254,303 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,884,842 CONTRACT LABOR PROGRAM SERVICE EXPENSES 3,172,991 MANAGEMENT AND GENERAL EXPENSES 4,950,753 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,123,744 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 5,172,177 MANAGEMENT AND GENERAL EXPENSES 3,082,704 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,254,881 CONSULTING PROGRAM SERVICE EXPENSES 396,756 MANAGEMENT AND GENERAL EXPENSES 1,369,337 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,766,093 SPONSORSHIP FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,381,032 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,381,032

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN IN FAIR VALUE OF PERPETUAL TRUST 4,473,538 PLEDGE RECEIVABLE FROM RELATED PARTY -37, 929,396 RESERVE FOR COSHOCTON COUNTY MEMORIAL 6,936 CONTRIBUTED CAPITAL 40,000 INCOME F ROM INVESTMENT IN COMMUNITY AMBULANCE SERVICES 248,898

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 THE 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTHCARE SYSTEM

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

2017

Open to Public Inspection

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

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	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) Disproportionate 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CARELIFE LLC 2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1128717	PHYSICIAN SERVICES, CHILDCARE SERVICES, PHARMACY, DME	OH	GENESIS HEALTHCARE SYSTEM	C	-37,654,287	27,854,367	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			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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
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

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

[illegible]

Part VII **Supplemental Information**

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

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
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1629304	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-0969646	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE FOUNDATION	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-0885513	FUNDRAISING FOR GHS	OH	501(C)(3)	3	GENESIS HEALTHCARE FOUNDATION	Yes	
1415 SOUTH RAPIDS ROAD MANITOWOC, WI 542209302 39-1530622	SPONSOR OF GHS	WI	501(C)(3)	7	N/A		No
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-4379479	MAINTAINS REAL ESTATE TITLE FOR HOSPITAL	OH	501(C)(3)	3	GENESIS HEALTHCARE SYSTEM	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1067174	SPONSOR OF GHS	OH	501(C)(3)	9	GENESIS HEALTHCARE SYSTEM	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-4380038	MAINTAINS REAL ESTATE TITLE FOR HOSPITAL	OH	501(C)(3)	LINE 12B, II	GENESIS HEALTHCARE SYSTEM	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1487187	STERILIZATIONS	OH	501(C)(3)	3	BETHESDA CARE SYSTEM	Yes	
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	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 34-1773323	AMBULANCE SERVICE	OH	501(C)(3)	LINE 11	GENESIS HEALTHCARE SYSTEM	Yes	
2951 MAPLE AVENUE ZANESVILLE, OH 43701 31-1282152	HOME CARE SERVICES	OH	501(C)(3)	3	CARESERVE	Yes	
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
CARELIFE LLC	S	1,408,221	ACCRUAL TRANSACTION
CARELIFE LLC	R	5,267,265	ACCRUAL TRANSACTION
GENESIS HEALTHCARE SYSTEM GROUP	Q	248,256	ACCRUAL TRANSACTION
GENESIS HEALTHCARE SYSTEM GROUP	S	2,091,019	ACCRUAL TRANSACTION
GENESIS HEALTHCARE SYSTEM GROUP	O	225,256	ACCRUAL TRANSACTION
COMMUNITY AMBULANCE SERVICE	M	979,447	ACCRUAL TRANSACTION
COMMUNITY AMBULANCE SERVICE	S	1,236,000	CAPITAL DISTRIBUTION
BETHESDA HOSPITAL ASSOCIATION	S	144,986	INTERCOMPANY PAYMENT
BETHESDA HOSPITAL ASSOCIATION	Q	148,000	INTERCOMPANY PAYMENT