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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
Genesis Health System

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1227 E Rusholme Street

City or town, state or province, country, and ZIP or foreign postal code
Davenport, IA 52803

D Employer identification number
42-1418847

E Telephone number
(563) 421-6508

G Gross receipts $ 1,026,143,853

F Name and address of principal officer:
Joseph Malas
1227 E Rusholme Street
Davenport, IA 52803

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GENESISHEALTH.COM

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

L Year of formation: 1994

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
GENESIS HEALTH SYSTEM (GHS IOWA) EXISTS TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	4,518
6	Total number of volunteers (estimate if necessary)	**6**	96
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,557,925
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	715,154

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,247,216	20,199,597
9	Program service revenue (Part VIII, line 2g)	487,154,036	514,503,461
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,985,953	19,737,711
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432,825	2,478,783
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,820,030	556,919,552
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,426,026	1,438,037
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	265,390,518	248,307,255
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	258,974,729	280,609,596
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	526,791,273	530,354,888
19	Revenue less expenses. Subtract line 18 from line 12	8,028,757	26,564,664

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	929,416,357	1,001,993,046
21	Total liabilities (Part X, line 26)	353,037,374	343,934,036
22	Net assets or fund balances. Subtract line 21 from line 20	576,378,983	658,059,010

Part II Signature Block

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

Sign Here

****** 2022-05-11
Signature of officer Date

Joseph Malas GHS CFO & Asst.Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: See Additional Data) (Expenses $ 274,060,784 including grants of $ 1,438,037) (Revenue $ 410,379,160)

4b (Code: See Additional Data) (Expenses $ 100,340,703 including grants of $ 0) (Revenue $ 69,231,083)

4c (Code: See Additional Data) (Expenses $ 23,425,519 including grants of $ 0) (Revenue $ 26,942,212)

(Code:) (Expenses $ 4,682,843 including grants of $ 0) (Revenue $ 7,951,006)

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

4d Other program services (Describe in Schedule O.)
(Expenses $ 4,682,843 including grants of $) (Revenue $ 7,951,006)

4e Total program service expenses ▶ 402,509,849

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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	222		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 4,518			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶Joseph Malas 1227 E RUSHOLME DAVENPORT, IA 528032498 (563) 421-6508

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,407,708	0	553,179

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 ▶ 286

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation PO Box 959156 St Louis, MO 931959156	Information Technology Services	17,781,559
Crothall Healthcare Inc 1500 Liberty Ridge Drive Wayne, PA 19087	Maintenance/Enviromental Services	6,218,198
H R Accounts Inc PO Box 672 5320 22nd Avenue Moline, IL 612660672	Collection Services	3,026,208
Renovo Solutions LLC 4 Executive Circle Suite 185 Irvine, CA 92614	Maintenance Management Services for Medical Equipment	2,382,253
Morrison Healthcare PO Box 102289 Atlanta, GA 30368	Food Management Services	2,197,646

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 ▶ 90

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	1,014,226			
e Government grants (contributions)	1e	16,797,775			
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,387,596			
g Noncash contributions included in lines 1a - 1f:$	1g	27,053			
h **Total.** Add lines 1a-1f		20,199,597			
Program Service Revenue	Business Code				
2a OUTPATIENT REVENUE	621400	761,521,103	761,521,103		
b INPATIENT REVENUE	900099	534,809,574	534,809,574		
c CLINIC/NURSING REVENUE	621400	135,909,569	135,909,569		
d HOME HEALTH SERVICES	621400	30,365,726	30,365,726		
e PROFESSIONAL HEALTH SERVICES	621400	16,191,070	14,633,145	1,557,925	
f All other program service revenue.		-964,293,581	-964,293,581	0	0
g **Total.** Add lines 2a–2f.	514,503,461				
3 Investment income (including dividends, interest, and other similar amounts)		8,961,025			8,961,025
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c	0	0			
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a		479,092,813			
b Less: cost or other basis and sales expenses 7b		468,316,127			
c Gain or (loss) 7c	0	10,776,686			
d Net gain or (loss)			10,776,686		10,776,686
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a		2,112,941			
b Less: cost of goods sold 10b		908,174			
c Net income or (loss) from sales of inventory			1,204,767		1,204,767
Miscellaneous Revenue	Business Code				
11a VENDOR REBATES	900099	490,414	490,414		
b NUTRITIONAL SERVICES	900099	68,933	68,933		
c AMBULANCE	900099	58,487	58,487		
d All other revenue		656,182	656,182	0	0
e **Total.** Add lines 11a–11d		1,274,016			
12 **Total revenue.** See instructions		556,919,552	514,219,552	1,557,925	20,942,478

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	1,430,674	1,430,674		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,363	7,363		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,656,644	415,250	2,241,394	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	41,329	41,329		
7 Other salaries and wages	214,327,490	178,010,737	36,316,753	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,907,815	1,490,237	417,578	
9 Other employee benefits	15,031,699	11,371,493	3,660,206	
10 Payroll taxes	14,342,278	11,724,006	2,618,272	
11 Fees for services (non-employees):				
a Management	2,058,318	720,886	1,337,432	
b Legal	576,194		576,194	
c Accounting	288,996		288,996	
d Lobbying	84,523		84,523	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,031,841		1,031,841	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,743,349	48,624,053	23,119,296	0
12 Advertising and promotion	770,004	114,817	655,187	
13 Office expenses	7,867,111	4,073,349	3,793,762	
14 Information technology	2,601,619		2,601,619	
15 Royalties				
16 Occupancy	20,801,333	16,496,823	4,304,510	
17 Travel	1,039,917	777,515	262,402	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	375,073	295,556	79,517	
20 Interest	6,772,948	6,772,948		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,548,726	23,176,726	14,372,000	
23 Insurance	1,810,104	294,902	1,515,202	
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 FEDERAL AND STATE INCOME TAX	114,186	114,186		
b MEDICAL AND PHARMACEUTICAL	52,412,071	52,295,600	116,471	
c PATIENT SUPPLY COST OF	46,947,988	46,947,988		
d PHYSICIAN PRACTIVE OVERHEAD	17,112,975		17,112,975	
e All other expenses	8,652,320	1,970,332	6,681,988	0
25 **Total functional expenses.** Add lines 1 through 24e	530,354,888	407,166,770	123,188,118	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		21,478,246	1	19,449,361
	2	Savings and temporary cash investments		66,881,971	2	77,014,637
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		86,436,500	4	95,752,065
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		10,502,217	7	13,003,744
	8	Inventories for sale or use		14,799,634	8	13,539,062
	9	Prepaid expenses and deferred charges		7,461,008	9	8,786,434
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 891,267,176			
	b	Less: accumulated depreciation	10b 613,970,992	297,699,425	10c	277,296,184
	11	Investments—publicly traded securities		282,459,886	11	336,365,156
	12	Investments—other securities. See Part IV, line 11		68,796,987	12	80,607,365
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		506,348	14	506,348
	15	Other assets. See Part IV, line 11		72,394,135	15	79,672,690
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		929,416,357	16	1,001,993,046
Liabilities	17	Accounts payable and accrued expenses		80,797,513	17	81,348,206
	18	Grants payable			18	
	19	Deferred revenue		2,360,794	19	76,003
	20	Tax-exempt bond liabilities		154,170,709	20	145,538,828
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		115,708,358	25	116,970,999
	26	**Total liabilities.** Add lines 17 through 25		353,037,374	26	343,934,036
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		560,274,455	27	638,015,585
	28	Net assets with donor restrictions		16,104,528	28	20,043,425
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		576,378,983	32	658,059,010
	33	Total liabilities and net assets/fund balances		929,416,357	33	1,001,993,046

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	556,919,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,354,888
3	Revenue less expenses. Subtract line 2 from line 1	3	26,564,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	576,378,983
5	Net unrealized gains (losses) on investments	5	40,867,056
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	14,248,307
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	658,059,010

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health System

Form 990 (2020)

Form 990, Part III, Line 4a:

GENESIS HEALTH SYSTEM (GHS IOWA) IS A HEALTH SYSTEM LOCATED IN EASTERN IOWA CONSISTING OF THREE HOSPITAL FACILITIES, TWO IN DAVENPORT AND ONE IN DEWITT, IOWA. GENESIS MEDICAL CENTER - DAVENPORT, CONTAINING 502 LICENSED ACUTE CARE BEDS. STATISTICS INCLUDE 71,003 PATIENT DAYS AND 218,584 OUTPATIENT VISITS; GENESIS MEDICAL CENTER - DEWITT, CONTAINING 13 LICENSED ACUTE CARE AND SWING BEDS. STATISTICS INCLUDE 1,384 PATIENT DAYS AND 24,318 OUTPATIENT VISITS. GHS IOWA ALSO INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM THAT CONTINUES TO EDUCATE RESIDENTS IN THE HOSPITAL SETTING.

Form 990, Part III, Line 4b:

GENESIS HEALTH GROUP, A PHYSICIAN GROUP WITHIN GENESIS HEALTH SYSTEM (GHS IOWA) ENCOMPASSES A WIDE VARIETY OF SPECIALTIES AND FAMILY PRACTICE GROUPS SERVING IOWA, ILLINOIS AND SURROUNDING COMMUNITIES IN EASTERN IOWA AND WESTERN ILLINOIS.

Form 990, Part III, Line 4c:

GENESIS AT HOME VNA & HOSPICE, A VISITING NURSE AND HOSPICE CARE PROGRAM WITHIN GENESIS HEALTH SYSTEM (GHS IOWA) ENCOMPASSES HOME HEALTH SERVICES (INCLUDING PHYSICAL THERAPY, OCCUPATIONAL/SPEECH THERAPY, SKILLED NURSING, MEDICAL SOCIAL WORKER VISITS), COMMUNITY HOSPICE SERVICES, AND THE CLARISSA C. COOK HOSPICE HOUSE LOCATED IN BETTENDORF, IOWA. STATISTICS INCLUDE 110,535 HOME HEALTH SERVICE UNITS AND 53,317 HOSPICE/HOSPICE HOUSE DAYS.

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			
C DANA WATERMAN III VICE CHAIR	2.5 2.0	X		X				0	0	0
DOUGLAS P CROPPER PRESIDENT/CEO GHS	50.0 11.5	X		X				948,732	0	53,480
GREGORY J BUSH TREASURER	2.0 2.0	X		X				0	0	0
PETER J BENSON SECRETARY	2.0 2.0	X		X				0	0	0
STEVEN C BAHLS CHAIR	4.0 4.0	X		X				0	0	0
CHRISTOPHER J COX DIRECTOR	2.0 2.0	X						0	0	0
DALE D ZUDE DIRECTOR	2.0 2.0	X						0	0	0
DAVID C LARSON DIRECTOR	2.0 2.0	X						0	0	0
DAVID HELLER DIRECTOR	2.0 2.0	X						0	0	0
EDMUND P COYNE JR Director	2.0 2.0	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			
EDWIN V MOTTO MD DIRECTOR	5.0 5.0	X						0	0	0
G CHRISTOPHER WAHLIG DIRECTOR	2.0 2.0	X						0	0	0
GEORGE J KONTOS JR Former Director	40.0 2.0	X						502,136	0	47,432
KAREN FITZSIMMONS DIRECTOR	40.0 2.0	X						362,427	0	52,823
LASHONDA POLITE DIRECTOR	2.0 2.0	X						0	0	0
MARK C KILMER DIRECTOR	2.0 2.0	X						0	0	0
MARK D BAWDEN DIRECTOR	2.0 3.5	X						0	0	0
MELISSA PEPPER DIRECTOR	2.0 2.0	X						0	0	0
PATRICIA S GROVES DIRECTOR	2.0 2.0	X						0	0	0
ROBIN PETERSEN DIRECTOR	2.0 2.0	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			
ROGER J HILL FORMER BOARD MEMBER	2.0 2.0	X						0	0	0
JOSEPH MALAS VP FINANCE, INTERIM CFO	30.0 10.0			X				115,210	0	7,060
PAUL BOLLINGER V.P. LEGAL AFFAIRS/Asst. Secretary	30.0 10.0			X				351,487	0	48,528
JORDAN VOIGT HOSPITAL PRESIDENT GMC DAVENPORT	40.0 0				X			626,282	0	48,158
KURT A ANDERSEN VP Physician Operations/Chief Medical Officer	32.0 8.0				X			668,780	0	48,117
ANDREW ANDRESEN VP MEDICAL STAFF AFFAIRS	40.0 0					X		507,607	0	22,568
GAUTAM KUKREJA PHYSICIAN	40.0 0					X		499,572	0	49,025
IURIE CARAMAN PHYSICIAN	40.0 0					X		572,378	0	26,836
NAMRATA MALLIK PHYSICIAN	40.0 0					X		530,636	0	8,233
TODD GRAY PHYSICIAN ADVISOR	40.0 0					X		517,552	0	19,791

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			
CHRISTOPHER CROME FORMER PHYSICIAN/DIVISION CHAIR	40.0 0						X	481,907	0	22,233
HAROLD WAGHER FORMER CHIEF COMPLIANCE RISK OFFICER	40.0 0						X	259,512	0	24,996
MARK G ROGERS V.P. FINANCE/CFO/ASST TREASURER	30.0 10.0						X	804,440	0	47,313
NIDAL HARB FORMER CHIEF MEDICAL OFFICER	32.0 8.0						X	659,050	0	26,586

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131050672

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,119
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		79,404
j	Total. Add lines 1c through 1i			84,523
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Part II-B, Line 1b. PAID STAFF OR MANAGEMENT: GENESIS HEALTH SYSTEM (GHS Iowa) HAD ONE STAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. Part II-B, Line 1d. MAILINGS TO MEMBERS, LEGISLATURES, OR THE PUBLIC: EMPLOYEES OF GENESIS HEALTH SYSTEM (GHS IOWA) ARE ENCOURAGED TO PARTICIPATE IN THE IOWA HOSPITAL ASSOCIATION'S "IHA ACTION ALERTS." THE EMPLOYEES PARTICIPATE BY RESPONDING TO E-MAIL ALERTS WHICH ALLOWS THEM TO VOICE THEIR OPINIONS TO THEIR STATE REPRESENTATIVES ON HEALTHCARE RELATED MATTERS (NOT CANDIDATE-SPECIFIC). THERE IS NO DIRECT COST TO GENESIS HEALTH SYSTEM (GHS IOWA) REGARDING THIS ACTIVITY. Part II-B, Line 1g. DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: GENESIS HEALTH SYSTEM (GHS IOWA) HAD ONESTAFF MEMBER INVOLVED IN LOBBYING ACTIVITIES ON A PART TIME BASIS. THEIR LOBBYING ACTIVITIES WERE FOCUSED ON SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS AND MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS ON HEALTHCARE RELATED MATTERS. THE DIRECT COSTS RELATED TO THEIR LOBBYING ACTIVITIES INCLUDED: SALARIES- $5,119. Part II-B, Line 1i. OTHER LOBBYING ACTIVITIES: IN FISCAL YEAR 2021, GENESIS HEALTH SYSTEM (GHS IOWA) RECEIVED PROFESSIONAL LOBBYING AND GOVERNMENTAL RELATIONS CONSULTING SERVICES FROM EIDE & HEISINGER, LLC AT A COST OF $12,500. LOBBYING EXPENDITURES RELATED TO MEMBERSHIP DUES INCLUDED; 17.80% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION, OR $22,659, 25.56% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, OR $15,497, 60% OF MEMBERSHIP DUES TO THE AMERICAN MEDICAL ASSOCIATION, OR $7,490, AND VARIOUS OTHER ASSOCIATIONS- $21,258.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,641,933	15,498,706	14,081,104	13,249,656	12,080,730
b Contributions	455,141	528,855	937,158	166,432	191,448
c Net investment earnings, gains, and losses	3,878,888	708,244	562,187	739,721	1,042,683
d Grants or scholarships	5,000	5,000	5,000	5,000	5,000
e Other expenditures for facilities and programs	684,952				
f Administrative expenses	134,109	88,872	76,743	69,705	60,205
g End of year balance	20,151,901	16,641,933	15,498,706	14,081,104	13,249,656

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

a Board designated or quasi-endowment ▶ 30.7 %

b Permanent endowment ▶ 69.3 %

c Term endowment ▶ 0 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		12,989,630		12,989,630
b Buildings		398,826,959	213,427,732	185,399,227
c Leasehold improvements		30,457,371	22,919,163	7,538,208
d Equipment		419,935,943	368,858,221	51,077,722
e Other		29,057,273	8,765,876	20,291,397
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				277,296,184

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		
See Additional Data Table		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	80,607,365	

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)		
(10)		
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)Interest in Net Assets of Foundation	18,373,904
(2)Deferred Compensation Annuity	28,205,014
(3)Cash surrender Value of Life Insurance	8,932,388
(4)Goodwill & Covenant Not to Compete	820,444
(5)Sercurity Escrow and Other Assets	425,449
(6)Interest Receivable	277,076
(7)Lease Right of Use Assets	22,638,415
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	79,672,690

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	
(2) Right of Use Liability	19,262,718
(3) ACCRUED INS TRUST LOSSES	1,296,285
(4) NONQUALIFIED PENSION LIABILITY	28,205,014
(5) Medicare Advanced Funds	64,508,802
(6) Estimated Third Party Payor Settlements	769,139
(7) GHS FICA Payable - CARES Act LT Portion	2,929,041
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	116,970,999

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: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health System

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

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
INVESTMENT IN GENVENTURES, INC	27,926,652	C
INVESTMENT IN MISERICORDIA ASSURANCE, LTD.	120,000	C
INVESTMENT IN HEI COOP	8,406,998	C
INVESTMENT IN SPRING PARK SURGERY CENTER, LLC	3,279,237	C
INVESTMENT IN GENGASTRO, LLC	27,922,162	C
INVESTMENT IN GENORTHO, LLC	2,619,873	C
INVESTMENT IN GENRAD IMAGING, LLC	2,943,082	C
OTHER INVESTMENTS - GMC	28,655	C
INVESTMENT IN UNIVERSITY OF IOWA HEALTH ALLIANCE, LLC		
INVESTMENT IN DAVITA DIALYSIS, LLC	2,572,298	C

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

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
INVESTMENT IN WELLMARK	901,046	C
Investment in Wellspire, LLC	3,218,835	C
Investment in Premier Healthcare	668,527	C

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	GENESIS HEALTH SERVICES FOUNDATION, A RELATED ORGANIZATION, HOLDS THE ENDOWMENT FUNDS. THE INTENDED USE OF THE FOUNDATION'S ENDOWMENT FUNDS ARE AS FOLLOWS: SCHOLARSHIPS FOR EDUCATI ON IN THE MEDICAL FIELD, CHARITY CARE FOR THE INDIGENT, EMPLOYEE EMERGENCY ASSITANCE, VISI TING NURSE, HOSPICE HOUSE, DIABETIC CARE, PEDIATRIC HOSPICE, DIALYSIS CARE, AND BREAST HEA LTH SERVICES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Uncertainty in income taxes: GHS Iowa, GHS Illinois, GSL - Aledo, GMC - Aledo, the Genesis Foundation, Genesis Philanthropy and the Workers' Compensation Trust each files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to health systems include such matters as the following: the tax exempt status of each entity, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income. Unrelated business taxable income is reported on Form 990T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. Forms 990 and 990T filed by GHS Iowa, GHS Illinois, GSL - Aledo, GMC - Aledo, the Genesis Foundation, Genesis Philanthropy and the Workers' Compensation Trust are subject to examination by the IRS up to three years from the extended due date of each return. GenVentures is a taxable organization and currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. There were no uncertain tax positions as of June 30, 2021 and 2020.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Investments		0
3a Sub-total	0	0			0
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,085,925	0	3,085,925	0.58 %
b Medicaid (from Worksheet 3, column a)			81,005,425	60,829,877	20,175,548	3.80 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	84,091,350	60,829,877	23,261,473	4.39 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			919,154	0	919,154	0.17 %
f Health professions education (from Worksheet 5)			3,117,874	1,908,660	1,209,214	0.23 %
g Subsidized health services (from Worksheet 6)			3,287,297	1,746,779	1,540,518	0.29 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			302,110	0	302,110	0.06 %
j **Total.** Other Benefits	0	0	7,626,435	3,655,439	3,970,996	0.75 %
k **Total.** Add lines 7d and 7j	0	0	91,717,785	64,485,316	27,232,469	5.13 %

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					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

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	Yes	
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	12,243,326		
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	0		
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	115,425,540		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	117,124,439		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,698,899		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GENGASTRO LLC	AMBULATORY SURGERY CENTER	90 %	0 %	10 %
2 GENORTHO LLC	ORTHOPAEDIC SURGERY CENTER	40 %	0 %	60 %
3 SPRING PARK SURGERY CENTER LLC	OUTPATIENT SURGICAL CENTER	40 %	0 %	60 %
4 GENRAD IMAGING LLC	DIAGNOSTIC IMAGING CENTER	50 %	0 %	50 %
5 DAVITA DIALYSIS LLC	OUTPATIENT DIALYSIS CENTER	20 %	0 %	80 %
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?

2

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group GENESIS MEDICAL CENTER - DAVENPORT

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.GENESISHEALTH.COM/COMMUNITY			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): WWW.GENESISHEALTH.COM/COMMUNITY			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

GENESIS MEDICAL CENTER - DAVENPORT

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 200.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.GENESISHEALTH.COM			
b	☑ The FAP application form was widely available on a website (list url): WWW.GENESISHEALTH.COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.GENESISHEALTH.COM			
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 MEDICAL CENTER - DAVENPORT

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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)

Name of hospital facility or letter of facility reporting group GENESIS MEDICAL CENTER - DAVENPORT

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group GENESIS MEDICAL CENTER - DEWITT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 20			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.GENESISHEALTH.COM/COMMUNITY			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.GENESISHEALTH.COM/COMMUNITY			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

GENESIS MEDICAL CENTER - DEWITT

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 200.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.GENESISHEALTH.COM			
b	☑ The FAP application form was widely available on a website (list url): WWW.GENESISHEALTH.COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.GENESISHEALTH.COM			
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 MEDICAL CENTER - DEWITT

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 MEDICAL CENTER - DEWITT

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **42**

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
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	GENESIS HEALTH SYSTEM (GHS ILLINOIS) AND GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	No costs associated with a physician clinic were reported in subsidized health services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Genesis Health System (GHS Iowa) utilized Worksheet 2 to calculate its cost-to-charge ratio. The calculated cost-to-charge ratio was used to calculate the cost of Charity Care and Unreimbursed Medicaid. Costs of the "Other Benefits" reported in 7e -7i were compiled throughout the year in the community benefit database (i.e., CBISA) that Genesis Health System utilizes.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	In accordance with Healthcare Financial Management Association Statement No. 15, Bad Debt is reported at the full-established charge from the most recent audited financial report. Payments received after an account had been written off to bad debt were credited to a bad debt recovery account. Discounts on patient accounts provided by third-party payers were written off to a contractual allowance account.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Genesis Health System uses Avadyne Health to process aging patient accounts. Avadyne Health's collection process utilizes publicly available information to ensure all aging patient accounts receive financial assistance in accordance to Genesis Health System policy before being deemed bad debt. Genesis Health System reported zero dollars for the estimated amount of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The System determines the transaction price based on standard charges for goods and services provided to patients, reduced by explicit price concessions consisting of contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and/or implicit price concessions provided to uninsured patients based on historical collection experience. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts expected to be collected based on the System's collection history with similar classes of patients. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2021 and 2020, was not material.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	No Medicare shortfalls were included in community benefit. The Medicare cost report shortfall represents the difference between the total revenue received from Medicare based on Medicare cost report reimbursement rates and the costs incurred by GHS Iowa in providing healthcare services to the elderly. The total Medicare shortfall, which includes fee screen services, was $1,698,899. In 2018, the percent of persons 65 years and over in Rock Island and Scott Counties was 15.8%. In accordance with GHS Iowa's mission statement, "To Provide Compassionate, Quality Health Services to All Those in Need," the elderly were served despite the total Medicare loss of $1,698,899. GHS Iowa has a clear mission to serve all those in need and to improve the health of the community including the elderly. Furthermore, there are no for-profit hospitals in the community, and therefore GHS Iowa is one of two tax-exempt healthcare organizations in the community who provide access to healthcare for Medicare patients. Accordingly, it is GHS Iowa's position for the reasons stated above that the total Medicare shortfall of $1,698,899 represents a Community Benefit. Pursuant to the instructions to the Form 990, Schedule H, the Medicare shortfall is not included in Part I, line 7. If the total Medicare shortfall was included in Part I, line 7, then Part I, line 7k, Column f would be 5.46%.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- GENESIS MEDICAL CENTER - DEWITT: Line 16a URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16a URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- GENESIS MEDICAL CENTER - DEWITT: Line 16b URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16b URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- GENESIS MEDICAL CENTER - DEWITT: Line 16c URL: WWW.GENESISHEALTH.COM; - GENESIS MEDICAL CENTER - DAVENPORT: Line 16c URL: WWW.GENESISHEALTH.COM;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Genesis Health System (GHS Illinois) utilizes the community health needs assessment (CHNA) conducted by professional research consultants, Inc. (PRC) in 2018. The CHNA was funded by GHS Illinois and Unity Point Health-Trinity and sponsored by Community Health Care, GHS Illinois, Muscatine County Board of Health, Quad City Health Initiative (QCHI), Rock Island County Health Department, Scott County Health Department, and Unity Point Health - Trinity. QCHI was formed by Genesis Health System (GHS Iowa) and GHS Illinois, which has Headquarters in both Scott County, Iowa, and Rock Island County, Illinois, and Trinity Health System, which is headquartered in Rock Island County, Illinois. QCHI is now a community partnership of over 300 community members and leaders pursuing initiatives to create a healthier community, serving as a catalyst for improving the health and overall quality of life within the Quad Cities. Genesis Medical Center Dewitt utilizes the community health needs assessment (CHNA) conducted by Genesis Health System Business Intelligence and communications department as well partnering with Clinton County Health Department in 2020.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Information on the availability of financial assistance is posted in visible locations in the admission departments of the hospitals. In addition, the hospital registration staff make available informative brochures for patients in the Emergency Room registration area explaining their eligibility for assistance. Genesis Health System (GHS Iowa) provides patient financial counselors on each hospital campus to discuss options with the patients. Patient Financial Services prepares and provides a letter to each patient, explaining their current balance and advising them of their options. A phone number is provided with the letter encouraging the patient to call if needed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Genesis Health System's (GHS Iowa) mission is to provide quality, compassionate care for all those in need. GHS Illinois lives its mission each day by serving a 10-County region of Eastern Iowa and Western Illinois, including both urban and rural areas. The region served by GHS Illinois (Davenport-Moline-Rock Island, IA - IL. Metropolitan statistical area - Henry County, IL, Mercer County, IL, Muscatine County IA, Rock Island, IL., and Scott County, IA.) has a population of 360,601. According to the US Census Bureau American Community Survey Five Year Estimates (2009-2013), Whites made up 85.0% of the MSA population with 7.8% Black or African-American and 7.2% Hispanic or other origin. In the Quad Cities area, 23.5% of the population are infants, children, or adolescents (age 0-17); another 60.7% are 18-64, while 15.8% are age 65 and older. According to estimates from the US Census Bureau American Community Survey, 13.3% of Quad Cities area residents (Scott and Rock Island Counties) live below the Federal poverty. In 2018, 3.2% of Quad Cities are adults reported that there was a time the past two years when they were living on the street, in a car, or in a temporary shelter. The average unemployment rate in 2018 was 4.0% for the Quad Cities. Lack of health insurance among adults age 18 to 64 is reported by 6.3% of Scott County, IA residents and 7.7% of Rock Island County, IL residents. The Quad Cities area percentage of adults who smoked in 2018 was 19.8%. The percentage of adults who were obese in 2018 was 38.3% in Rock Island County, Illinois and 36.5% in Scott County, Iowa. Obesity rates in both Scott County, IA and Rock Island County, IL are higher than national benchmarks. GMC DeWitt serves the residents of Clinton County, primarily those residing in Dewitt and the surrounding towns. With a population of 47,218, made of age groups of 0-17 (22.82%), 18-44 (30.03%), 45-64 (28.09%), and 65+ (19.06%). Population living areas were 67.77% in urban and 32.23% in rural. Other statistic was population made up of white (93.77%), black or African American (2.67%), Asian (.73%), and other (2.83%). Statistic percentages are according to the U.S. Census Bureau American Community Survey 2014-18 5 year estimates.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Genesis Health System's Board of directors is a diverse representation of persons who reside in the primary service area that Genesis Health System serves. Genesis Health System executives and employees serve on dozens of volunteer boards throughout the region on important projects and initiatives, such as homeless shelters, mental health, downtown redevelopment and events and festivals. Genesis Health System employees serve the communities where they live by serving in elected offices in city and county government. Genesis Health System extends medical staff privileges to all qualified physicians in its communities. Genesis Health System has endeavored to improve access to health care for the communities it serves by participating in appropriate joint ventures that offer needed health care services to under-served areas. Genesis Health System schedules dozens of health screenings and immunizations throughout the year at a reduced cost. These include screenings for diabetes, stroke and heart disease and public flu immunization clinics. Genesis Health System providers translation services based on a percentage of the diversity of the population. Each year, Genesis Health System provides the community with dozens of classes and events promoting health and health education. Hundreds of residents in the region served by Genesis Health System learn CPR, First Aid, parenting skills, and newborn care by enrolling in classes. Genesis Health System supplies medical supplies and equipment to Globus, which is a third party company that helps companies share and transfer research data. Genesis Health System maintains an active effort to advocate for access to health care in Iowa and Illinois State government and in Washington D.C. Genesis Health System employees also participate in a voter voice initiative to advocate on important health issues with City, County, State, and National elected officials. Surplus funds resulting from efficient operations and cost-containment measure are re-invested in the healthcare operations of Genesis Health System to improve the healthcare services that Genesis Health System provides. Advances in medical equipment and technology, staff education, and new medical services are examples of operation investments that ultimately improve the health of the communities that Genesis Health System serves. As part of Genesis Health System, GMC DeWitt is committed to the promotion of community health. The hospital participates in programs such as housing for persons with mental illness.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Genesis Health System, (GHS Iowa), an Iowa nonprofit corporation, and Genesis Health Syste m,(GHS Illinois), an Illinois not-for-profit corporation, have identical governing boards, management and bylaws and can act jointly. GHS Iowa is also the sole member of Genesis Ph ilanthropy, Genesis Health Services Foundation, Genesis Accountable Care Organization LLC, and Genesis Health System Workers' Compensation Plan and Trust, the sole stockholder of G enVentures, Inc., a member of Misericordia Assurance Company, Ltd. and a partner in GenGas tro, LLC. Genesis Health System, EIN 36-3616314 is the sole member of Genesis Medical Cent er, Aledo and Genesis Senior Living, Aledo, and is a partner in The Larson Center Partners hip. GHS Iowa, GHS Illinois, GMC Aledo, and GSL Aledo collectivity represent the obligated group on certain components of the obligated group's long-term debt. Genesis Health Syste m provides administrative, management, information technology and other support services t o its affiliates. Genesis Clinical Services operates physician medical practices, convenie nt care practices and an occupational medicine clinic and provides behavioral health servi ces to the residents of eastern Iowa and western Illinois. Genesis Medical Center - Davenp ort (GMC - Davenport) is licensed as a 502-bed acute care hospital which provides services from two hospital facilities located in Davenport, Iowa. Genesis Family Medical Center (G FMC) is a family practice residency training program that operates clinics in Davenport an d Blue Grass, Iowa to provide a clinical setting for the residents to treat patients. Gene sis Medical Center - DeWitt (GMC - DeWitt) is certified as a critical access hospital, whi ch has 13-acute care and swing beds, and has a 77-bed long-term care facility, which provi des services from its facility in DeWitt, Iowa. In June 2019, GMC Dewitt entered into a le ase agreement where GMC Dewitt will lease the assets to a new joint venture, Wellspire, LL C. Genesis Visiting Nurse Association and Hospice (VNA) provide home health care, communit y nursing services and hospice services to patients in eastern Iowa and western Illinois. Genesis Medical Center - Silvis is licensed as a 145-bed acute care hospital, which provid es services from its facility in Silvis, Illinois. Illini Hospital Nursing Home (INH) oper ates Illini Restorative Care Center and Crosstown Square. Illini Restorative Care Center i s a 120-bed licensed nursing facility, consisting of 92 skilled care beds and 28 sheltered care beds. All 92 beds are dually licenses for Medicare/Medicaid services. The sheltered care unit provides rehabilitative and personal care in a family-oriented setting. Crosstow n Square is an independent living facility containing 64 rentable apartments and three gue st rooms that offers services designed to meet the needs of senior adults. In June 2019, c ertain assets of INH were contributed to a new joint venture, Wellspire, LLC. GHS Iowa and GHS Illinois have a controlling ownership interest or membership in the following organiz ations: Genesis Medical Center Aledo (GMC Aledo) is certified as a critical access hospita l, which has 22-acute care and swing beads, as well as a physician clinic, which provides services from its facility in Aledo, Illinois. Genesis Senior Living Aledo (GSL Aledo) is certified as a nursing facility, which has a 92 bed long-term care facility, which provide s services from its facility in Aledo, Illinois. On May 31, 2019, the System sold its 100% ownership interest in GSL-Aledo to an unrelated third party. Genesis Health Services Foun dation (Genesis Foundation) is an organization whose mission is to develop, manage and gra nt charitable support to meet the health-related needs of the communities served by Genesi s Health System. GenGastro, LLC (d/b/a the Center for Digestive Health) is a limited liabi lity company, which operates a single-specialty gastroenterology ambulatory surgery center located in Bettendorf, Iowa. Genesis Health System Maintains a 75 percent ownership inter est in GenGastro, LLC. The Larson Center Partnership (LCP) is a for-profit real estate par tnership which owns a medical office building adjacent to GMC - Illini and leases space fo r clinics, laboratory, pharmacy and offices to GMC - Illini and other third-party organiza tions. GHS Illinois is a general partner and owns approximately 79.8% of LCP. GenVentures, Inc. (GenVentures) is a wholly-owned for-profit corporation which operates the following divisions, primarily in the Quad Cities: Genesis at Home, Continuing Care sells and leases home medical equipment; provides intravenous therapy services, including sales of related solutions and supplies to patients; and provides retail pharmaceutical and over-the-count er products to patients and employees of the System. GenProperties owns, leases and/or man ages office space in 14 medical office buildings located in Bettendorf, Clinton, Davenport , Eldridge, Le Claire and Muscatine, Iowa. Crescen

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	t Laundry provides commercial laundry services to health care facilities in eastern Iowa a nd in north-central Illinois. Genesis Accountable Care Organization, LLC (Genesis ACO) is an Iowa limited liability company formed in December 2011. Its purpose is to engage in any lawful business and any business related to creation and organization of a "physician-dri ven" network to act as, and/or participate in, an Accountable Care Organization within the meaning of the federal Patient Protection and Affordable Care Act. The company is also or ganized to develop a clinically integrated network of providers including physicians, heal th professionals, hospitals and ancillary providers working together to promote high quali ty, coordinated and efficient care to patients including members of various managed care p ayors and the community at large. Genesis Health System Workers' Compensation Plan and Tru st (Workers' Compensation Trust) provides a fund, which can be used to pay workers' compen sation claims and costs for the benefit of Genesis Health System. Misericordia Assurance C ompany, Ltd. (Misericordia) is a wholly-owned Cayman based captive insurance company which underwrites the general and professional liability risks of Genesis Health System and aff iliates. Genesis Philanthropy is a wholly-owned tax-exempt entity formed in 2013, which wi ll partner with other hospital foundations to form a regional network to attract donors to help fund specific health-related causes and promote wellness in the region.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL, IA

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health 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? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
2	GENESIS MEDICAL CENTER - DAVENPORT 1227 E RUSHOLME STREET DAVENPORT, IA 52803 820011H WWW.GENESISHEALTH.COM	X	X					X			
1	GENESIS MEDICAL CENTER - DEWITT 1118 11TH STREET DEWITT, IA 52742 WWW.GENESISHEALTH.COM 230149H	X	X			X		X			

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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. The sponsors of this study, Community H ealth Care, Inc., Genesis Health System, Muscatine County Board of Health, Quad City Healt h Initiative, Rock Island County Health Department, Scott County Health Department and Uni tyPoint Health-Trinity, collaborate on improving health status and quality of life in the Quad Cities region. This work together is rooted in periodic, comprehensive community heal th assessments that meet the information and reporting needs of all partners. Understandin g our community's health status is the foundation for developing community education, reso urces and programs that will advance our community's health. The assessment informs the cr eation of community health improvement plans for the study sponsors. In addition, the stud y sponsors encourage other organizations to use this information to inform strategic plann ing, grant writing and project development. For the 2018 Community Health Assessment, our coordinated approach included primary data collection, secondary data analysis, and qualit ative data gathering from community leaders and members in our bi-state area. The study sp onsors engaged Professional Research Consultants, Inc. (PRC) to collect secondary data and implement a community health survey. In addition, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the partners completed local qualitative asse ssments addressing Community Themes & Strengths, Forces of Change and the Local Public Hea lth System. Select operations data from the two health systems were also summarized. The f ollowing document provides PRC's bi-state findings in detail as well as information obtain ed through local data collection methods. This study was sponsored by a collaboration of l ocal organizations, including: Community Health Care, Inc.; Genesis Health System; Muscati ne County Board of Health; Quad City Health Initiative; Rock Island County Health Departme nt; Scott County Health Department; and UnityPoint Health - Trinity. The portion of the st udy conducted by PRC was funded by Genesis Health System and UnityPoint Health - Trinity. This assessment incorporates data from both quantitative and qualitative sources. Quantita tive data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative com ponents allow for trending and comparison to benchmark data at the state and national leve ls. Qualitative data input includes primary research gathered through Community Stakeholde r meetings. Community stakeholder committees including member from community businesses as follows: United way of the QC, Community Plan Iowa, Palmer College of Chiropractic, Metro Link, Rock Island County Sheriff's Office, Medic EMS, QC Chamber of Commerce, Churches Uni ted of the QC Area, City of Davenport, Black Hawk College, Bi-State Regional Commission, T he Project of the QC, River Be

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
Schedule H, Part V, Section B, Line 5 Facility , 1	nd Foodbank, Community Foundation of the Great River Bend, Scott County Sheriff's Departme nt, World Relief, Pleasant Valley School District, True Lifestyles Medicine Clinic, Altern atives for the Older Adult, and Vera French Community Mental Health Center.

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
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. UNITY POINT HEALTH-TRINITY

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
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DAVENPORT. COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, Muscatine County Board of Health, AND THE SCOTT COUNTY HEALTH DEPARTMENT

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
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - GMC Davenport. With following the Genesis Health System's mission along with coordinating with the Quad City Health Initiative Implementation plan, Genesis Medical Center Silvis will be focusing and delivering on the following programs and resources to address the needs of the community: Access to Care: - Care Team concept continued deployment allowing providers to care for more patients. - "Population Health" model of ACO with care coordination - Expanding care into the Community through: - Convenient Care offerings - Healthplexes, and -Eldridge Clinic to expand with adding more providers and extended hours to serve growing community - Partnerships with Community Health Care to address low-income access - OB access at CHC Edgerton Woman's Clinic - Genesis ACO participant - 421-DOCS - phone line for physician appointments - Support "Family Connects" in home education re health - Jane Folwell Heart of Mercy Fund - transportation and non-medical health needs - Community Health Education (incl. available resources) - Genesis Forum - town halls - Column in QC Times re health topics Mental Health & Substance Abuse - participation in the QCHI behavioral health coalition initiatives which included zero suicide prevention program - Continue deployment of "medical home" model - Health coaches, navigators, case management - Genesis Psychology Associates - Partnership with Robert Young Center for inpatient behavioral health unit - Promote Scott County Mental Health Court - Support of Live Lead Free QC (to prevent long term mental health issues related to lead exposure) - Support Family Connects - moms with post-partum depression - Support for LISW in Heart Center for anxiety, depression + Support for Rhonda's House - peer respite - Support for "MST" Multisystemic therapy for teens in collaboration with Vera French - PA Fellowship in Behavioral Health - Promote "ACT" - Assertive Community Treatment - Pain management alternatives to opioids at The Spine & Joint Health Center and Physical Therapy - Advocacy in support of mental health reform Nutrition, Physical Activity, & Weight - "Naturally Slim" program scholarships offered to Community - Support of Be Healthy QC to create a "culture of wellness" that supports healthy eating and active living - Healthy Lifestyle sponsorships, such as Genesis Firecracker Run and the Bix 7 - Children's Nutritional Partnership with Hy-Vee stores - Membership discounts to area fitness centers for employees and their families - "Rock Steady Boxing" for Parkinson's patients - Promote/facilitate Community Gardens for healthy food - Advocacy in support of healthy lifestyles

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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Genesis Medical Center Dewitt. Part V, Section B, Line 5: To complete the community health needs assessment, existing health -related data were collected via the online community commons community health needs assessment report tool at HTTP://www.communitycommons.org/maps-data. This site allows for identification of 87 distinct health and social indicators at the county level , along with comparisons to state and national data, and health people 2020 targets, where available. Once an indicators report was generated, relevant indicators were reviewed to determine how Clinton County compared to available state/national data (see the "detailed health indicators" section of this document. Data was also collected by Genesis Health system Business Intelligence and Communications departments. Information gaps: Because this CHNA relies on existing datasets, it is limited in scope to those indicators currently available through database collection. It does not include a primary research component and many important issues are unaddressed (e.g. access to healthcare). Another limitation is that most measures included in this assessment represent data that are several years old. Community Stakeholder Input: Genesis Medical Center DeWitt got input from public health officials and other community stakeholders through a series of meetings. The organizations involved include: * Westwing Senior Living * Clinton County Public Health Department * GMC DeWitt * Patient Health Services Jack County Board of Health * GMC DeWitt Social Services * GMC DeWitt Community Health Liaison Genesis Medical Center Dewitt also conducts a community survey to local organizations for input on CHNA and implementation strategy.

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
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - GENESIS MEDICAL CENTER - DEWITT:. Genesis Health System, in collaboration with Clinton County Health Department, continues to address the significant needs identified in the most recent CHNA through our ongoing programs and resources. These programs include: Healthy Behaviors: Integrated health, wellness activities, smoking cessation, physical activity and weight status: * Switch program completed for DeWitt area families by extension office * School nurse was provided extension office 5210 healthy eating habits posters for education at DeWitt Schools * Diabetes CCM program * Implementation of Food Pharmacy * Continue Genesis support for primary and specialty care services * Expansion of Genesis emergency and convenient care services in areas of growing population/need * Expansion on telehealth services * Concussion management built into the school's initial assessment for baseline of any student athlete * Coverage for treatment at athletic events (Northeast, DeWitt, and Calamus/Wheatland schools) Decrease Youth Risky Behaviors: Teenage pregnancy, marijuana use: * DeWitt/Camanche coalition attendance provided by Wanda Haack and/or Ann Bixby * Scott Drug provides drop box for unused medication disposal * DeWitt/Camanche Coalition provided education at local schools Mental Health Awareness and Services: Suicide prevention and awareness, medication disposal, education on adverse childhood experience (ACE): * Connections Matter * CNO and RN became educated trainers; provided education to Med/Surg and ED units at GMC-DeWitt and DeWitt Lion's Club * Education provided to VNA staff and hosted at GMC-DeWitt * Respite House support provided through DeWitt and GHS Foundations. House provided through lease agreement with GMC-DeWitt * Continued contract with Eastern Iowa Grant providing telepsyche services within the ED and RN Care Coordination for mental health services from ED to community RN Care Coordinator * Continue efforts to support community mental health programs * Participate in Zero Suicide program * Advocate for improved funding for mental health services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 W CENTRAL PARK AVENUE DAVENPORT, IA 52804	O/P CANCER, INFUSION, WOUND, & PHYSICIAN CLINIC
1	BETTENDORF HEALTH PLEX 2140 53RD AVENUE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC AND IMAGING SERVICES
2	GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF, IA 52722	O/P REHAB, PAIN, PHYS THERAPY, DIABETES, HOME HEALTH, SPINE CTR & PHSY CLINIC
3	GENESIS IMAGING CENTER 53RD STREET 1970 E 53RD STREET DAVENPORT, IA 52807	OUTPATIENT RADIOLOGY SERVICES
4	Davenport HealthPlex 3200 West Kimberly Rd Davenport, IA 52806	Outpatient Physician Clinic/Physical Therapy
5	ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS, IL 61282	OUTPATIENT LAB & PHYSICIAN CLINIC
6	GENESIS HEALTH GROUP 865 LINCOLN ROAD BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
7	MEDICAL OFFICE BUILDING #1 and #2 1228 E RUSHOLME STREET DAVENPORT, IA 52803	O/P MAMMOGRAPHY & DIALYSIS SERVICES
8	VISITING NURSE ASSOC & HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF, IA 52722	HOME HEALTH & HOSPICE
9	ELDRIDGE FAMILY PRACTICE 301 N 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICIAN CLINIC
10	GHG-Valley View Moline 615 valley Vew Dr Suite 305 Moline, IL 61265	Outpatient Physician Clinic
11	GENESIS CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT URGENT CARE CLINIC
12	GENESIS PHYSICAL REHAB - VALLEY FAIR 2300 53RD STREET BETTENDORF, IA 52722	O/P PHYSICAL THERAPY CLINIC
13	Genesis PT &Sports Medicaine-Bettendorf 2300 53rs Ave STE LL02 Bettendorf, IA 52722	Outpatient Physical Therapy Clinic
14	FAMILY PRACTICE AT WEST CAMPUS 1345 W CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	Woodlands Family Practice 4321 53rd Ave Bettendorf, IA 52722	Outpatient Physician Clinic
1	GENESIS PSYCHOLOGY ASSOCIATES 4455 E 56TH STREET DAVENPORT, IA 52804	OUTPATIENT COUNSELING CLINIC
2	Dewitt Family Practice 1008 11th St Dewitt, IA 52742	Outpatient Physician Clinic
3	GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA 52722	AMBULATORY SURGERY CENTER
4	NORTH FAMILY PRACTICE 210 W 53RD STREET DAVENPORT, IA 52806	OUTPATIENT PHYSICIAN CLINIC
5	ELDRIDGE PHYSICAL THERAPY 170 S 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICAL THERAPY CLINIC
6	GENORTHO LLC 2300 53RD STREET BETTENDORF, IA 52722	ORTHOPEDIC SURGERY CENTER
7	GENESIS OCCUPATIONAL HEALTH 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT OCCUPATIONAL HEALTH
8	PHYSICAL THERAPY & SPORTS MEDICINE 1702 E 53RD STREET DAVENPORT, IA 52807	O/P PHYSICAL THERAPY & SPORTS PERF CLINIC
9	MOLINE HEALTHPLEX 3900 28TH AVENUE MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
10	Genesis Physcial Therapy Davenport 1820 West 3rd St Davenport, IA 52801	Outpatient Physical Therapy Clinic and Physician Clinic
11	GENRAD IMAGING LLC 1970 E 53RD STREET DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER
12	GHS - AUGUSTANA PT CLINIC 639 38TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
13	DEWITT AMBULANCE 1220 11TH STREET DEWITT, IA 52742	AMBULANCE SERVICES
14	GHS OCCUPATIONAL HEALTH - DAVENPORT 3319 SPRING STREET DAVENPORT, IA 52807	OUTPATIENT OCCUPATIONAL HEALTH

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	Genesis Physical Therapy at LeClaire 1003 Canal Shore Drive LeClaire, IA 52753	Outpatient Physical Therapy Clinic
1	Durant FAMILY PRACTICE 619 5th Durant, IA 52747	OUTPATIENT PHYSICIAN CLINIC
2	LECLAIRE FAMILY PRACTICE - RIVERVIEW 200 S CODY ROAD LECLAIRE, IA 52751	OUTPATIENT PHYSICIAN CLINIC
3	Genesis Physical Therapy Clinton 1647 Lincoln Way Clinton, IA 52732	Outpatient Physical Therapy Clinic
4	IA CITY PEDIATRIC PT CLINIC 2451 CORAL CT CORALVILLE, IA 52241	OUTPATIENT PHYSICAL THERAPY CLINIC
5	BLUE GRASS FAMILY MEDICAL 413 S MISSISSIPPI BLUE GRASS, IA 52726	OUTPATIENT PHYSICIAN CLINIC
6	VISITING NURSE ASSOC & HOSPICE HOUSE 611 NORTH 2ND AVE CLINTON, IA 52732	HOME HEALTH & HOSPICE
7	SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT, IA 52807	OUTPATIENT SURGICAL CENTER
8	ERIE FAMILY PRACTICE 530 12TH STREET ERIE, IL 61205	OUTPATIENT PHYSICIAN CLINIC
9	GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT, IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
10	Conveniet Care Now W Locust 2351 West locust Street Davenport, IA 52804	Outpatient Urgent Care Clinic
11	CONVENIENT CARE NOW E KIMBERLY 1823 E KIMBERLY RD DAVENPORT, IA 52807	Outpatient Urgent Care clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 . . . . . ▶ 5

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL SUPPLIES TO INDIVIDUALS/MEDICAL MISSION	500		5,726	FMV	MEDICAL AND PHARMACEUTICAL SUPPLIES DONATED TO PATIENTS AND MERCY MISSION Genesis Health System 42-1418847 67 5/
(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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE GENESIS HEALTH SYSTEM (GHS IOWA) STAFF REQUIRES RECEIPTS AND OTHER DOCUMENTATION PRIOR TO RELEASING FUNDS FOR PROJECTS AND SERVICES WITHIN THE SCOPE OF THE ORGANIZATION'S MISSION. PROPER AUTHORIZATION OF GRANT REQUESTS IS ALSO REQUIRED. STAFF FOLLOWS THE ORGANIZATION'S FUNDING ADMINISTRATIVE POLICY TO ENSURE THAT GRANTS ARE BEING APPROVED AND UTILIZED CORRECTLY.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health 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
GENESIS HEALTH SYSTEM WORKER'S COMPENSATION & TRUST 1227 E RUSHOLME ST DAVENPORT, IA 52803	39-1905171	501 (C) (3)	1,336,038				CLAIM PAYMENTS
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501 (C) (3)	53,136				CME PROGRAM

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
NAMI Greater Mississippi Valley 1035 W Kimberly Rd Suite 4 DAVENPORT, IA 52806	42-1188963	501 (C)(3)	10,000				NAMI Walks Event Donation
Quad Cities Community Foundation 852 Middle Road BETTENDORF, IA 52722	42-6122716	501 (C)(3)	10,000				Memorial Scholarship in remembrance of Dr. Pinc

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
Quad City Symphony 327 bRADY sT DAVENPORT, IA 52801	46-6017663	501 (C) (3)	10,000				Sponsorships-Seasonal concerts

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II	Based on section 4960 publication, the effective date is for the first taxable year beginning after 12/31/17 in which Genesis first taxable year is 07/01/18-06/30/19; 2018 tax year. For tax year 2019, reportable compensation to report would be between date range 7/1/2020-06/30/2021, Doug Cropper's reportable compensation was under one million.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual received severance pay from Genesis Health System (GHS Iowa) during the calendar year 2020: Nidal Harb, $253,935. This information is included in reportable compensation on form 990, Part VII and Schedule J, Part II, if applicable.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The following individuals participated in a supplemental ROTH indexed universal life(IUL) plan in 2020 sponsored by Genesis health System (GHS IA): Kurt A. Andersen- $78,757, Paul Bollinger- $40,882, Jordan Voigt-$85,381, Andrew Andresen-$49,460, and Nidal Harb-$87,136. The dollar amount represents the current year contribution made by GHS IA on behalf of the individuals to the plan in 2020. This information is included in reportable compensation on the form 990, Part VII and Schedule J, Part II. The following individual participated in a supplemental executive retirement savings benefit plan in 2020 sponsored by Genesis health System (GHS IA): Mark G. Rogers- $148,668. The dollar amount represents the current year contribution made by GHS IA on behalf of the individual to the plan in 2020. This information is included in reportable compensation on the form 990, Part VII and Schedule J, Part II. Split-dollar life insurance participants are Douglas P. Cropper-established in 2016 and sponsored by Genesis Health System(GHS IA). GHS IA deposited funds into life insurance policies on the participant's life. During life, and subject to the policies generating sufficient values, the participant can borrow from one of the policies. The borrowing is monitored and limited so the policies do not lapse. At the participant's death, the organization recovers premiums plus interest plus additional key-person insurance proceeds. There were no loans or contributions in 2020.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health 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				
1DOUGLAS P CROPPER	(i)	942,542	0	6,190	25,991	27,489	1,002,212	0
PRESIDENT/CEO GHS	(ii)	0	0	0	0	0	0	0
1GEORGE J KONTOS JR	(i)	495,183	0	6,953	25,510	21,922	549,568	0
Former Director	(ii)	0	0	0	0	0	0	0
2KAREN FITZSIMMONS	(i)	360,284	0	2,143	25,917	26,906	415,250	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
3MARK G ROGERS	(i)	470,874	0	333,566	24,144	23,169	851,753	0
V.P. FINANCE/CFO/ASST TREASURER	(ii)	0	0	0	0	0	0	0
4HAROLD WAGHER	(i)	226,483	0	33,029	5,301	19,695	284,508	0
FORMER CHIEF COMPLIANCE RISK OFFICER	(ii)	0	0	0	0	0	0	0
5PAUL BOLLINGER	(i)	291,756	0	59,731	24,315	24,213	400,015	0
V.P. LEGAL AFFAIRS/Asst. Secretary	(ii)	0	0	0	0	0	0	0
6JOSEPH MALAS	(i)	101,632	0	13,578	1,794	5,266	122,270	0
VP FINANCE, INTERIM CFO	(ii)	0	0	0	0	0	0	0
7NIDAL HARB	(i)	387,395	0	271,655	22,992	3,594	685,636	0
FORMER CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
8CHRISTOPHER CROME	(i)	480,930	0	977	4,673	17,560	504,140	0
FORMER PHYSICIAN/DIVISION CHAIR	(ii)	0	0	0	0	0	0	0
9KURT A ANDERSEN	(i)	513,463	0	155,317	25,987	22,130	716,897	0
VP Physician Operations/Chief Medical Officer	(ii)	0	0	0	0	0	0	0
10JORDAN VOIGT	(i)	407,958	0	218,324	24,375	23,783	674,440	0
HOSPITAL PRESIDENT GMC DAVENPORT	(ii)	0	0	0	0	0	0	0
11ANDREW ANDRESEN	(i)	428,607	0	79,000	5,500	17,068	530,175	0
VP MEDICAL STAFF AFFAIRS	(ii)	0	0	0	0	0	0	0
12IURIE CARAMAN	(i)	561,258	0	11,120	4,875	21,961	599,214	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
13TODD GRAY	(i)	515,616	0	1,936	11,457	8,334	537,343	0
PHYSICIAN ADVISOR	(ii)	0	0	0	0	0	0	0
14GAUTAM KUKREJA	(i)	498,911	0	661	24,375	24,650	548,597	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
15NAMRATA MALLIK	(i)	530,146	0	490	4,875	3,358	538,869	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	46246PLP4	06-24-2010	90,995,000	REFUND 12-23-97 AND 08-02-00 BOND ISSUE; RENOVATE AND EQUIP FACILITY	X			X		X
B	IOWA FINANCE AUTHORITY	52-1699886	46246PMG3	11-26-2013	121,000,000	CONSTRUCT AND EQUIP EAST CAMPUS TOWER		X		X		X
C	Iowa Finance Authority	52-1699886			27,500,000	Partially defease 6-24-10 Bonds		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	86,825,000	2,600,000	6,810,000	
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	95,545,195	125,205,892	27,500,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		21,131,117		
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	1,478,186	1,267,563		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	23,700,000	123,844,399	27,500,000	
11	Other spent proceeds	70,367,009			
12	Other unspent proceeds				
13	Year of substantial completion	2010	2013	2017	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.91 %		0.91 %		0.91 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0.91 %		0.91 %		0.91 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		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		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		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	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part II, Line 3	Part II, Line 3, Column A - Investment earnings are the source of the difference between the issue price and the total proceeds of the issue. Part II, Line 3, Column B - Investment earnings are the source of the difference between the issue price and the total proceeds of the issue.

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name: IOWA FINANCE AUTHORITY A PREMIUM OF $4,550,195 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE.

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name: IOWA FINANCE AUTHORITY A PREMIUM OF $3,950,091 WAS PAID TO THE ISSUER BY THE BONDHOLDERS AT THE DATE OF SALE. FURTHERMORE, $953,406 WAS EARNED BY INVESTING THE RESERVE FUNDS.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health System

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) GENVENTURES INC	DOUGLAS P. CROPPER, ROGER HILL, AND JAMES KOEHLER WERE OFFICERS OF GENVENTURES, INC.	38,249,861	GENVENTURES, INC. PAID GENESIS HEALTH SYSTEM (GHS IOWA) AS A COMMON PAYMASTER AND REIMBURSEMENT OF INTEREST.		No
(1) GENVENTURES INC	DOUGLAS P. CROPPER, ROGER HILL, AND JAMES KOEHLER WERE OFFICERS OF GENVENTURES, INC.	14,295,845	GENESIS HEALTH SYSTEM (GHS IOWA) PAID GENVENTURES, INC. FOR FACILITY LEASE PAYMENTS, MEDICAL SUPPLIES, LAUNDRY SERVICES, AND A LOAN ADVANCE.		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) CARDIOVASCULAR MEDICINE PC	EDMUND P. COYNE, JR., M.D. IS A DIRECTOR OF CARDIOVASCULAR MEDICINE, PC.	1,020,833	HEALTHCARE PROFESSIONAL SERVICES		No
(1) QUAD CITY BANK & TRUST COMPANY	PETER BENSON IS AN OFFICER AND MARK KILMER IS THE CHAIRMAN OF THE BOARD OF QUAD CITY BANK & TRUST	253,927	INTEREST EXPENSE, DEPOSIT ACCOUNT, CREDIT CARD SERVICE, LOCK BOX FEES, AND INTEREST INCOME		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) CLAIRE MOTTO	CLAIRE MOTTO IS THE DAUGHER OF EDWIN V. MOTTO, DIRECTOR OF GHS IA	14,567	REPORTABLE COMPENSATION AS AN EMPLOYEE		No
(1) KRISTI SOUTHERLAND	KRISTI SOUTHERLAND IS THE SISTER OF KURT A. ANDERSEN, A KEY EMPLOYEE OF GHS IA	27,610	REPORTABLE COMPENSATION AS AN EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Dewitt Bank and Trust	Roger J. Hill is a Sr.VP/Trust Officer for Dewitt Bank & Trust	134,450	interest expense, deposit account, lock box fees, and interest income.		No
(1) Main Street AmusementsQC River Bandits	David Heller was president/CEO of Main Street Amusements and Co-owner of the QC River Bandits	113,995	Sponsorship and ticket purchase expenses		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(9) AUGUSTANA COLLEGE	STEVEN C. BAHLS IS AN OFFICER AND C. DANA WATERMAN III IS A BOARD MEMBER OF AUGUSTANA COLLEGE	704,479	AUGUSTANA PAID GHS IA FOR EMPLOYEE ASSITANCE PROGRAM, HEALTH CLINIC, AND COVID-19 TESTING SERVICES.		No
(1) AUGUSTANA COLLEGE	STEVEN C. BAHLS IS AN OFFICER AND C. DANA WATERMAN III IS A BOARD MEMBER OF AUGUSTANA COLLEGE	90,000	GHS IA PAID AUGUSTANA COLLEGE FOR RENT SPACE AND PROGRAM UNDERWRITING RADIO SERVICES.		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) COURTESY CAR CITY AND KIMBERLY CAR CITY	DALE D. ZUDE IS OWNER OF COURTEST AND KIMBERLY CAR CITY	170,144	PURCHASE OF VEHICLES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Miscellaneous)	X	35	27,053	Market value
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Miscellaneous PART I, COLUMN B IS REPORTED USING A COMBINATION OF NUMBER OF CONTRIBUTIONS AND ITEMS CONTRIBUTED.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 4,682,843 including grants of $ 0)(Revenue $ 7,951,006) Genesis Accountable Care Organization, LLC (Genesis ACO) is an Iowa limited liability company formed in December 2011. Its purpose is to engage in lawful business related to the creation and organization of a "physician-driven" network to act as, and/or participate in, an Accountable Care Organization within the meaning of the federal Patient Protection and Affordable Care Act. The company is also organized to develop a clinically integrated network of providers including physicians, health professionals, hospitals and ancillary providers working together to promote high quality, coordinated and efficient care to patients including members of various managed care payors and the community at large.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 15	Line 15 was purposely marked no based on section 4960 publication, the effective date is for the first taxable year beginning after 12/31/17 in which Genesis first taxable year is 07/01/18-06/30/19; 2018 tax year. For the calendar year 2019,dates to report wages is between 07/01/19 through 06/30/2020; with reportable compensation for Douglas P. Cropper being under $1 million.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Prior to submitting the form 990 to the IRS, it is reviewed at the organization's finance committee meeting, and then it is e-mailed to the organization's board of directors' one week in advance of a scheduled meeting. At the board of directors meeting, internal management reviews the form 990 with the board of directors. Suggested changes from all of the reviews are considered for inclusion in the final form 990 submitted to the IRS. Internal management review is also completed of the compiled information and is provided to the vice president, finance/CFO; vice president, legal affairs; vice president, human resources; and chief compliance risk officer of the organization's corporate member.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Each executive position is evaluated using a formal evaluation plan that is established by an outside consultant. At the present time, the consultant uses a point system for job evaluation. The point values are based on "know how", "problem solving", "accountability", and other job attribute specific to the position. Once the point value is set for a position, market comparisons for jobs with the same organizational impact can be compared for salary purposes and establish pay ranges. The design of the pay ranges for executives is based on market data. The midpoint of each pay range is established at the 50th percentile of the market comparisons. A minimum and maximum are established off of the midpoint. Specific pay rates for executives are subject to CEO and compensation committee and the Genesis Health System (GHS Iowa) board of directors' approval. Pay ranges are reviewed each year to determine the need for revision. When market conditions suggest an adjustment to pay ranges, data will be presented to the compensation committee for its review. The specific pay ranges are subjected to CEO, compensation committee, and GHS Iowa board of director approval. The president and CEO have the authority and responsibility to establish and adjust, within the range approved by the compensation committee and GHS Iowa board of directors, the base compensation of each executive employed by GHS Iowa, at appropriate times. The GHS Iowa board of directors shall establish and adjust, within the range approved by the compensation committee, the base compensation for the CEO of GHS Iowa, at appropriate times, The Last time this process was formally undertaken was November 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Contractuals/Charity Care/Bad Debts - Total Revenue: -964293581, Related or Exempt Function Revenue: -964293581, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc Non-operating - Total Revenue: 656182, Related or Exempt Function Revenue: 656182, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	ANESTHESIA SERVICES - Total Expense: 392587, Program Service Expense: 392587, Management a nd General Expenses: , Fundraising Expenses: ; BLOOD BANK SERVICES - Total Expense: 149924 7, Program Service Expense: 1499247, Management and General Expenses: , Fundraising Expens es: ; COLLECTION SERVICES - Total Expense: 5757355, Program Service Expense: 2279428, Mana gement and General Expenses: 3477927, Fundraising Expenses: ; Signage SERVICES - Total Exp ense: 2042, Program Service Expense: , Management and General Expenses: 2042, Fundraising Expenses: ; ENVIRONMENTAL SERVICES - Total Expense: 386824, Program Service Expense: 32604 0, Management and General Expenses: 60784, Fundraising Expenses: ; HEALTH CARE PROFESSIONA L SERVICES - Total Expense: 2585834, Program Service Expense: 2585834, Management and Gene ral Expenses: , Fundraising Expenses: ; HEALTH-RELATED IMAGING SERVICES - Total Expense: 1 2284565, Program Service Expense: 12284565, Management and General Expenses: , Fundraising Expenses: ; HEALTHCARE DATA SYSTEM/STRATEGIC PLANNING: - Total Expense: 4634775, Program Service Expense: 737490, Management and General Expenses: 3897285, Fundraising Expenses: ; IT OUTREACH SERVICES - Total Expense: 14789425, Program Service Expense: , Management and General Expenses: 14789425, Fundraising Expenses: ; LAB SERVICES - Total Expense: 6036871 , Program Service Expense: 6036871, Management and General Expenses: , Fundraising Expense s: ; LAUNDRY SERVICES: - Total Expense: 26335, Program Service Expense: 26335, Management and General Expenses: , Fundraising Expenses: ; MAINTENANCE SERVICES - Total Expense: 1205 0694, Program Service Expense: 11849328, Management and General Expenses: 201366, Fundrais ing Expenses: ; NUTRITIONAL SERVICES - Total Expense: 2321726, Program Service Expense: 23 21726, Management and General Expenses: , Fundraising Expenses: ; OUTSIDE HEALTHCARE-RELAT ED SERVICES - Total Expense: 1146372, Program Service Expense: 1146372, Management and Gen eral Expenses: , Fundraising Expenses: ; PATIENT TRANSPORT SERVICES - Total Expense: 41606 5, Program Service Expense: 416065, Management and General Expenses: , Fundraising Expense s: ; PHYSICAL THERAPY SERVICES - Total Expense: 2233681, Program Service Expense: 2233681, Management and General Expenses: , Fundraising Expenses: ; ROOM AND BOARD SERVICES - Tota l Expense: 618963, Program Service Expense: 618963, Management and General Expenses: , Fun draising Expenses: ; TRANSCRIPTIONS SERVICES - Total Expense: 142512, Program Service Expe nse: , Management and General Expenses: 142512, Fundraising Expenses: ; VISITING NURSE OUT SIDE SERVICES - Total Expense: 462668, Program Service Expense: 462668, Management and Gen eral Expenses: , Fundraising Expenses: ; TRANSLATIONS SERVICES - Total Expense: 335965, Pr ogram Service Expense: 86, Management and General Expenses: 335879, Fundraising Expenses: ; EMERGENCY ROOM SERVICES - Total Expense: 2535589, Program Service Expense: 2535589, Mana gement and General Expenses: ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Fundraising Expenses: ; DIALYSIS SERVICES - Total Expense: 671234, Program Service Expens e: 671234, Management and General Expenses: , Fundraising Expenses: ; OUTSIDE PHAMRACY SER VICES - Total Expense: 199944, Program Service Expense: 199944, Management and General Exp enses: , Fundraising Expenses: ; COMMUNICATION SERVICES - Total Expense: 212076, Program S ervice Expense: , Management and General Expenses: 212076, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Equity Transfer to GHS Illinois - -1131034; CHANGE IN NET ASSETS OF GENESIS HEALTH SERVICES FOUNDATION - 3938897; NON-CASH CONTRIBUTIONS NOT REPORTED ON BOOKS - -27053; Equity Transfer from Genesis Senior Living Aledo - 182040; Equity Transfer from Genesis Medical Center Aledo - 383210; Equity Transfer to GHS Foundation - -50000; Balance Sheet Adjust of FY20 GSLA closeout - 10952247;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Genesis Health System

Employer identification number
42-1418847

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GENESIS ACCOUNTABLE CARE ORGANIZATION LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 45-4168932	ACCOUNTABLE CARE SERVICES	IA	3,268,162	8,275,482	GENESIS HEALTH SYSTEM (GHS IOWA)
(2) SPIN ECHO LLC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1491373	PROPERTY MANAGEMENT	IA	190,639	1,535,578	GENVENTURES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) No
(1)GENESIS HEALTH SYSTEM (GHS ILLINOIS) 801 ILLINI DRIVE silvis, IL 61282 36-3616314	HEALTHCARE	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(2)GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN & TRUST 1227 E RUSHOLME STREET DAVENPORT, IA 52803 39-1905171	EMPLOYEE/BENEFIT/TRUST	IA	501(c)(3)	Type I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(3)DAVENPORT HOSPITAL AMBULANCE CORPORATION 1204 E HIGH STREET DAVENPORT, IA 52803 42-1186903	AMBULANCE TRANSFERS	IA	501(c)(3)	Type I	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(4)GENESIS SENIOR LIVING ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475803	SENIOR LIVING SERVICES	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	
(5)GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1421670	CHARITY	IA	501(c)(3)	7	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(6)GENESIS PHILANTHROPY 1227 E RUSHOLME STREET DAVENPORT, IA 52803 46-2452851	CHARITY	IA	501(c)(3)	10	GENESIS HEALTH SYSTEM (GHS IOWA)	Yes	
(7)GENESIS MEDICAL CENTER ALEDO 309 NW NINTH AVENUE ALEDO, IL 61231 45-4475683	HEALTHCARE	IL	501(c)(3)	3	GENESIS HEALTH SYSTEM (GHS ILLINOIS)	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) GENGASTRO LLC 2222 53RD AVENUE BETTENDORF, IA 52722 56-2315623	AMBULATORY SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	3,604,294	401,474		No			No	82 %
(2) SPRING PARK SURGERY CENTER LLC 3319 SPRING STREET STE 202A DAVENPORT, IA 52807 42-1483989	OUTPATIENT SURGICAL CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	616,178	2,998,272		No			No	40 %
(3) LARSON CENTER PARTNERSHIP LLC 801 ILLINI DRIVE SILVIS, IL 61282 36-3738454	PROPERTY MANAGEMENT	IL	NA	N/A								
(4) GENORTHO LLC 2300 53RD AVENUE BETTENDORF, IA 52722 20-3406994	ORTHOPAEDIC SURGERY CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	2,913,368	1,924,140		No			No	52 %
(5) GENRAD IMAGING LLC 1970 E 53RD STREET DAVENPORT, IA 52807 45-3571628	DIAGNOSTIC IMAGING CENTER	IA	GENESIS HEALTH SYSTEM (GHS IOWA)	Related	1,960,197	2,138,135		No			No	50 %
(6) GENRAD IMAGING ILLINOIS LLC 1970 E 53RD STREET DAVENPORT, IA 52807 46-2452851	DIAGNOSTIC IMAGING CENTER	IL	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)GENVENTURES INC 1227 E RUSHOLME STREET DAVENPORT, IA 52803 42-1269171	SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	GENESIS HEALTH SYSTEM (IOWA)	C Corporation	3,513,107	45,064,377	100 %	Yes	
(2)GENESIS HEART INSTITUTE 1236 E RUSHOLME STREET DAVENPORT, IA 52803 42-1504979	HEALTHCARE MANAGEMENT	IA	Genesis Health Sysytem (Iowa)	C Corporation	0	0	100 %	Yes	
(3)MISERICORDIA ASSURANCE COMPANY LTD 98-0457943	OTHER FINANCIAL VEHICLE		Genesis Health System (Iowa)	C Corporation	0	19,939,871	100 %	Yes	
(4)MOB 1 OWNERS' ASSOCIATION 1227 E RUSHOLME STREET DAVENPORT, IA 52803 27-0865075	PROPERTY MANAGEMENT	IA	NA	C Corporation				Yes	

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 42-1418847
Name: Genesis Health System

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
GenVentures Inc	A	196,571	FMV
Genesis Health Services Foundation	B	53,136	FMV
Genesis Health Services Foundation	C	968,414	FMV
Gen Gastro LLC	H	3,526,801	FMV
Spring Park Surgery Center	H	567,600	FMV
GenOrthro LLC	H	2,714,384	FMV
GenVentures Inc	K	6,210,446	FMV
Larson Center Partnership	K	498,188	FMV
Genesis health System Illinois	K	151,023	FMV
Larson Center Partnership	J	436,940	FMV
Genesis Health System Workers' Compensation and Trust	B	1,336,038	FMV
Genesis Health System Workers' Compensation and Trust	L	1,265,795	FMV
Davenport Hosptial Ambulance	M	156,098	FMV
Genesis Medical Center Aledo	P	16,891,094	FMV
Genesis Health System Illinois	P	62,289,643	FMV
Davenport Hospital Ambulance	P	74,288	FMV
GenVentures Inc	P	1,613,120	FMV
Genesis Health System Illinois	Q	107,876,959	FMV
Genesis Health System Foundation	Q	2,626,349	FMV
Genesis Medical Center Aledo	Q	20,975,993	FMV
Genventures Inc	Q	38,053,290	FMV
Genesis Philanthropy	Q	439,958	FMV
GenVentures Inc	R	6,472,279	FMV
GenRad LLC	H	1,916,000	FMV
GENESIS HEALTH SERVICES FOUNDATION	R	342,923	FMV

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
GENESIS PHILANTHROPY	R	51,668	FMV
GENESIS HEALTH SYSTEM IL	R	80,425	FMV
GENESIS SENIOR LIVING ALEDO	R	182,040	FMV
MISERICORDIA ASSURANCE COMPANY	M	1,795,892	FMV
Genesis Philanthropy	C	45,812	FMV