Form	990
Form	990

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

Open to Public

Department of the Treasury

Inter	nal Reve	nue Service de la WWW.IIS.gow/ offission for instructions and a	ne latest li		inspection			
AI	For th	e 2022 calendar year, or tax year beginning $ m JUN1,2022$ and $ m c$	ending N	IAY 31, 2023				
B	Check if applicab	e: C Name of organization		D Employer identific	ation number			
	Addre	GENESIS COMMUNITY HEALTH						
	chang Name			82-050507	73			
\vdash	_]chang Initial		Room/suite					
LineturnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberPreturn215 W 35TH ST208-384-5200								
	termii ated			G Gross receipts \$	2,169,064.			
	Amer			H(a) Is this a group re				
	returr _Appli tion			for subordinates?				
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind				
1 -	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. See instructions			
	Websi			H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year		I State of legal domicile: ID			
Pa	art I	Summary			otato of logal administra			
	1	Briefly describe the organization's mission or most significant activities: EXPRE	ESS TH	IE LOVE OF JE	SUS CHRIST			
Activities & Governance		BY PROVIDING FREE MEDICAL, DENTAL, AND ME						
nar	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
ver	3			3	8			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8			
80 00	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		14				
/itie	6	Total number of volunteers (estimate if necessary)			238			
çti	7 a			7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		2,202,916.	2,152,064.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,400.	2,400.			
eve 8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		205.	1,354.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,043.	-17,065.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,194,478.	2,138,753.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\$		452,572.	526,698.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		112,587.	17,263.			
ďx	. b			<u> </u>				
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		631,752.	711,771.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,196,911.	1,255,732.			
	19	Revenue less expenses. Subtract line 18 from line 12		997,567.	883,021.			
Net Assets or				eginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		2,073,778.	3,005,867.			
et A.	21	Total liabilities (Part X, line 26)		183,948.	233,422.			
Ž	22 21	Net assets or fund balances. Subtract line 21 from line 20		1,889,830.	2,772,445.			
	art II		a		In an inclusion of the Port 201			
		alties of perjury, I declare that I have examined this return, including accompanying schedules ct. and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is			
TTUE	. corre	ci, and complete, declaration of preparer (other than officer) is pased on all information of wh	ich preparer	has any knowledde.				

Sign	Signature of officer		Date	
Here	STEVE DAVIS, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	CHANDRA HISEL, CPA	CHANDRA HISEL, CPA	02/09/24 self-employed P0144418	0
Preparer	Firm's name SILVER BRIDGE CPA	S	Firm's EIN 27-0664787	
Use Only	Firm's address 1157 N SUMMERBROC	OK AVE, STE 110		
	MERIDIAN, ID 8364	.2	Phone no. 208 - 376 - 8808	
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ce. see the separate instructions.	Form 990 ((2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) GENESIS COMMUNITY HEALTH	82-0505073 Page	2
Pa	rt 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:		
	PROVIDE TRANSITIONAL PRIMARY HEALTH CARE, SOCIAL AN	D SPIRITUAL	
	SUPPORT, TO LOW INCOME, UNINSURED INDIVIDUALS IN ID	AHO'S TREASURE	
	VALLEY, AS AN EXPRESSION OF THE LOVE OF JESUS CHRIS		
2	Did the organization undertake any significant program services during the year which were not listed	on the	
-	prior Form 990 or 990-EZ?		Jo
	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?	
3			10
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expenses, and	
	revenue, if any, for each program service reported.	0.400	
4a	(Code:) (Expenses \$982,624. including grants of \$) (Revenue \$2,400	•)
	GENESIS COMMUNITY HEALTH SERVES THE COMMUNITY FROM		
	CALDWELL, IDAHO. BETWEEN THE TWO LOCATIONS, GENESIS		
	6,814 CHARITY MEDICAL, DENTAL, MENTAL HEALTH COUNSE		
	HEALTH CONSULTATIONS, MEDICATION ASSISTANCE, AND SP		
	COORDINATION TO LOW-INCOME UNINSURED INDIVIDUALS AS	AN EXPRESSION OF	
	THE LOVE OF CHRIST. THE BREAKDOWN OF SERVICES IS ME	DICAL, 2,875;	
	DENTAL, 1,255; COUNSELING, 320; COMMUNITY HEALTH, 2	,364; MEDICATION	
	ASSISTANCE, 171; AND SPECIALTY COORDINATION, 370. A		
	PRESCRIPTIONS WERE FILLED, VALUED AT \$176,487. TOTA		
	PROVIDED TO THE COMMUNITY WAS \$3.77 MILLION.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	``
40	(Code:) (Expenses \$ Including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
) (horonae v	_ ′
_			
4d	Other program services (Describe on Schedule O.)		_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 982,624.		
		Fauna 990 (66	

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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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		X
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		X
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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (GENESIS		
Part IV	Checkli	ist of Required Sch	edules	(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		X			
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		X			
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		x			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	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					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	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		x			
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		x			
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		x			
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		x			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N. Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	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					
36							
	If "Yes," complete Schedule R, Part V, line 2						
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O 38						
Pa			Х				
	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 12						
	Enter the number of Forms W-2G included on 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

Form	990 (2022) GENESIS COMMUNITY HEALTH 82-0505	073	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
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 14		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_A	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a Oh		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
5a		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-04		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZa		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	Form	990	(2022)
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GENESIS COMMUNITY HEALTH

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

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

Sec	tion 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		8			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			F			
			·		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form			Г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х
6	Did the organization have members or stockholders?			F	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			F			
74	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			F			
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ve			F	10		
a		,	0	- 1	8a	Х	
-	The governing body? Each committee with authority to act on behalf of the governing body?			··	8b	X	
b				···	uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9		x
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	<u></u>	<u> </u>		9		л
000	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)			Vee	Na
10-	Did the extensization have least charters, branches, or efflicted?			ſ	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			···	10a		<u>_</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	•			104		
				···	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	зу рего	ore tilling the form?	6	11a	<u> </u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a	л Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			···	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,				v	
	on Schedule O how this was done			·· -	12c	X	
13	Did the organization have a written whistleblower policy?			·· -	13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			-	15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	D-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	in on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy,	and	financ	ial	
	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 bo	oks an	id records				
	THE ORGANIZATION - 208-384-5200						
	215 W 35TH STREET, GARDEN CITY, ID 83714						

Form 990 (2022) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck i	itior more	ا than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both pr/trust	ı an	compensation	compensation	amount of
	week				lieciu		lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trus		ee	n pe n:		1099-NEC)	1099-NEC)	and related
	below	lual ti	tiona		nploy	st cor yee	_	1000 NEO		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_a.e.e
(1) STEVE DAVIS	50.00									
СЕО				Х				99,625.	0.	8,414.
(2) PERRY JANSEN	2.00									
CHAIR		Х						0.	0.	0.
(3) JOSH BISHOP	2.00									
VICE CHAIR		Х						0.	0.	0.
(4) KYLE ROOKS	2.00									
SECRETARY		Х						0.	0.	0.
(5) LORI TURNER	2.00									_
TREASURER		Х						0.	0.	0.
(6) DAVE IRVING	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(7) DALE DIXON	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) JEFFREY GREENE	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) NIKOLE ZOGG	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(10) KARL WATTS	1.00	.,							0	0
NONVOTING BOARD MEMBER EME		Х						0.	0.	0.
(11) JACKELYN JANTZI	0.50								0	0
PRIOR VICE CHAIR	0 50	Х						0.	0.	0.
(12) TERRI DOCKSTADER PRIOR TREASURER	0.50	x						0.	0.	0.
(13) JEREMY GRAVES	0.50	A	-					0.	0.	0.
PRIOR BOARD MEMBER	0.50	x						0.	0.	0.
PRIOR BOARD MEMBER		^	-					0.	0.	0.
		1	1	1		1		I		

X

	990 (2022) GENESIS C									82-05	050)73	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B Name and title Avera hours			not cl , unles	ss per	ition more rson is) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		(list any hours for related organizations below	ndividual trustee or director	n stitutio nal trustee	sr	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compe fron organ and r	nsation n the ization elated zations
		line)	Indiv	Instit	Officer	Key e	High empl	Former			-	-	
											_		
1b	Subtotal								99,625.		0.	8	,414.
c d									0. 99,625.		0.	8	0.,414.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer,										ſ		es No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services		4 5	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>piete Scheaule</u>	<u>, J T</u>	or su	icn <u>r</u>	Ders	on .					5	
1	Complete this table for your five highest con the organization. Report compensation for t										ensati	on from	
	(A) (B) Name and business address NONE Description of services C								Co	(C) ompens	ation		
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	tot	thos C		ted	above) who received m	ore than			

Ра	rt VII		r noto to any ling	in this Part VIII			
		Check if Schedule O contains a response o	note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f g h	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	70,458. 257,147. 324,459. 462,609.	2,152,064.			sections 512 - 514
		VPN CONTRACTUAL	Business Code 621300	2,400.	2,400.		
Program Service Revenue	c d e						
	f g	All other program service revenue		2,400.			
	3 4 5	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro		1,354.			1,354.
	6a b c	Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
enue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses(i) Securities7a7a7b7bGain or (loss)7c	(ii) Other				
Other Revenue	d 8 a	Net gain or (loss) Gross income from fundraising events (not including \$ 70,458. of contributions reported on line 1c). See Part IV, line 18	<u>13,246.</u> 30,311.				
	с 9 а	Less: direct expenses8bNet income or (loss) from fundraising eventsGross income from gaming activities. SeePart IV, line 19Less: direct expenses9b		-17,065.			-17,065.
	с 10 а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold					
		Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a b c d	All other revenue					
2		Total. Add lines 11a-11d		2,138,753.	2,400.	0.	-15,711.

GENESIS COMMUNITY HEALTH

Form 990 (2022)

82-0505073

Page **9**

Form 990 (2022)

GENESIS COMMUNITY HEALTH 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	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 625		00 625	
•	trustees, and key employees	99,625.		99,625.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	362,303.	312,872.	49,365.	66.
8	Pension plan accruals and contributions (include	502,505.	512,072.	<u> </u>	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,265.	19,500.	9,732.	33.
10	Payroll taxes	35,505.	23,796.	11,709.	
11	Fees for services (nonemployees):				
а					
b					
с	•	33,190.	10,680.	22,270.	240.
d					
е	e é é é é é é é é é é é é é é é é é é é	17,263.			17,263.
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	94,088.	94,088.	11 000	14 041
12	Advertising and promotion	127,587.	101,569.	<u> 11,777.</u> 4,110.	<u>14,241.</u> 672.
13	Office expenses	12,342.	7,560.	4,110.	0/2.
14	Information technology				
15	Royalties	60,461.	55,976.	3,815.	670.
16 17	Occupancy Travel	6,578.	2,291.	3,937.	350.
18	Payments of travel or entertainment expenses	0,0,0			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,195.	16,677.	4,741.	4,777.
20	Interest	4,957.	4,407.	451.	99.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,721.	27,475.	1,629.	617.
23	Insurance	6,057.	3,091.	2,897.	69.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DONATED PROGRAM EXPENSE	229,239.	229,239.		
b	MEDICATION AND SUPPLIES	37,866.	37,866.		
с	SMALL EQUIPMENT	20,722.	19,495.	1,004.	223.
d	PRINTING & POSTAGE	16,318.	11,872.	1,593.	2,853.
е	All other expenses	6,450.	4,170.	2,203.	77.
25	Total functional expenses. Add lines 1 through 24e	1,255,732.	982,624.	230,858.	42,250.
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)				Gauss 990 (0000)

GENESIS COMMUNITY HEALT	Н
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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			270,028.	1	352,126.
	2	Savings and temporary cash investments	900,687.	2	1,438,150.		
	3				16,254.	3	95,105.
	4	Accounts receivable, net				4	3,006.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			162,315.	8	395,373.
Ř	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	759,642. 287,535.			450.405
	b	Less: accumulated depreciation	474,494.	10c	472,107.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			<u>250,000.</u> 2,073,778.	15	250,000.
	16	Total assets. Add lines 1 through 15 (must equa			55,666.	16	3,005,867. 113,357.
	17	Accounts payable and accrued expenses	55,000.	17	115,557.		
	18	Grants payable				18	
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		CONTRACTOR D		20	
	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat			128,282.	23	120,065.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	,	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	T			183,948.	26	233,422.
		Organizations that follow FASB ASC 958, check					
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			624,247.	27	966,565.
Bal	28	Net assets with donor restrictions			1,265,583.	28	1,805,880.
pu		Organizations that do not follow FASB ASC 95	58, che	eck here			
ц.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net	32				1,889,830.	32	2,772,445.
	33	Total liabilities and net assets/fund balances			2,073,778.	33	<u>3,005,867.</u>

3,005,867. Form **990** (2022)

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Form 990 ((2022))	GENESI
Part X	Bal	ance Sheet	

Form	990 (2022) GENESIS COMMUNITY HEALTH	82-0	505073	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,138	,75	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,255	,73	32.
3	Revenue less expenses. Subtract line 2 from line 1	3	883	,02	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,889	, 83	30.
5	Net unrealized gains (losses) on investments	5		-4(06.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,772	,44	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

Name o	lame of the organizationEmployer identification numberGENESIS COMMUNITY HEALTH82-0505073										
_								2-0505073			
Part	rt I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The org	anization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck 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).)										
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
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	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in			
_	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in			
_	section 170(b)(1)(A)(vi). (C										
8	A community trust describe			-							
9	An agricultural research org				-		-	-			
	or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
	university:										
10 X	- 0										
	activities related to its exen		-					-			
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.			
	See section 509(a)(2). (Co	. ,		_							
11	An organization organized a		•	•							
12 🗌	An organization organized a	•		•		-	•	• •			
	more publicly supported or	-						Check the box on			
-	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.				
a	Type I. A supporting orga	anization operated, su	upervised, or controlled I	by its supp	ported org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	Ipporting			
-	organization. You must o	complete Part IV, Se	ctions A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving			
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
-	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functional	ly integrate	ed with,			
-	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	integrated. A supp	orting organization operation	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	/eness			
-	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
e	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	I, Type III				
	functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.						
fΕ	nter the number of supported o	organizations									
gР	rovide the following information			(iv) Is the orac	anization listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of	,	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tatal											
Total						1		1			

Schedule	A (Form 990) 2022
Part II	Support Sc

GENESIS COMMUNITY HEALTH

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

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

See	ction A. Public Support	-	_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ũ	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,						
6	Column (f) Public support, Subtract line 5 from line 4.						
-	ction B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(e) 2022	
8	Gross income from interest,						
0							
	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	,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					т	
	Public support percentage for 2022 (I		•	(77		14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2021. If the o	-					
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s
						<u> </u>	(Farma 000) 0000

Schedule A (Form 990) 2022

GENESIS COMMUNITY HEALTH

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 437,993 1307634. 1262892. 2202916. 2152064. 7363499. 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 1,924. 1,084. 1,000. 2,400. 2,400. 8,808. 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 1308718. 1263892. 2205316. 2154464. 439,917. 7372307. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0 7372307. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2021 (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 9 Amounts from line 6 439,917. 1308718. 1263892. 2205316. 2154464. 7372307. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 54. 205. 1,354. 1,613. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 54. 205. 1,354. 1,613. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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.) 439,917. 1308718. 1263946. 2205521. 2155818. 7373920. **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 99.98 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) % 15 15 100.00 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX 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 - 2021. 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 gualifies 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

GENESIS COMMUNITY HEALTH

Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.**
- **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.*
 - **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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990) 2022

1

Yes

No

Schedule A (Form 990) 2022 GENESIS COMMUNITY HEALTH

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following person	s?		
a A person who directly or indirectly controls, either alone or together with persons des	scribed on lines 11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to	line 11a, 11b, or 11c, provide		
detail in Part VI.	11c		
ection B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their offic more supported organizations have the power to regularly appoint or elect at least a directors, or trustees at all times during the tax year? If "No," describe in Part VI how effectively operated, supervised, or controlled the organization's activities. If the organ organization, describe how the powers to appoint and/or remove officers, directors, or	majority of the organization's officers, w the supported organization(s) nization had more than one supported		
more supported organizations have the power to regularly appoint or elect at least a directors, or trustees at all times during the tax year? If "No," describe in Part VI how	majority of the organization's officers, w the supported organization(s) nization had more than one supported r trustees were allocated among the		

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. Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			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(c)	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 on 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.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
<u> </u>	incorganization supported a governmental entity.	Describe III • • • • • • • • • • • • • • • • •	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.*
- 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.**
- **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.*

2a

2b

3a

Yes No

2022	0 = -1 = 0	COMMUNITY						
II Non-Functionally Integrated 509(a)(3) Supporting Organizations								

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.

Sect	ion 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		
Sect	ion 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):			
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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		/ into ano	tod Type III europertic	

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022
Part V Type III Non-

1

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

_	dule A (Form 990) 2022 GENESIS COMMU		nizotione		<u>2-0505073</u> Ра
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ied)	•
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	1	1	10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
1	Distributions for 2022 from Section D,				
-	line 7: \$				
	·				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 GENESIS COMMUNITY HEALTH	82-0505073 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	; Part V, Section B, line 1e; Part V,

SCHEDULE D (Form 990) Term Terms Description Descripti			Cumplement	ol Financial Otatomanta		OMB No. 1545-0047	
Department Attach to Form 990. Open to Public Inspection Name of the organization Go to www.ins.gov/Perm990 for instructions and the latest information. Employer identification number 82–0505073 Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 4. (e) Donor advised tunds (b) Funds and other accounts 2 Aggregate value of contributions to (kuring year) (a) Donor advised tunds (b) Funds and other accounts 3 Aggregate value of contributions to (kuring year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (kuring year) (b) Donor advised funds (c) Funds and other accounts 5 Dot the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not re the benefit of the donor or donor advisor, or for any other purpose conterning morpermetable private benefit? Yes No 6 Dot the organization security if the organization answerd 'Yes' on Form 900, Part IV, line 7. Yes No 7 Properokiol of and for public use (for example, recreation or education of a historically important land area protection of task bankt Preservation of a bistorically important land area protection of a conservat			Complete if the orga	nization answered "Yes" on Form 990,		2022	
Name of the organization Employee identification number 82 – 0505073 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compete if the organization answered Yes' on Form 980, Part N, Ine 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of any static to the organization in writing that the assets held in donor advised funds are the organization inform all 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 adviser, or for any other purpose conferring impermissible private banefit? Yes No Participael (or conservation easements held by the organization in seventer)? Yes No Participael (or conservation easements held by the organization conserved: Yes' on Form 990, Part IV. Ine 7. Percession of a historically important land area Protection of natural habitat Percession or education (Preservation of a conservation easements held by the organization index and the advised funds are the advise the tax year. 2 Complete lifts conservation easements 2 2 2 2 2 No Participael (or conservation easements Companization nave advised funds are the organization nave			A	Attach to Form 990.			
CRNSETS COMMUNITY HEALTH			· · · · ·	0 for instructions and the latest information.	Emr	•	
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. I Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all grantes, dones, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the doner or donor advisor, or for any other purpose conferring impermissible pirvabe benefit? Yes No 1 Purpose(j) or conservation esaments held by the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(j) or conservation assements in bid by the organization or education) Preservation of a historic structure accounts 1 Purpose(j) or conservation esaments in bid by the organization contribution in the form of a conservation esaments 2a 2 Complete if the arganization held a qualified conservation contribution in the form of a conservation esaments in bid by conservation esaments 2a 2 Co	nam	e of the organizati		HEALTH	Emp		
1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Total wave and other accounts 4 Aggregate value of grants from (during year) (c) Total wave and value at end of year (c) Total wave and value at end of year 5 Did the organization inform all grantese, 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 advisors or for any other purpose conferring impermissible pivales benefit? Yes No 6 Dat the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors or for any other purpose conferring impermissible pivales benefit? Yes No 7 Purpose(j) conservation easements? Complete if the organization and wave advisors in writing that grant funds can be used only preservation of a lost crassible propose advisors in writing that grant funds can be used only in the fund fund area Preservation of a lost preservation of a lost crassible preservation of a lost crassible preservation of a lost preservation of a lost crassible preservation of a lost crassible preservation of a lost preservation of a conservation easements in the la	Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	coun		
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of anst stron (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of onor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of onor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of onor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for formation of the basements. Complete if the organization in answered "Yes" on Form 990, Part IV, line 7. Perservation of and for public use (for example, recreation or education) Preservation of a of the public use (for example, recreation or education) Preservation of a of the public use (for example, recreation or education) Preservation easements on a certified historic structure included in (a) d Complete ines 2 at trough 2 dif the organization held a qualified conservation easements. 2 held at the End of the Tax Year b Total acreage restricted by conservation easements. 2 humber of conservation easements. 2 humber of conservation easements on a certified historic structure included in (a) 0 Number of conservation easements. 2 ad 1 Number of conservation easements. 2 b Not or conservation easements. 2 b Not of conservation easements undified, transferred, released		organizatio	on answered "Yes" on Form 990, Part IV, lin	ne 6.			
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7. 1 Purpose(g) or conservation easements held by the organization (check all that apply). 2 Preservation of land for public use (for example, recreation or education) 2 Preservation of a conservation easements. 2 Depreservation of a conservation easements held a qualified conservation contribution in the form of a conservation easements in blat acquired atter year. 2 Total aurnbar of conservation easements. 2 Depreservation diverse assements in clucided in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2 Deset erganization in provide easements in clucide in (c) acquired atter July 25,2006, and not on a historic structure listel in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization are availed. 4 Number of conservation easements in blation easements in located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and en				(a) Donor advised funds	(b) Fun	ds and other accounts	
3 Aggregate value of grants from (during year)	1						
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible prize benefit? Part II Conservation easements. Complete if the organization (check at that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a context and habitat Preservation of a context and easements Did a unable of conservation easements Ze 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. Total number of conservation easements Ze Ze Number of conservation easements Register Number of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure listed in the National Register Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements winds a section 1700/h(4)(B)(0) and section 1700/h(4)(B							
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 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)?	6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ments 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)?							
 and section 170(h)(4)(B)(ii)?	7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	sement	s during the year	
 and section 170(h)(4)(B)(ii)?	8	Does each conser	 vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)		
 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 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 		and section 170(h)(4)(B)(ii)?			Yes 🗌 No	
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 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) Sevenue included on Form 990, Part VIII, line 1 			•		ice of p	JuquiC	
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	b	-					
(i) Revenue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · ·		, or put		
		-			9	\$	
						\$	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$

b Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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Pa	t III Organizations Maintaining C	ollections of Ar	rt, Historical Ti	easures, o	r Other	r Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following tha	t make si	gnificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	(d 📃 Loan or ex	change progra	am					
b	Scholarly research	(e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							_		
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe					ity?	L	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII.									—
Fai	t V Endowment Funds. Complete i			-orm 990, Part (c) Two yea		(d) Three y	voare back		voare ba	
		(a) Current year	(b) Prior year		15 Dack		Cais Dack		years ba	
	Beginning of year balance									—
b	Contributions									
с А	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
f	and programs									
	Administrative expenses End of year balance									
g 2	End of year balance Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a, column	(a)) held as:						
- a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c		/°								
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held	and administe	red for th	е				
	organization by:	U						<u>٦</u>	Yes N	١o
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investi		st or other s (other)		ccumulate preciation	ed	(d) Book	value	
1a	Land			85,000.				85	,000	Ο.
	Buildings		5	53,025.		226,38	86.		,639	
	Leasehold improvements									
	Equipment			02,308.		61,14	49.		,159	
	Other			19,309.					,309	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)				472	,10	7.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GENESIS COMMUNITY HEALT
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) B	UILDING DEPOSIT	250,000.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	250,000.
Part X		
	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) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X

Sche	dule D (Form 990) 2022 GENESIS COMMUNITY HEALTH			82-0	0505073	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With				0
	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	2,575	,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-406.			
b	Donated services and use of facilities	2b	414,615.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	22,261.			
е	Add lines 2a through 2d			2e	436	,470.
3	Subtract line 2e from line 1			3	2,138	<u>,753.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,138	,753.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return	ו.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 600	
1	Total expenses and losses per audited financial statements			1	1,692	,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	414,615.	- 1		
b	Prior year adjustments			-		
С	Other losses			-		
d			22,261.		426	0.7.6
е	Add lines 2a through 2d			2e		,876.
3	Subtract line 2e from line 1			3	1,255	,732.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c	1 0	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,255	,732.
Pa	rt 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.

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO
BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.
UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE TAX BENEFIT FROM AN
UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON
THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE
FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE
LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING
REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS
IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2023 OR 2022. THE
232054 09-01-22 Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE

ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL

REVENUE SERVICE FOR YEARS BEFORE 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES NETTED AGAINST REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES NETTED AGAINST REVENUE

PART XII, LINE 2D AND PART XIII, LINE 2D:

PART XII, LINE 2D AND PART XIII LINE 2D \$22,261 DIRECT FUNDRAISING EXPENSE

TREATED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS BUT ON THE 990

THESE EXPENSES ARE PRESENTED AS AN OFFSET TO REVENUE.

SCHEDULE G	Suppleme	ntal Information	Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public									
Internal Revenue Service Name of the organization		Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number									
Name of the organization		COMMUNITY	НЕАЬТИ					82-050			
Part I Fundrais		Complete if the organ		ered "Y	es" or	n Form 990, Part IV, I	ine 17				
	complete this par					,					
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b X Yes No 											
compensated at le	ast \$5,000 by the	organization.									
(i) Name and address or entity (fund		(ii) Activit	(ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts (iv) Gross receipts from activity (iv) Gross receipts from activity listed in col. (iv) from activity (iv) Amount particular from activity from activ				r retained by undraiser				
MISSION CRITICAL EV	VENTS, INC.	CAPITAL CAMPAIGN	RAISING	Yes	No						
- 800 W MAIN STREET	, STE	FUNDS FOR SECOND	LOCATION		X	363,000.		17,263	345,737		
Total 3 List all states in whi	ch the organizatio	n is registered or licen	sed to solicit o	contrib	 utions	363,000. or has been notified	it is e	17,263 exempt from			
ID											

GENESIS COMMUNITY HEALTH

82-0505073 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e	• ·	ots greater than \$5,000.
			(a) Event #1 SPRING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BENEFIT GALA			col. (c)
<i>а</i>			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	73,410.			73,410.
ш	2	Less: Contributions	70,458.			70,458
	3	Gross income (line 1 minus line 2)	2,952.			2,952
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs	15,877.			15,877
Direct Expenses	7	Food and beverages	876.			876
Ō	8	Entertainment	7,950.			7,950
	9	Other direct expenses	5,608.			5,608
	10	Direct expense summary. Add lines 4 through	9 in column (d)			30,311
		Net income summary. Subtract line 10 from li				-27,359
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
nses	2	Cash prizes				

Yes

No

%

%

Yes

No

%

8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

Yes

No

b If "No," explain:

Noncash prizes

Rent/facility costs

7 Direct expense summary. Add lines 2 through 5 in column (d)

Other direct expenses

6 Volunteer labor

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain: ______

232082 10-27-22

Direct Exper

3

4

5

Yes

Yes

No

No

Sch	edule G (Form 990) 2022	GENESIS	COMMUNITY	HEALTH	82-050	5073	Page 3
11	Does the organization conduct ga	ming activities w	ith nonmembers?			Yes	No
12				nber of a partnership or other entity formed			
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming	activity conduct	ted in:		1		
a	The organization's facility				13a	a 📃	%
						b	%
14	Enter the name and address of the	e person who pre	epares the organizat	ion's gaming/special events books and record	ls:		
	Name						
	Address						
15a	Does the organization have a cont	ract with a third	party from whom th	e organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gami	ng revenue recei	ved by the organiza	tion \$ and the am	ount		
	of gaming revenue retained by the						
c	If "Yes," enter name and address			—			
	Name						
	Address						
16	Gaming manager information:						
	News						
	Name						
	Gaming manager compensation	\$					
	carning manager compensation	¥					
	Description of services provided						
	Director/officer	Employee		dependent contractor			
	Mandatory distributions:		e eleccitele distribu				
ć				itions from the gaming proceeds to		Vac	🗌 No
ŀ				outed to other exempt organizations or spent i		165	
ĸ	organization's own exempt activiti			died to other exempt organizations of spent i			
Pa				required by Part I, line 2b, columns (iii) and (v)	and Part III. I	ines 9. 9	9b. 10b.
				nal information. See instructions.	, ··, ··		,
<u>SC</u>	HEDULE G, PART I,	LINE 2B,	LIST OF 1	EN HIGHEST PAID FUNDRA	SERS:		
/ -							
(1) NAME OF FUNDRAIS	MISS	TON CRITIC	CAL EVENTS, INC.			
(I		ATCEP. 8	ΟΟ W MATN	STREET, STE 1460, BOISE	י חד ז	8370	2
<u>\ </u>	I OUDL JO COUNT	TATOTY: 0	UU W MAIN	SINGEL, SIE 1400, BOISI	עד ,י	5570	4
_							

Part IV	Supplemental Information (co	ntinued)		
_				

SCHEDULE	М
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public

Inspection

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 instructions and the latest information.

Name of the organization

Employer	identification number
8	2-0505073

Pa	rt 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 de noncash contribu			s
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	Х	9,289	462,609.	COMPARABLE	SALE	IS	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used	for			37
	exempt purposes for the entire holding period?					30a		Х
	b If "Yes," describe the arrangement in Part II.							77
31					$ \longrightarrow $	X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					v		
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	blumn (c) foi	r a type of property	/ tor which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

	M (Form 990) 2022				
Part II	Supplemental	Information	 Provide the inform 	nation required by	/ Part I, lines 30b,

82-0505073 Page 2 **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.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



82-0505073

GENESIS COMMUNITY HEALTH

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

LOW-INCOME UNINSURED INDIVIDUALS AND FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION CONTRACTS WITH A CPA WHO COMPLETES FORM 990 AND ALL

RELATED SCHEDULES AFTER COMPLETION AND ACCEPTANCE BY THE BOARD OF THE

INDEPENDENT FINANCIAL AUDIT. A DRAFT OF THE TAX RETURN IS REVIEWED AND

APPROVED BY THE CEO AND DISTRIBUTED TO THE BOARD FOR REVIEW FOR A MINIMUM

OF ONE CALENDAR WEEK BEFORE FILING. THIS ENSURES BOARD MEMBERS HAVE AMPLE

TIME TO RAISE ANY QUESTIONS OR CONCERNS BEFORE THE RETURN IS FINALIZED AND

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOTH EMPLOYEES AND BOARD MEMBERS ARE ADVISED OF OUR WRITTEN CONFLICT OF INTEREST POLICY WHEN JOINING THE ORGANIZATION. BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL DISCLOSURE AND IDENTIFY IF THEY ARE NOT AN INDEPENDENT DIRECTOR AND IF THEY HAD ANY TRANSACTIONS OR ARRANGEMENTS THAT MIGHT BENEFIT THEM PRIVATELY OR RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. TRANSACTIONS INITIATED BY EMPLOYEES ARE MONITORED BY THE CEO FOR SIMILAR ISSUES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW IS PROVIDED BY THE CEO COMPENSATION AND EVALUATION COMMITTEE IN DETAIL WHEN REVIEWING THE UPCOMING YEAR'S BUDGET; COMPENSATION FOR THE CEO IS SET BY THE BOARD OF DIRECTORS ANNUALLY.

Schedule O (Form 990) 2022	Page 2			
Name of the organization GENESIS COMMUNITY HEALTH	Employer identification number 82-0505073			
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION HAS FEW REQUESTS FROM THE PUBLIC FOR CONFLICT OF INTEREST				
POLICIES, FINANCIAL STATEMENTS, OR GOVERNING DOCUMENTS. REQUESTS FOR THESE				
ITEMS WOULD BE REVIEWED BY THE CEO FOR THE MERIT OF SUCH D	ISCLOSURE, OR			
WHEN REQUESTED BY FUNDERS. IN GENERAL, GENESIS COMMUNITY HEALTH MAINTAINS				
AN OPEN POLICY OF INFORMATION THAT IS NOT CONSIDERED CONFIDENTIAL, AND				
WILLINGLY PROVIDES INFORMATION DEEMED TO BE IN THE BEST INTEREST OF THE				
DISCLOSURE. AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE				
ORGANIZATION'S WEBSITE.				

FORM 990, PART VII, SECTION A:

DR. KARL WATTS, FOUNDER OF THE ORGANIZATION, SERVES AS BOARD MEMBER

EMERITUS. HE SERVES IN AN ADVISORY CAPACITY BUT DOES NOT CURRENTLY HOLD

A POSITION WITH VOTING RIGHTS.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.