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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Genesys Regional Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One Genesys Parkway

City or town, state or country, and ZIP + 4
Grand Blanc, MI 484398065

D Employer identification number
38-2377821

E Telephone number
(810) 603-8995

G Gross receipts $ 453,143,891

F Name and address of principal officer
Karen Aldridge-Eason
One Genesys Parkway
Grand Blanc, MI 484398065

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www genesys org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1997 | **M** State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Provides patient/emergency services and medical/patient education programs to the community

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	3,824
6	Total number of volunteers (estimate if necessary)	6	619
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,680,976
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-72,310

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	879,167	779,257
	9 Program service revenue (Part VIII, line 2g)	456,087,067	439,485,893
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-14,416,176	10,165,876
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,303,978	2,427,806
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	444,854,036	452,858,832
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		612,911
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	231,200,119	221,275,174
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	215,649,889	219,466,004
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	446,850,008	441,354,089
	19 Revenue less expenses Subtract line 18 from line 12	-1,995,972	11,504,743

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	389,767,629	396,927,960
	21 Total liabilities (Part X, line 26)	449,587,170	430,132,061
	22 Net assets or fund balances Subtract line 21 from line 20	-59,819,541	-33,204,101

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-13

Christopher Palazzolo CFO - Genesys Health System
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			EIN ▶ Phone no ▶ (513) 784-7100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Genesys Regional Medical Center (GRMC) is a 410 bed hospital which includes a level II emergency trauma center The mission values guiding GRMC are Service of the Poor, Reverence, Integrity, Wisdom, Creativity, and Dedication GRMC provides essential healthcare services such as inpatient, outpatient, emergency services, along with a medical education program and patient education program that serve the general community

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 355,782,320 including grants of $ 612,911) (Revenue $ 424,771,842)

Hospital Net Patient Service Revenue - Hospital Net Patient Service Revenue - GRMC has 441 licensed beds (378 acute, 32 rehabilitation, and 31 bassinets) which resulted in providing 105,662 patient days of care, 22,740 patient discharges, which equaled a 70 6% occupancy percentage In addition, GRMC had 2,340 deliveries, 85,944 emergency visits which included both the East and West Flint campuses, the hospital has 23 surgery suites which totalled 17,244 surgeries (both I/P & O/P), and 344 Open Heart procedures

4b (Code) (Expenses $ 20,910,261 including grants of $) (Revenue $ 13,308,448)

Medical Education Program - the program included the following specialties along with the associated number of Residents/Interns Traditional Internship (10), Dermatology (3), Emergency Medicine (28), ENT (5), Family Practice (39), General Surgery (18), Internal Medicine (30), OB/GYN (12), Orthopedic Surgery (15), Opthamology (3), Radiology (12), Fellowships Gastroenterology (94), Hematology/Oncology (3), and Pulmonary/Critical Care (4) This resulted in 139 full-time Resident/Intern equivalents

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 376,692,581

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	257		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,824		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Randy Kummler
5445 Ali Drive
Grand Blanc, MI 484395193
(810) 603-8995

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	5,423,682	0	750,510

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 129

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Great Lakes Anesthesia Assoc PC 2432 Genesys Parkway Grand Blanc, MI 48439	Anesthesia Services	8,197,010
Healthcare Svcs Inc(dba Accretive Heal 401 N Michigan Ave Chicago, IL 60611	Revenue Enhancement	4,909,425
Center for Wound Healing of NYNJ 3 Crossways Park West Woodbury, NY 11797	Wound Care Services	2,468,756
Genesee Medical Imaging PC 2325 Stonebridge Dr Flint, MI 48532	Radiology Services	2,463,461
Thomas W Waun PC 10683 S Saginaw St Grand Blanc, MI 48439	Employee Relations	2,400,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 34		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	720,758			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	58,499			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		779,257			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621,990	424,101,681	422,696,078	1,405,603	
	b	Medical Education	611,710	13,308,448	13,308,448		
	c	Rental Income	532,000	1,555,953	1,555,953		
	d	Investment - JV'S	900,003	519,811	519,811		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		439,485,893			
	3	Investment income (including dividends, interest and other similar amounts)		8,665,930			8,665,930
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
6a	Gross Rents	234,509					
b	Less rental expenses	222,784					
c	Rental income or (loss)	11,725					
d	Net rental income or (loss)			11,725		11,725	

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	1,557,451	4,770				
b	Less cost or other basis and sales expenses		62,275				
c	Gain or (loss)	1,557,451	-57,505				
d	Net gain or (loss)			1,499,946			1,499,946

Other Revenue

8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11a	Cafeteria		722,210	1,679,977			1,679,977
b	Telephone Income		517,000	156,761			156,761
c							
d	All other revenue			579,343		263,648	315,695
e	**Total.** Add lines 11a–11d			2,416,081			
12	**Total revenue.** See Instructions			452,858,832	438,080,290	1,680,976	12,318,309

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) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	612,911	612,911		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,043,322	420,424	3,622,898	
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	165,279,068	149,081,162	16,197,906	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,969,009	17,133,314	1,835,695	
9	Other employee benefits	20,313,278	18,347,493	1,965,785	
10	Payroll taxes	12,670,497	11,444,330	1,226,167	
11	Fees for services (non-employees)				
a	Management	3,235,134		3,235,134	
b	Legal	1,251,221		1,251,221	
c	Accounting	679,761		679,761	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	45,965,823	36,749,729	9,216,094	
12	Advertising and promotion	1,995,526	131,653	1,863,873	
13	Office expenses	10,154,726	6,880,045	3,274,681	
14	Information technology	17,033,381	4,258,345	12,775,036	
15	Royalties				
16	Occupancy	13,484,630	11,978,252	1,506,378	
17	Travel	53,920	21,817	32,103	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	352,712	191,593	161,119	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,758,164	9,682,348	1,075,816	
23	Insurance	4,002,615	3,538,831	463,784	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Med/Surg Supplies	53,722,564	53,689,753	32,811	0
b	Bad Debts	32,187,510	32,187,510	0	0
c	Patient Drug Costs	11,444,914	11,444,914	0	0
d	Allocated S & W/Benefit	5,126,673	4,978,931	147,742	0
e	Ascension Dues/Fees	3,247,432	639,103	2,608,329	0
f	All other expenses	4,769,298	3,280,123	1,489,175	
25	**Total functional expenses.** Add lines 1 through 24f	441,354,089	376,692,581	64,661,508	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		303,186	1	554,427
	2	Savings and temporary cash investments		126,438,663	2	140,472,529
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		43,158,996	4	36,645,077
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		6,966,577	7	6,901,603
	8	Inventories for sale or use		7,960,010	8	5,355,781
	9	Prepaid expenses and deferred charges		4,378,046	9	4,121,951
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 362,199,609			
	b	Less accumulated depreciation	10b 193,415,781	175,745,268	10c	168,783,828
	11	Investments—publicly traded securities		103,500	11	
	12	Investments—other securities See Part IV, line 11		13,717,113	12	27,949,798
	13	Investments—program-related See Part IV, line 11		304,500	13	631,393
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,691,770	15	5,511,573
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		389,767,629	16	396,927,960
Liabilities	17	Accounts payable and accrued expenses		36,457,899	17	37,387,073
	18	Grants payable			18	
	19	Deferred revenue		862,088	19	1,315,515
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		412,267,183	25	391,429,473
	26	**Total liabilities.** Add lines 17 through 25		449,587,170	26	430,132,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-59,819,541	27	-33,204,101
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-59,819,541	33	-33,204,101
	34	Total liabilities and net assets/fund balances		389,767,629	34	396,927,960

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,083,833		8,083,833
b Buildings		219,802,795	75,733,233	144,069,562
c Leasehold improvements				
d Equipment		127,172,814	114,388,106	12,784,708
e Other		7,140,167	3,294,442	3,845,725
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				168,783,828

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Base of Pyramid	195,676	F
Funded Depreciation	8,231,113	F
Pension Prefunding	19,523,009	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	27,949,798	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Intercompany Debt to Ascension Health	300,124,573
Pension Liabilities	64,109,167
Third Party Liabilities	10,336,796
Other Post Retirement Liabilities	4,552,067
Professional Liability	6,016,064
A/R Credit Balances	4,742,695
Deferred Compensation	796,656
Future Lease Obligations	740,726
Investment Guarantee - Foundation	10,729
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	391,429,473

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	452,858,832
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	441,354,089
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,504,743
4	Net unrealized gains (losses) on investments	4	9,132,497
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,978,200
9	Total adjustments (net) Add lines 4 - 8	9	15,110,697
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,615,440

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	From the consolidated audited financial statements of Genesys Health System and Affiliates (which include Genesys Regional Medical Center) Genesys Health System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return
Part XI, Line 8 - Other Adjustments		Pension/Other Post Retirement Funding Status Adjustments 10235444 Equity Transfers (Ascension) -3411000 Additional Debt Transfer-Ascension (Refinancing) -846244

Additional Data

Software ID:
Software Version:
EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
Intercompany Debt to Ascension Health	300,124,573
Pension Liabilities	64,109,167
Third Party Liabilities	10,336,796
Other Post Retirement Liabilities	4,552,067
Professional Liability	6,016,064
A/R Credit Balances	4,742,695
Deferred Compensation	796,656
Future Lease Obligations	740,726
Investment Guarantee - Foundation	10,729

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000.0000000000 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ Other 25000.0000000000 % ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400%	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			2,663,421	0	2,663,421	0 650 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			43,314,033	34,513,120	8,800,913	2 150 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			8,212,611	1,532,883	6,679,728	1 630 %
d **Total** Charity Care and Means-Tested Government Programs			54,190,065	36,046,003	18,144,062	4 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	18	10,582	194,685	8,065	186,620	0 050 %
f Health professions education (from Worksheet 5)			28,149,806	12,523,090	15,626,716	3 820 %
g Subsidized health services (from Worksheet 6)	2		168,938		168,938	0 040 %
h Research (from Worksheet 7)	2		150,000		150,000	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	304	68,443		68,443	0 020 %
j **Total** Other Benefits	25	10,886	28,731,872	12,531,155	16,200,717	3 970 %
k **Total.** Add lines 7d and 7j	25	10,886	82,921,937	48,577,158	34,344,779	8 400 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	5	20,350	3,544		3,544	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	2		1,905		1,905	0 %
7	Community health improvement advocacy	5	130	15,140		15,140	0 %
8	Workforce development						
9	Other						
10	**Total**	12	20,480	20,589		20,589	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,759,155		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	572,105		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	193,722,637		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	177,528,342		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	16,194,295		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b			No

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 Genesys Surgical Services Co-Management Company	Surgical Clinical Service Line	50 000 %		50 000 %
2 Genesys Cardiovascular Co-Management Company	Cardiovascular Clinical Service Line	50 000 %		50 000 %
3 Genesys OrthoNeuro Co-Management Company	Ortho/Neuro Clinical Service Line	50 000 %		50 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Genesys Regional Medical Center One Genesys Parkway Grand Blanc, MI 484398065	X	X		X			X	X	

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan State University - Scholarship Advancements 300 Spartan Way East Lansing, MI 48824	386005984		25,000				Flint Area - Primary Care Award Fund
Greater Flint Health Coalition Commerce Center 519 S Saginaw Street Suite 306 Flint, MI 48502	383301514	501(c)(3)	10,833				Health Care Impact Study for Local-Task Force
Free Medical Clinics of Michigan (Genesee County) 2437 Welch Boulevard Flint, MI 48504	382995700	501(c)(3)	10,500				Support of Free Clinic
Daughters of Charity333 S Seton Avenue Emmitsburg, MD 21727	521522383	501(c)(3)	10,000				Bicentennial Celebration
Genesys Health Foundation One Genesys Parkway Grand Blanc, MI 48439	383591148	501(c)(3)	547,528				Cover FY 10 Operational Deficit

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 4

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Genesys Regional Medical Center generally requires an annual report (where applicable) for potential grant assistance In addition, a GRMC point person will normally attend a meeting at the entity or with an individual to help understand their needs Final approval for any assisatnce will come from the Office of the President Depending on the nature of the grant, a final report or substantiation of the grant assistance used, is required to be submitted back to the hospital

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kenneth R Steibel MD (Sch O)	(i)	168,904	0	0	17,424	11,000	197,328	0
	(ii)	0	0	0	0	0	0	0
Mark Taylor (Sch O)	(i)	479,100	392,834	53,278	46,349	11,000	982,561	0
	(ii)	0	0	0	0	0	0	0
Christopher Palazzolo (Sch O)	(i)	398,937	49,907	414	79,004	11,000	539,262	0
	(ii)	0	0	0	0	0	0	0
Elizabeth Aderholdt (Sch O)	(i)	425,337	77,885	8,967	87,112	11,000	610,301	0
	(ii)	0	0	0	0	0	0	0
James Bonnette MD (Sch O)	(i)	369,780	67,295	774	53,612	11,000	502,461	0
	(ii)	0	0	0	0	0	0	0
Joy Finkenbiner	(i)	157,960	38,749	270	41,501	11,000	249,480	0
	(ii)	0	0	0	0	0	0	0
Tamara Saunaitis	(i)	228,730	46,245	270	28,854	11,000	315,099	0
	(ii)	0	0	0	0	0	0	0
Curtis Clark (end 909)	(i)	147,389	78,584	57,414	19,335	11,000	313,722	0
	(ii)	0	0	0	0	0	0	0
Jennifer Montgomery	(i)	175,935	29,376	135	29,798	11,000	246,244	0
	(ii)	0	0	0	0	0	0	0
Nick Buttar	(i)	314,539	69,286	259	30,603	11,000	425,687	0
	(ii)	0	0	0	0	0	0	0
Charles Rollison	(i)	267,625	52,375	60	25,460	11,000	356,520	0
	(ii)	0	0	0	0	0	0	0
Richard Rankl	(i)	186,489	81,113	774	20,680	11,000	300,056	0
	(ii)	0	0	0	0	0	0	0
James Lindemulder	(i)	241,715	11,000	270	24,176	11,000	288,161	0
	(ii)	0	0	0	0	0	0	0
Richard Labaere	(i)	220,555	23,829	270	22,953	11,000	278,607	0
	(ii)	0	0	0	0	0	0	0
Pamelo Cislo (end 209)	(i)	187,396	33,919	774	33,896	11,000	266,985	0
	(ii)	0	0	0	0	0	0	0
Mike James (end 208)	(i)	0	153,057	0	0	0	153,057	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4a	The following individual received severance payments Curtis Clark - $57,000 Part I, Line 4b Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as Compensation on Form 990, Schedule J, Part II, Column b in the year paid The filing organization contributed to the supplemental nonqualified retirement plan in the amount as noted Elizabeth Aderholdt - $79,762, James Bonnette M D - $53,612, Christopher Palazzolo - $71,654, Joy Finkenbiner - $23,643, Tamara Saunaitis - $23,854, Curtis Clark - $15,585, Pam Cislo - $11,292 and Jennifer Montgomery - $25,298 The following individuals received payments from the supplemental nonqualified retirement plan in the amount as noted Mark Taylor - $36,424

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-2377821
Name: Genesys Regional Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Kenneth R Steibel MD (Sch O)	(I)	168,904	0	0	17,424	11,000	197,328	0
	(II)	0	0	0	0	0	0	0
Mark Taylor (Sch O)	(I)	479,100	392,834	53,278	46,349	11,000	982,561	0
	(II)	0	0	0	0	0	0	0
Christopher Palazzolo (Sch O)	(I)	398,937	49,907	414	79,004	11,000	539,262	0
	(II)	0	0	0	0	0	0	0
Elizabeth Aderholdt (Sch O)	(I)	425,337	77,885	8,967	87,112	11,000	610,301	0
	(II)	0	0	0	0	0	0	0
James Bonnette MD (Sch O)	(I)	369,780	67,295	774	53,612	11,000	502,461	0
	(II)	0	0	0	0	0	0	0
Joy Finkenbiner	(I)	157,960	38,749	270	41,501	11,000	249,480	0
	(II)	0	0	0	0	0	0	0
Tamara Saunaitis	(I)	228,730	46,245	270	28,854	11,000	315,099	0
	(II)	0	0	0	0	0	0	0
Curtis Clark (end 909)	(I)	147,389	78,584	57,414	19,335	11,000	313,722	0
	(II)	0	0	0	0	0	0	0
Jennifer Montgomery	(I)	175,935	29,376	135	29,798	11,000	246,244	0
	(II)	0	0	0	0	0	0	0
Nick Buttar	(I)	314,539	69,286	259	30,603	11,000	425,687	0
	(II)	0	0	0	0	0	0	0
Charles Rollison	(I)	267,625	52,375	60	25,460	11,000	356,520	0
	(II)	0	0	0	0	0	0	0
Richard Rankl	(I)	186,489	81,113	774	20,680	11,000	300,056	0
	(II)	0	0	0	0	0	0	0
James Lindemulder	(I)	241,715	11,000	270	24,176	11,000	288,161	0
	(II)	0	0	0	0	0	0	0
Richard Labaere	(I)	220,555	23,829	270	22,953	11,000	278,607	0
	(II)	0	0	0	0	0	0	0
Pamelo Cislo (end 209)	(I)	187,396	33,919	774	33,896	11,000	266,985	0
	(II)	0	0	0	0	0	0	0
Mike James (end 208)	(I)	0	153,057	0	0	0	153,057	0
	(II)	0	0	0	0	0	0	0

Additional Data

Software ID:
Software Version:
EIN: 38-2377821
Name: Genesys Regional Medical Center

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Genesys Regional Medical Center has a single corporate member, Genesys Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Genesys Regional Medical Center has a single corporate member, Genesys Health System, who has the ability to elect members to the governing body of the Genesys Regional Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to Genesys Regional Medical Center financial information or corporation as a whole are subject to approval by its sole corporate member, Genesys Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The executive committee reviewed and approved the compensation In the review of the compensation, the CEO was compared to other organizations in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the executive committee minutes Individual was not present when his compensation was decided Form 990, Part VI, Section B, Line 15b In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The executive committee reviewed and approved the compensation During the review and approval of the compensation, documentation of the decision was recorded in the executive committee minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		The Genesys Health System board of directors has governance power for Genesys Regional Medical Center Therefore, the Genesys Health System board of directors is listed on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		Officers for Genesys Regional Medical Center provide services to Genesys Health System and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, where noted with a "Sch O" reference, officer hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities Dara Headrick D O and Kenneth Steibel, M D receive compensation for services rendered as physicians of Genesys Regional Medical Center The amount is not for services as board members for Genesys Regional Medical Center

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Beecher Ballenger Services One Genesys Parkway Grand Blanc, MI484398065 38-2497922	Holding Company	MI	N/A	C			
Genesys Health Enterprises 3909 Beecher Rd Flint, MI48532 38-2536250	Medical Equipment	MI	N/A	C			
Genesys Practice Partners 3943 Beecher Rd Flint, MI48532 03-0516871	Employed Phy Practice	MI	N/A	C			

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-2377821
Name: Genesys Regional Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ascension Health PO Box 45998 St Louis, MO 631453806 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11A	N/A
Genesys Health System One Genesys Parkway Grand Blanc, MI 484398065 38-3339703	Health System Parent	MI	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health
Center for Gerontology 3919 Beecher Road Flint, MI 485323699 38-2514708	Adult Day Care	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Ambulatory Health Services
Genesys Ambulatory Health Services 5445 Ali Drive Dept 200 Grand Blanc, MI 484395193 38-2371754	Occ Hlth/Staffing/Prop Mgmnt	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Health System
Genesys Convalescent Center 8481 Holly Road Grand Blanc, MI 484391812 38-2317364	Convalescent Center	MI	Section 501(c)(3)	Schedule A, Line 3	Genesys Health System
Genesys Health Foundation One Genesys Parkway Grand Blanc, MI 484398065 38-3591148	Foundation	MI	Section 501(c)(3)	Schedule A, Line 11a	Genesys Health System
Genesys Home Health & Hospice 5445 Ali Drive Dept 500 600 Grand Blanc, MI 484395195 38-2177968	Home Hlth/Hospice	MI	Section 501(c)(3)	Schedule A, Line 11a	Genesys Ambulatory Health Services
Genesys Volunteers One Genesys Parkway Grand Blanc, MI 484398065 38-1472646	GRMC Support	MI	Section 501(c)(3)	Schedule A, Line 11d	Genesys Health System
Health Source Group 5445 Ali Drive Dept 200 Grand Blanc, MI 484395193 38-2427678	Prg Related Investments	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Health System

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Genesys Practice Partners	A	206,234
(2)	Genesys Health Foundation	B	547,528
(3)	Genesys Health Foundation	C	720,758
(4)	Genesys Practice Partners	I	206,234
(5)	Genesys Health Foundation	L	720,758
(6)	Ascension Health	O	21,579,820
(7)	Genesys Ambulatory Health Services	O	5,346,104
(8)	Genesys Convalescent Center	P	82,843
(9)	Genesys Home Health & Hospice	P	1,012,996
(10)	Center for Gerontology	P	139,276
(11)	Genesys Ambulatory Health Services	P	1,644,203
(12)	Genesys Health Enterprise	P	682,858
(13)	Genesys Health Foundation	P	586,500
(14)	Ascension Health	Q	16,843,064

Additional Data

Software ID:
Software Version:
EIN: 38-2377821
Name: Genesys Regional Medical Center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Aldridge-Eason Chairperson	50	X		X				0	0	0
Sr Betty Granger Vice Chairperson	50	X		X				0	0	0
Jeffrey D Tippett Secretary	50	X		X				0	0	0
Joyce Bolo Treasurer	50	X		X				0	0	0
Anita Abrol Trustee	50	X						0	0	0
John Anderson Trustee	50	X						0	0	0
Norman Burrell Trustee	50	X						0	0	0
Wendy Johnson Trustee	50	X						0	0	0
James E Kure MD Trustee	50	X						0	0	0
Mark Piper CCIM Trustee	50	X						0	0	0
Kevin Williams Trustee	50	X						0	0	0
Dara Headrick DO Sch O Trustee/Physician	50 00	X						123,908	0	24,753
Kenneth R Steibel MD Sch O Trustee/Physician	50 00	X						168,904	0	28,424
Mark Taylor Sch O President & CEO - GHS	50 00	X		X				925,212	0	57,349
Christopher Palazzolo Sch O Chief Financial Officer	50 00			X				449,258	0	90,004
Elizabeth Aderholdt Sch O President - GRMC	50 00				X			512,189	0	98,112
James Bonnette MD Sch O Chief Medical Officer	50 00				X			437,849	0	64,612
Joy Finkenbiner VP Diagnos & Therapeutic	50 00				X			196,979	0	52,501
Tamara Saunaitis VP Human Resources	50 00				X			275,245	0	39,854
Curtis Clark end 909 VP Mission Integration	50 00				X			283,387	0	30,335
Andrew Kruse VP Mission Integration	50 00				X			125,066	0	20,971
Jennifer Montgomery VP Nursing	50 00				X			205,446	0	40,798
Nick Buttar Physician	50 00					X		384,084	0	41,603
Charles Rollison Physician	50 00					X		320,060	0	36,460
Richard Rankl Physician	50 00					X		268,376	0	31,680

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Lindemulder Physician	50 00					X		252,985	0	35,176
Richard Labaere Physician	50 00					X		244,654	0	33,953
Pamelo Cislo end 209 VP Acute Care Nursing	50 00						X	222,089	0	44,896
Mike James end 208 Pres-AMB Svcs	0 00						X	153,057	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Med/Surg Supplies	53,722,564	53,689,753	32,811	0
Bad Debts	32,187,510	32,187,510	0	0
Patient Drug Costs	11,444,914	11,444,914	0	0
Allocated S & W/Benefit	5,126,673	4,978,931	147,742	0
Ascension Dues/Fees	3,247,432	639,103	2,608,329	0

Additional Data

Software ID:
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EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 A cost-to-charge ratio was used to calculate the figures within Part I, Line 7 Charity Care and Other Community Benefits at Cost Specifically, the cost-to-charge ratio was based upon total costs, less the following bad debt, other operating revenue, community health improvemment costs, and "other" program costs for the poor

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g The costs included within the subsidized health services relate to EMS (Emergency Medical Services) and the DLC (Diabetes Learning Center), not a physician clinic

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is $32,187,510

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, established guidelines are followed and the accounts receivable is written off A cost to charge ratio (excluding bad debt costs) was used to determine the amounts in questions #2 & 3

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b GHS (GRMC) has both a debt collection policy and a charity care policy If an individual qualified for charity care and was not granted such relief, the individual would then be subject to the normal collection procedures within the debt collection policy A distinction is not made with respect to collection procedures within the debt collection policy for individuals that qualify for charity care

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 In Genesee County, community needs assessment is conducted with the assistance of outside experts in conjunction with other area hospitals and various key stakeholders throughout the community This community based needs assessment process is lead by the Greater Flint Health Coalition (GFHC), of which Genesys Health System (GHS) is an active member GFHC is a 501(c)(3) designated nonprofit healthcare coalition - a true partnership between healthcare providers and purchasers, consumers and committed citizens, government leaders, insurers, educators, and all those concerned about the well-being of the community and its residents GFHC's mission is to improve the health status of Genesee County residents and to improve the quality and cost effectiveness of the healthcare delivery system It is both a community/institutional partnership and multifaceted collaboration, with a board that is a broad reflection of the community's leadership, including government, hospitals, labor, business, insurers, physicians, education, consumers, and the faith based community Matching the community needs, GFHC's vision is a healthy Genesee County community, practicing healthy lifestyles with access to the best and most cost effective medical care Since its inception, GFHC has served the community by reaching out to those with diverse experiences and perspectives to address common health issues in order to find solutions to the area's most pressing health dilemmas Through the power of partnership, consensus, collaboration, fairness, integrity, continuous improvement, innovation, and public participation, GFHC has become a neutral table in which cutting edge initiatives related to healthcare access, quality, cost, and health improvement can be addressed to improve the community's health status The GFHC Board and various communities review these findings and together, develop strategies to improve the indicators by recommending a county wide plan of action GHS has representation on this coalition by designating GHS executives to serve on the GFHC Board of Directors, GFHC Access Committee, GFHC Cost and Resource Planning Committee, and the Flint Healthcare Employment Opportunity Committee The most recent comprehensive needs assessment for Genesee County was published in spring of 2010 The assessment is updated on an annual basis by asking the GFHC partners to sumbit current data and subsequently having the GFHC consolidate these updates into the plan revisions Data sources used to publish these reports include Genesys Health System, Blue Cross Blue Shield of Michigan, Blue Care Network, HealthPlus, Genesee County Health Department, Genessee County Mental Health, Genesee County Medical Society, McClaren Regional Medical Center, Hurley Medical Center, Genesee Health Plan, United Auto Workers' - General Motors, Genesee Intermediate School District, Michigan Hospital Association, U S Census Bureau, U S Department of Labor, U S Department of Housing and Urban Development, and the U S Department of Justice Once the needs assessment findings are available, GHS utilizes Community Health Data to populate strategies that are aligned with 3 strategic GHS planning horizons These horizons include VisionScape - which is a 25 year planning document, the Integrated Strategic Financial Operating Plan (ISOFP), a five year and one year strategic plan, that are integrated with the budget cycle Concurrently, the GHS Advocacy and Culture Committee of the Board, whose purpose is to support the GHS Board of Trustees in achieving the GHS mission, vision, and values, by providing oversight and guidance in assisting with prioritizing community health needs and the impact on GHS's patients,associates, physicians, volunteers, and the community

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 The Genesys Regional Medical Center's mission calls for individuals living in poverty along with other vunerable persons GRMC continually works to identify those patients who require financial assistance to ensure that the billing of the patient's account reflects the level of financial assistance that is appropriate for their circumstance Financial assistance procedures are included within the patient admission's handbook For all patients that may require financial assistance, a discussion regarding the availability of various government benefits, such as Medicaid or other state programs, along with assisting the patient with respect to the qualifications for such programs, occurs A Financial Assistance Application is required to be completed for any assistance that GRMC specifically grants a patient Such assistance would fall either under GRMC's patient discount or the formal Charity Care policy

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 The geographical area that comprises the primary community served by the Genesys Regional Medical Center is Genesee County, located in southeastern, Michigan Genesee County covers an area of 655 square miles which includes 11 cities, 17 townships, and 5 villages According to the 2000 census, the county had a population of approximately 436,000 people More than 80% of GRMC's patients reside in Genesee County The following represents demographic census information of the community that GRMC served in FY 10 14 1% of the population in the county is uninsured, over 15% of the county's household generate less than $15,000 annually, and GRMC's market unemployment rate was 15 2% in 2009

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Genesys Regional Medical Center (GRMC) engages in a variety of community building activities primarily designed to improve the health of the community Based on the collaborative needs assessment lead by the Greater Flint Health Coalition (GFHC), it was determined that Genesee County's community ranked significantly poorer when compared to other counties in the state The rankings were based on health outcomes data and health factors including mortality and morbidity measures, health behavior, clinical care, social/economic factors, and physical environment For overall health outcomes, Genesee County ranked 78 of 82 counties (with 82 representing the poorest) and for health factors ranked 81 of 82 counties Improving these indicators is consistent with GRMC's mission, vision, and values, and is also a priority of GRMC GRMC supports multiple activities designed to improve the community health status Acknowledging that the county's population engages in unhealthy behaviors, GRMC actively participates in coalition building activities designed to collaborate efforts between healthcare providers, consumers, leaders, and educators to implement efforts addressing health and safety issues and improving outcomes Such partnerships have been established with the GFHC and United Way of Genessee County In addition, GRMC participates in advocacy programs to safeguard and improve public health GRMC is committed to provide care and support to all individuals, particularly those who are poor and vunerable As part of GRMC's strategic direction, GRMC is in support of the 100% Access Campaign ensuring healthcare access and coverage for all individuals For example, GHS's Chief Executive Officer has delivered a community wide education and awareness initiative throughout GRMC's service area Furthermore, as a result of poor county health indicators, GRMC's leadership has representation on a multitude of advisory boards within the community including GFHC, United Way, One Stop Housing Resource Center (housing placement assistance) Hamilton Community Health Network (Federally Qualified Health Center - FQHC), March of Dimes, Baker College, Genesee Health Plan (community sponsored health plan), and Flint Cultural Center and Safe Kids Coalition of Greater Flint In an attempt to reduce unhealthy behaviors, GRMC provides community support to annual activities designed to increase healthy lifestyles, raise awareness, and improve overall well-being Specifically, GRMC particpates in the local American Heart Association Heart Walk/Run, American Cancer Society's Making Strides Walk, Crim Festival of Races, and Flint Community Schools Shoes That Fit program

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 The majority of the Genesys Regional Medical Center's governing body is comprised of individuals who reside in the organization's primary service area and are neither employees or contractors of the organization In addition, the governing body does not have any family member relationships The following represents examples of how GRMC has furthered its exempt purpose by promoting health within the surrounding communities Genesys HealthWorks (patient centered care department) is leading the transformation of healthcare by creating a population based care (PBC) model to achieve the triple aim of improving health, improving both the patient and provider experience of care, and reducing heathcare costs within the community The distinguishing features of HealthWorks include focusing on health rather than just disease, promoting continuous healing relationships with primary care physicians Health Navigators- who support patients and providers by linking with community resources to promote health, integrating and aligning a coordinated network of providers working in teams, working through community partnerships, and achieving outcomes based on the Institute for Healthcare Improvement (IHI) "triple aim" project GRMC is also part of Health Access, a community collaborative to improve access to healthcare for the underserved and uninsured through coordination of care, outreach, and advocacy Lastly, GRMC is a main catalyst for the pilot program Enterprise Health, which guides businesses in forming grassroot partnerships focused on improving the health of the surrounding communities This program has a particluar focus on those most in need and those who have been bypassed by traditional systems and businesses

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 The Genesys Regional Medical Center ("GRMC") is part of Genesys Health System ("GHS"), which is a member of Ascension Health Ascension Health is a Catholic, national health system, consisting primarily of nonprofit corporations that own or operate local health care facilities, or Health Ministries, located in 20 of the Unites States and the District of Columbia Ascension Health is sponsored by the Northeast, Southeast, East Central, and West Central Provinces of the Daughters of Charity of St Vincent de Paul, the Congregation of St Joseph, and the Congregation of the Sisters of St Joseph of Carondelet All of the Health Ministries are related through common control Substantially all expenses of Ascension Health are related to providing health care services GRMC is a 410 bed hospital staffed by 2,887 full-time equivalents in FY 10 GRMC provides inpatient, outpatient, and emergency care services for the residents of Genesee County and other surrounding counties Admitting physicians are primarily practitioners in the local area Mission Ascension Health directs its governance and management activities toward strong, vibrant, Catholic health ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay Ascension Health uses four categories to identify the resources utilized for the care of persons who are poor and community benefit programs -Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured -Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the poor -Cost of other programs for the poor includes unreimbursed costs of programs intentionally designed to serve the poor and vulnerable of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome -Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the poor, including health promotion and education, health clinics and screenings, and medical research Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons who are poor and community benefit programs The cost of providing care of persons who are poor and community benefit programs is estimated using internal cost data