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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

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 province, country, and ZIP or foreign postal code
Grand Blanc, MI 48439

D Employer identification number
38-2377821

E Telephone number
(810) 606-5477

G Gross receipts $ 420,823,893

F Name and address of principal officer
Elizabeth Aderholdt
One Genesys Parkway
Grand Blanc, MI 48439

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

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

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	3,750
6	Total number of volunteers (estimate if necessary)	**6**	369
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,305,428
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	105,514

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	2,627,735	662,851
9	Program service revenue (Part VIII, line 2g)	406,588,760	410,843,196
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,445,379	5,173,057
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,961,922	3,585,491
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,623,796	420,264,595
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,627,635	589,597
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	210,313,907	215,430,312
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	203,458,949	191,264,128
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	417,400,491	407,284,037
19	Revenue less expenses Subtract line 18 from line 12	223,305	12,980,558

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	366,091,265	358,837,440
21	Total liabilities (Part X, line 26)	352,801,347	383,252,726
22	Net assets or fund balances Subtract line 21 from line 20	13,289,918	-24,415,286

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 — 2016-05-16 Date

▶ Nancy Haywood Genesys Health System CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Meghann Ackley	Meghann Ackley			P01399136

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 East Fifth Street Suite 1900, Cincinnati, OH 45202 — 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

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

1 Briefly describe the organization's mission

Genesys Regional Medical Center ("GRMC") is a 441 licensed 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 315,896,985 including grants of $ 589,597) (Revenue $ 375,468,473)

HOSPITAL NET PATIENT SERVICE REVENUE & OTHER PROGRAM SERVICE REVENUE - GRMC HAS 441 LICENSED BEDS (378 ACUTE, 32 REHABILITATION, AND 31 BASSINETS) WHICH RESULTED IN PROVIDING 102,341 PATIENT DAYS OF CARE, 21,174 PATIENT DISCHARGES, WHICH EQUALED A 68 4% OCCUPANCY PERCENTAGE IN ADDITION, GRMC HAD 1,946 DELIVERIES, 63,700 EMERGENCY VISITS, THE HOSPITAL HAS 23 SURGERY SUITES WHICH TOTALED 14,000 SURGERIES (BOTH I/P & O/P), AND 201 OPEN HEART PROCEDURES THE HOSPITAL HAD 2,767 FULL - TIME EQUIVALENTS

4b (Code) (Expenses $ 29,384,013 including grants of $) (Revenue $ 35,374,723)

MEDICAL EDUCATION PROGRAM - THE PROGRAM WHICH INCLUDES RESIDENTS AND INTERNS ARE REPRESENTED IN THE FOLLOWING TRAINING PROGRAMS TRADITIONAL INTERNSHIP - 2, EMERGENCY MEDICINE (AOA & ACGME ACCREDITED) - 24, FAMILY MEDICINE (AOA & ACGME ACCREDITED) - 39, GENERAL SURGERY - 18, INTERNAL MEDICINE - 30, OB/GYN - 13, ORTHOPEDIC SURGERY - 15, PODIATRY - 6 IN ADDITION, THERE ARE THE FOLLOWING FELLOWSHIPS CARDIOLOGY - 6, GASTROENTEROLOGY - 4, HEMATOLOGY/ONCOLOGY - 3, AND PULMONARY/CRITICAL - 3 THIS RESULTED IN APPROXIMATELY 142 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** ▶ 345,280,998

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
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	3,750		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Randy Kummler

5445 Ali Drive Dept 200
Grand Blanc, MI 484395193 (810) 606-5477

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ANDERSON CHAIRPERSON	0 50 0 80	X		X				0	0	0
(2) JAMES BOLES VICE CHAIRPERSON	0 50 0 80	X		X				0	0	0
(3) JEFFREY TIPPETT SECRETARY	0 50 1 20	X		X				0	0	0
(4) MARK PIPER TREASURER	0 50 0 80	X		X				0	0	0
(5) ELIZABETH ADERHOLDT TRUSTEE, GHS PRESIDENT & CEO	36 00 18 00	X		X				1,186,624	0	59,463
(6) MUHAMMAD ABOUDAN MD TRUSTEE	0 50 0 80	X						0	0	0
(7) ANITA ABROL TRUSTEE	0 50 0 80	X						0	0	0
(8) KAREN ALDRIDGE-EASON TRUSTEE	0 50 0 80	X						0	0	0
(9) SR BETTY GRANGER CSJ TRUSTEE	0 50 0 80	X						0	0	0
(10) JAMES HRESKO TRUSTEE	0 50 0 80	X						0	0	0
(11) KENNETH STEIBEL MD TRUSTEE	3 10 0 80	X						39,460	0	750
(12) JIM WALTER MD TRUSTEE	11 10 0 80	X						96,000	0	3,636
(13) NANCY HAYWOOD GHS CFO	51 00 3 00			X				354,171	0	41,343
(14) CHRISTOPHER PALAZZOLO GHS COO	40 00 14 00			X				546,572	0	41,885

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOY FINKENBINER VP PROF & SUPPORT SERVICES	54 00 0				X			315,460	0	36,760
(16) JULIE GORZYCA CHIEF NURSING OFFICER	54 00 0				X			208,564	0	27,853
(17) CHARLES HUSSON DO CHIEF MEDICAL OFFICER	54 00 0				X			366,619	0	17,929
(18) RON HASSE CHIEF HR & LEARNING OFFICER	54 00 0				X			376,389	0	29,071
(19) NICK BUTTAR MD PHYSICIAN	50 00 0					X		588,807	0	41,037
(20) OLIVER HAYES DO DIRECTOR MEDICAL EDUCATION	50 00 0					X		367,314	0	23,870
(21) CLARK HEADRICK DO CHIEF MEDICAL INFORMATION OFFICER	50 00 0 00					X		266,440	0	34,805
(22) MARC LEWIS MD DIRECTOR WOMEN AND CHILDREN'S SERVICES	50 00 0					X		481,004	0	29,841
(23) JAMES LINDEMULDER DO PHYSICIAN	50 00 0					X		297,710	0	35,782

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	5,491,134	0	424,025

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 123

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	641,080			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,771			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		662,851			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621990	367,461,152	367,461,152		
	b	Medical Education	611710	35,736,540	35,736,540		
	c	Medicare/Medicaid ARRA	900099	5,066,736	5,066,736		
	d	RENTAL INCOME	532000	1,298,140	1,298,140		
	e	BLUE CROSS VBK	900099	729,900	729,900		
	f	All other program service revenue		550,728	550,728	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		410,843,196			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,005,967			3,005,967
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	226,466 /				
	b	Less rental expenses	209,026 /				
	c	Rental income or (loss)	17,440 / 0				
	d	Net rental income or (loss) . . . . . ▶		17,440		17,440	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,169,131 / 348,231				
	b	Less cost or other basis and sales expenses	/ 350,272				
	c	Gain or (loss)	2,169,131 / -2,041				
	d	Net gain or (loss) . . . . . ▶		2,167,090			2,167,090
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	722210	1,316,288			1,316,288
	b	OUTREACH LABORATORY	621500	1,125,368		1,125,368	
	c	EMS EDUCATION/TRAINING	611710	306,513			306,513
	d	All other revenue		819,882	0	162,620	657,262
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,568,051			
	12	**Total revenue.** See Instructions . . . . . ▶		420,264,595	410,843,196	1,305,428	7,453,120

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	589,597	589,597		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,438,184	149,704	3,288,480	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	59,288	59,288		
7 Other salaries and wages	175,955,801	162,733,865	13,221,936	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	389,487	360,235	29,252	
9 Other employee benefits	22,055,138	20,398,396	1,656,742	
10 Payroll taxes	13,532,414	12,515,883	1,016,531	
11 Fees for services (non-employees)				
a Management	4,013,849		4,013,849	
b Legal	972,895		972,895	
c Accounting	464,140		464,140	
d Lobbying	26,762	26,762		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,983,792	30,122,490	13,861,302	0
12 Advertising and promotion	649,360	544,662	104,698	
13 Office expenses	3,671,826	3,007,108	664,718	
14 Information technology	23,481,437	16,429,817	7,051,620	
15 Royalties				
16 Occupancy	15,160,993	12,754,097	2,406,896	
17 Travel	381,251	219,874	161,377	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176,699	99,750	76,949	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,909,665	12,133,789	1,775,876	
23 Insurance	3,047,789	2,476,251	571,538	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Med/Surg Supplies	37,311,932	37,311,932		
b Patient Drug Costs	13,348,468	13,348,468		
c Service Fees	5,389,950		5,389,950	
d Minor Equipment	4,143,941	4,058,485	85,456	
e All other expenses	21,129,379	15,940,545	5,188,834	0
25 **Total functional expenses.** Add lines 1 through 24e	407,284,037	345,280,998	62,003,039	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,909,702	1	4,560,144
	2	Savings and temporary cash investments		161,041	2	56,985
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,079,342	4	41,024,663
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		3,098,740	7	2,825,571
	8	Inventories for sale or use		5,685,951	8	7,850,954
	9	Prepaid expenses and deferred charges		13,136,675	9	8,909,528
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 345,109,739			
	b	Less accumulated depreciation	10b 196,847,423	151,733,024	10c	148,262,316
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		368,422	13	117,487
	14	Intangible assets		12,699,640	14	11,642,428
	15	Other assets See Part IV, line 11		133,218,728	15	133,587,364
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		366,091,265	16	358,837,440
Liabilities	17	Accounts payable and accrued expenses		36,715,061	17	31,613,062
	18	Grants payable		800,020	18	950,020
	19	Deferred revenue		3,935,783	19	720,665
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		311,350,483	25	349,968,979
	26	**Total liabilities.** Add lines 17 through 25		352,801,347	26	383,252,726
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,289,918	27	-24,415,286
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,289,918	33	-24,415,286
	34	Total liabilities and net assets/fund balances		366,091,265	34	358,837,440

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	420,264,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	407,284,037
3	Revenue less expenses Subtract line 2 from line 1	3	12,980,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,289,918
5	Net unrealized gains (losses) on investments	5	-6,455,575
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-44,230,187
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-24,415,286

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Genesys Regional Medical Center	38-2377821

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,762
j	Total Add lines 1c through 1i			26,762
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses incurred include a portion of dues paid to both national and state health/hospital associations In addition, the hospital incurred some lobbying expenditures to the Michigan Department of State Lobby registration GRMC paid such dues to the following organizations - Lansing Advocacy $19,034 - Catholic Health Association $2,340 - Michigan Hospital Association - $4,438 - American Osteopathic $630 - LeadingAge Michigan $50 Genesys Regional Medical Center does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,727,819	1,718,835	1,733,531	1,798,911	3,342,601
b	Contributions	65,593	44,886	128,838	67,516	104,217
c	Net investment earnings, gains, and losses	-20,457	154,872	107,918	-57,922	190,837
d	Grants or scholarships	25,950	23,000	26,500	26,520	9,000
e	Other expenditures for facilities and programs	25,609	167,774	224,952	48,454	1,829,744
f	Administrative expenses		0	0	0	
g	End of year balance	1,721,396	1,727,819	1,718,835	1,733,531	1,798,911

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

- a Board designated or quasi-endowment ▶ 49 8 %
- b Permanent endowment ▶ 28 5 %
- c Temporarily restricted endowment ▶ 21 7 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	326,610	6,297,553		6,624,163
b Buildings		222,625,338	98,889,957	123,735,381
c Leasehold improvements		147,091	38,524	108,567
d Equipment		110,260,812	94,050,797	16,210,015
e Other		5,452,335	3,868,145	1,584,190
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				148,262,316

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

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

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	133,587,364

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

1 (a) Description of liability	(b) Book value
Federal income taxes	585,761
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	286,618,226
PENSION/EMPLOYEE SAVINGS PLAN LIABILITY	32,003,956
THIRD PARTY SETTLEMENTS	11,960,775
DUE TO AFFILIATES	11,925,301
PROFESSIONAL INSURANCE LIABILITY	5,176,401
DEFERRED COMPENSATION - EXECUTIVES	791,186
LITIGATION ALLOWANCE	590,000
ALL OTHER LIABILITIES	317,373
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	349,968,979

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowments are used for both medical and educational (scholarship) purposes
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated financial statements of Ascension Health Alliance and its member entities ("The System") which include the activity of Genesys Regional Medical Center The System accounts for uncertainty in income tax positions by applying a recogniton threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return The System has determined that no material, unrecognized tax benefits or liabilities exist as of June 30, 2015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) Interest in Investments Held by Ascension Health Alliance	103,449,219
(2) Due from Affiliates	20,188,426
(3) Third Party Receivables	4,951,859
(4) Receivable - Blue Cross other	1,272,464
(5) Other Executive Investments	1,013,296
(6) Deferred Compensation - Executives	791,186
(7) Receivable - Accretive	981,743
(8) Receivable - AHIS	
(9) Receivable - Caymich	295,755
(10) All other Assets	643,416

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

1 **(a)** Description of Liability	**(b)** Book Value
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	286,618,226
PENSION/EMPLOYEE SAVINGS PLAN LIABILITY	32,003,956
THIRD PARTY SETTLEMENTS	11,960,775
DUE TO AFFILIATES	11,925,301
PROFESSIONAL INSURANCE LIABILITY	5,176,401
DEFERRED COMPENSATION - EXECUTIVES	791,186
LITIGATION ALLOWANCE	590,000
ALL OTHER LIABILITIES	317,373

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			213,107		213,107	0 05 %
b Medicaid (from Worksheet 3, column a)			51,963,185	39,026,374	12,936,811	3 18 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			640,772	211,178	429,594	0 11 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	52,817,064	39,237,552	13,579,512	3 33 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			484,151		484,151	0 12 %
f Health professions education (from Worksheet 5)			29,570,509	11,670,163	17,900,346	4 40 %
g Subsidized health services (from Worksheet 6)			396,237		396,237	0 10 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			70,441		70,441	0 02 %
j **Total.** Other Benefits	0	0	30,521,338	11,670,163	18,851,175	4 63 %
k **Total.** Add lines 7d and 7j	0	0	83,338,402	50,907,715	32,430,687	7 96 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			4,972		4,972	0 %
2	Economic development					0	0 %
3	Community support			65,267		65,267	0 02 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building			7,564		7,564	0 %
7	Community health improvement advocacy			23,076		23,076	0 01 %
8	Workforce development					0	0 %
9	Other					0	0 %
10	**Total**	0	0	100,879	0	100,879	0 02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,614,982		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	922,043		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	219,066,875		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	204,999,958		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	14,066,917		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	GENESYS SURGICAL SERVICES CO-MANAGEMENT COMPANY	SURGICAL CLINICAL SERVICE LINE	50 %		50 %
2	GENESYS CARDIOVASCULAR SERVICES CO-MANAGEMENT COMPANY	CARDIOVASCULAR CLINICAL SERVICE LINE	50 %		50 %
3	GENESYS ORTHONEURO SERVICES CO-MANAGEMENT COMPANY	ORTHO/NEURO CLINICAL SERVICE LINE	50 %		50 %
4	GENESYS REGIONAL MEDICAL CENTER SURGICAL SERVICES CO-MANAGEMENT COMPANY	SURGICAL ORTHO/NEURO CLINICAL SERVICE LINE	50 %		50 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Genesys Regional Medical Center

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www genesys org/GRMCWeb nsf/CHNA2012 pdf			
b	☑ Other website (list url) http //gfhc org/wp-content/uploads/2015/07/GR-8I8I5-UPDATED FINAL_ chna_ narrative 061813tc2 pdf			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //www genesys org/pdf/Final%20Implementation%20Plan%20FY14-15 pdf			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Genesys Regional Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 25% and FPG family income limit for eligibility for discounted care of 400%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0			
b	☑ The FAP application form was widely available on a website (list url) https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Genesys Regional Medical Center

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **5**

	Name and address	Type of Facility (describe)
1	Genesys MRI Center 981 Health Park Blvd Grand Blanc, MI 48439	Magnetic Resonance Imaging Services
2	Genesys Wound and Hyperbaric Center 600 Health Park Blvd Suite 1 Grand Blanc, MI 48439	Wound and Hyperbaric Services
3	Genesys Sleep Disorders Center 8200 South Saginaw Street Grand Blanc, MI 48439	Sleep Disorder Services
4	Academic Training Clinics 420 South Saginaw Street Flint, MI 48502	Resident Training Clinics
5	Academic Training Clinics 1460 North Center Road Burton, MI 48509	Resident Training Clinics
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a COMMUNITY BENEFIT REPORT	GENESYS REGIONAL MEDICAL CENTER ANNUALLY COMPILES ITS COMMUNITY BENEFIT INFORMATION AND SUBMITS SUCH INFORMATION TO BOTH THE MICHIGAN HOSPITAL ASSOCIATION ("MHA") AND THE GREATER FLINT HEALTH COALITION FOR INCLUSION INTO FORMAL CONSOLIDATED PUBLICATIONS OF ALL PARTICIPATING ENTITIES

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b DEBT COLLECTION POLICY	GENESYS REGIONAL MEDICAL CENTER HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED for those WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR CHARITY CARE OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE METHODOLOGY USED TO ESTIMATE THE AMOUNTS REPORTED WITHIN PART 1, LINE 7, IS A COST TO CHARGE RATIO THE COST TO CHARGE RATIO INCLUDED TOTAL OPERATING EXPENSES (COSTS) WHICH WERE REDUCED BY OTHER OPERATING REVENUE COSTS, NON-PATIENT CARE EXPENSE ADJUSTMENTS, CARE OF THE POOR (CATEGORY 3) AND CARE OF THE POOR (CATEGORY 4) COSTS

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	RECOGNIZING THAT ONE PERSON OR ORGANIZATION CANNOT SOLVE ALL OF THE COMMUNITY'S UNMET NEEDS, COMMUNITY BUILDING ACTIVITIES SERVE AS A CATALYST FOR CHANGE, CAPITALIZING ON THE DIVERSE GIFTS AND TALENTS OF INDIVIDUALS AND ORGANIZATIONS TO BRING ABOUT REAL CHANGE AND REAL SOLUTIONS DURING FY15, GENESYS REGIONAL MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES SUCH AS COMMUNITY SUPPORT, COALITION BUILDING, AND COMMUNITY HEALTH IMPROVEMENT EFFORTS, SERVED TO ADDRESS ROOT CAUSES OF HEALTH PROBLEMS IDENTIFICATION OF SUCH ROOT CAUSES IS A VITAL STEP IN THE ULTIMATE GOAL OF PROMOTING HEALTH WITHIN THE COMMUNITY AT LARGE

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE METHODOLOGY USED TO ESTIMATE THE AMOUNT REPORTED AS BAD DEBT EXPENSE WAS A COST-TO-CHARGE RATIO APPLIED TO THE GROSS BAD DEBT CHARGES THE COST-TO-CHARGE RATIO INCLUDED TOTAL OPERATING EXPENSES (COSTS) WHICH WERE REDUCED BY OTHER OPERATING REVENUE COSTS, NON-PATIENT CARE EXPENSE ADJUSTMENTS, CARE OF THE POOR (CATEGORY 3) COSTS, AND CARE OF THE POOR (CATEGORY 4) COSTS

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE FOLLOWING SERVES AS GUIDELINES UTILIZED BY GENESYS REGIONAL MEDICAL CENTER FOR REPORTING/ESTIMATING BAD DEBT ATTRIBUTABLE TO CHARITY CARE BAD DEBT COST OF SERVICES CAN BE CALCULATED FOR CERTAIN BAD DEBT WRITE-OFFS THIS ACKNOWLEDGES THAT THERE ARE CHARITY CARE PATIENTS THAT MAY NOT BE IDENTIFIED INITIALLY AS ELIGIBLE FOR SUCH CHARITY CARE THE FOLLOWING FORMULA IS UTILIZED COST OF BAD DEBT EXCLUDING THE PORTION RELATED TO COINSURANCE AND DEDUCTIBLES THAT IS, PATIENTS WHO HAVE A COINSURANCE PAYMENT OR DEDUCTIBLE ARE ASSUMED TO HAVE INSURANCE

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful 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 doubtful accounts to establish an appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	N/A - Surplus The methodology used to estimate the amount of medicare allowable costs was a cost to charge ratio The cost to charge ration included total operating expenses (costs) which were reduced by OTHER OPERATING REVENUE COSTS, non-patient care expense adjustments, care of the poor (category 3) costs, and care of the poor (category 4) costs

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Genesys Regional Medical Center Line 16a URL https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Genesys Regional Medical Center Line 16b URL https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Genesys Regional Medical Center Line 16c URL https //www genesys org/GRMCWeb nsf/0/111FAE21D742FDA18525719C00716FE0,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Please see Part V, Section B Line 3 disclosure

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	The Genesys Health System/Ascension Mission calls for Service of the Poor Identified are those patients who require financial assistance and to make sure the billing of their account reflects the level of financial assistance that is appropriate for their circumstance Financial Assistance procedures are located in the patient admissions handbook If a patient anticipates difficulty financing healthcare charges, a consultation regarding various payment options ensues Uninsured patients will receive an uninsured discount There are many programs available to assist patients with their health care needs, when options have been exhausted, a charity care program is available There are 3 steps to determine what discount a patient might be entitled to receive and how to communicate that information to the patient Whenever possible, this process is completed with the patient in person Step 1- Conduct a Self pay screening interview Step 2- Complete a Financial Assistance Application Step 3 - Determine and communicate the discount For Emergency Department treatment and release patients, patient education of eligibility for financial assistance occurs at the time of discharge Patients with a scheduled procedure, this conversation occurs as part of the financial clearance process If the patient is an unscheduled patient, this conversation occurs when the patient's condition is stabilized and a reasonable estimate of the charges can be made For longer patient stays, sometimes it may be appropriate to communicate to the patient that they have qualified for the discount earlier in the visit to provide some comfort to the patient that they have qualified for financial assistance

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Genesee County, which includes its major urban core of the City of Flint, was at one time the national epicenter of automotive manufacturing industry As the birthplace of General Motors (GM) in 1908 and home to the United Auto Workers' (UAW) famous Sit-Down Strike of 1936-37, Genesee County/Flint helped define the American auto industry By the late 1970's, GM employed more than 80,000 workers in the county Impacted by national deindustrialization in the 1980s and thereafter, a period of disinvestment, depopulation, and urban decay would follow as the automotive industry declined rapidly By 2010, less than 8,000 GM jobs remained - less than 10% of what once defined the community's manufacturing and economic base Today, Genesee County/Flint remains a "community in recovery" due to this historical economic shift, having experienced significant unemployment and population declines coupled with overwhelmingly poor measures for both health factors and health outcomes Genesee County's current population of 425,790 includes a racial composition of 74 5% White, 20 7% African-American, and 3 0% Hispanic/Latino While nearly 200,000 people once lived within the City of Flint during its peak in the 1960s and 1970s, today only 102,434 residents remain, a majority being African-American (56 6%) These developments have fueled consistently high unemployment rates (currently at 11,4%) and growing generational poverty (36 1% in the City of Flint, 16 3% countywide, and 29,5% among county children), From 2008 to 2010, the county's population has decreased by almost 5,000 residents Genesee County is also an aging population--the median age has increased from 35 0 years in 2000 to 37 3 years in 2008 The Median Household income in 2007 for the City of Flint was $26,143, Genesee County $43,112, the State of Michigan $47,950 and the United States $50,740 Genesee County's educational attainment (relative to percentage of individuals with a Bachelor's degree) is significantly lower than the State of Michigan and the United States The percentage of persons with Bachelor's degrees in Genesee County is 19%, Michigan 25% and the United States 27,9%

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Please see Part V, Section B, Line 3 disclosure

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Genesys Regional Medical Center is a wholly owned subsidiary of Genesys Health System (GHS) which is a member of Ascension Health Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the Unites States and the District of Columbia Ascension served as the member or shareholder of various subsidiaries Ascension and its member organizations are hereafter referred to collectively as the System Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province, became part of Ascension Health on April 1, 2013 GHS is related to Ascension Health's other sponsored organizations through common control Substantially all expenses of Ascension Health are related to providing health care services GRMC is a 441 licensed bed hospital with 2,767 full - time equivalents in FY 15 GRMC provides inpatient, outpatient, and emergency care services for the residents of Genessee County and other surrounding counties Admitting physicians are primarily practitioners in the local area The System 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 the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs - Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured - Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons - Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons 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 persons living in poverty, 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 living in poverty and community benefit programs The cost of providing care of persons living in poverty and community benefit programs is estimated by reducing charges foregone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Genesys Regional Medical Center The Greater Flint Health Coalition conduct ed a joint CHNA for the following hospital facilities Genesys Regional Medical Center, Hu rley Medical Center, and McLaren-Flint
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - GREATER FLINT HEALTH COALITION A MULTI-SECTOR COALITION AS A CONVENER OF H EALTH INITIATIVES INCLUDED IN THIS COALITION WERE THE FOLLOWING HOSPITAL FACILITIES GENE SYS REGIONAL MEDICAL CENTER, HURLEY MEDICAL CENTER, AND MCLAREN-FLINT
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Genesys Regional Medical Center Prioritized Need 1 Infant / Child Health Genesys Regional Medical Center (GRMC) in partnership with Greater Flint Health Coalition and community partners has continued to improve and expand upon the following programs aim ed to care for infants and children in Genesee County Children's Health Care Access Progr am (CHAP), Genesys Centering Pregnancy, Lactation Program, Commit to Healthy Hearts, and G enesys Student Heart Screening The CHAP program aims to address significant health dispar ities experienced by low-income children enrolled in Medicaid via a collaborative, physici an driven, community-based medical home initiative GRMC has identified and utilized the F amily Health Center and Downtown Clinic to participate in engaging patient families in CHA P participation through referrals and communication strategies Centering Pregnancy and th e Lactation Program involve support and education for expectant mothers and parents to lea rn about their pregnancy, pre-natal care, post-partum care, and breastfeeding GRMC has pa rtnered with Grand Blanc High School for the Commit to Healthy Hearts program to integrate healthy practices into 9th graders environment, conduct cardiovascular risk assessments, and deliver targeted primary prevention services for at-risk identified youth The Student Heart Screenings have been implemented to identify students ages 12-19 who may be at risk for sudden cardiac death The goal of the program is to raise awareness of sudden death s ymptoms among students, parents, physicians, coaches, and community - also to provide scre enings at events at local venues including poor and vulnerable areas Prioritized Need 2 Physical Activity & Active Living GRMC has made it a priority to serve as a vital presence in the community to support physical activity and programming that meets community health needs and supports population health delivery The Commit to Fit program operates in part nership with the Greater Flint Health Coalition to improve health behavior in the communit y The goal is to engage local residents and educate them on proper nutrition, hydration, rest, and healthy behaviors The program has been success in our community, involving loca l businesses in a challenge to be healthy an active GRMC has also leveraged the strengths of Ascension Mid-Michigan's current Diabetes and Nutrition programs to improve and grow t he Diabetes Nutrition Learning Center GRMC continues to make it a strategic priority to r each and retain underserved individuals with diabetes in our community GRMC has served pa tients within a high-need environment characterized by a high incidence of poverty, unempl oyment and health disparity populations combined with a high prevalence of diabetes The p rogram aims to address access barriers for patients with diabetes to participate in the pr ogram and achieve improved, positive, measurable behavioral and clinical changes to improv e their health Prioritized Need 3 Nutrition & Diet GRMC recognizes the need for a vital presence to support access and consumption of healthy food via programming that meets comm unity health needs and supports population health delivery Through the Regional Food Syst em Navigation program, we are addressing access to and consumption of healthy foods by coo rdinating existing community resources to achieve optimal food access throughout Genesee C ounty The Women's Farm Center has been built on 3 acres of the GRMC campus to allow for a community based resource sharing and educational center for producers and consumers in th e region GRMC will support Michigan Food and Farming Systems (MIFFS) in providing economi c opportunity for women farmers and support access to healthy food in the community Prior itized Need 4 Effective Care Delivery for Aging Population GRMC in collaboration with the Greater Flint Health Coalition has developed and implemented the Advanced Care Planning p rogram to improve performance around end of life care by standardizing a community wide ap proach to medical decision making With pilot completion, the current goal is to reach as many Genesee County residents to ensure their wishes are followed resulting in a better qu ality of life, less anxiety, pain and suffering and satisfaction among family members, dec ision makers, and the medical community GRMC has opened the Program of All Inclusive Care for the Elderly to the Genesee County Community to meet the medical and social needs of i ndividuals age 55 and older, particularly those who are low-income and / or frail who are dual eligible for Medicare and Medicaid and 65 years or older, through the delivery of non -institutional, long-term, comprehensive, cost efficient health care We will continue to care for the aging and elderly populations of Genesee County through our existing PACE and Advanced Care Planning programs Describe any needs not addressed and the reason why such needs are not being addressed Genesys Health System will not directly address the follow ing priority health needs identified within the 2013 CHNA physical environment/neighborho od safety, public transportation, and anti-smoking While critically important to overall community health, these specific priorities did not meet internally determined criteria th at prioritized addressing needs by either continuing or expanding current programs, servic es and initiatives to steward resources and achieve the greatest community impact For the four areas not chosen, there are other service providers in the community better resource d to address these priorities Genesys will work collaboratively with these organizations as appropriate to ensure optimal service coordination and utilization
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Genesys Regional Medical Center The hospital participates in Michigan Medi cal Assistance Program to bill such uninsured patients with incomes up to 250% of the FPG that have not applied for financial assistance no more than 115% of Medicare rates

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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.**

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

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BLANC, MI 484398065	38-3591148	501(C)(3)	307,800	0			SUPPORT OPERATIONS, FUNDRAISER
(2) GENESYS AMBULATORY HEALTH SERVICES 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 484395193	38-2371754	501(C)(3)	187,322	0			Support Operations
(3) EVANGELISTIC INTERNTIONAL MINISTRIES INC PO BOX 297 MAGNOLIA, AR 71754	77-0591016	501(C)(3)	0	35,610	BOOK	MEDICAL SUPPLIES	SUPPORT OPERATIONS
(4) CATHOLIC CHARITIES OF SHIAWASSEE AND GENESEE COUNTIES 901 CHIPPEWA STREET Flint, MI 48503	38-1359243	501(C)(3)	25,000	0			RESTORING HOPE CAPITAL CAMPAIGN
(5) GENESEE COUNTY FREE MEDICAL CLINICS 2437 WELCH BOULEVARD FLINT, MI 48504	38-2995700	501(C)(3)	10,000	0			SUPPORT OPERATIONS

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

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Genesys Regional Medical Center normally requires an annual report (where applicable) for potential grant assistance In addition, a Genesys Regional Medical Center point person will normally attend a meeting at the entity or with an individual to help understand their needs Final approval for any assistance 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 Other types of grants (fundraisers) are evaluated based upon the purpose of the campaign
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Genesys Regional Medical Center normally requires an annual report (where applicable) for potential grant assistance In addition, a Genesys Regional Medical Center point person will normally attend a meeting at the entity or with an individual to help understand their needs Final approval for any assistance 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 Other types of grants (fundraisers) are evaluated based upon the purpose of the campaign

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	Ascension Health, a related organization of Genesys Regional Medical Center, uses the following methods to establish the compensation of the organization's President & CEO - Compensation Committee, - Independent compensation consultant, - Compensation survey or study, and - Approval by the board or compensation committee
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The Genesys Health System's top management official had fees that were paid for a social club The club dues were paid for business purposes Written company policy along with any IRS tax requirements (where applicable) were followed
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual received a severance payout Oliver Hayes, D O - $130,442
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 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 to the executive is reported as compensation on Form 990, Part II, column B in the year paid The following individuals received payouts from Ascension Health's non-qualified retirement plan in the amount as noted Elizabeth Aderholdt - $60,728 Nancy Haywood - $26,390 Christoper Palazzolo - $61,366 Charles Husson, D O - $37,119 Joy Finkenbiner - $63,681 Ron Hasse - $26,213 Julie Gorczyca - $6,045 The following individual received payout from Genesys Regional Medical Center's nonqualified retirement plan in the amount as noted Joy Finkenbiner - $38,700

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELIZABETH ADERHOLDT TRUSTEE, GHS PRESIDENT & CEO	(I) (II)	511,625 0	601,134 0	73,865 0	47,385 0	12,078 0	1,246,087 0	0 0
NANCY HAYWOOD GHS CFO	(I) (II)	324,294 0	0 0	29,877 0	22,105 0	19,238 0	395,514 0	0 0
CHRISTOPHER PALAZZOLO GHS COO	(I) (II)	476,390 0	0 0	70,182 0	17,515 0	24,370 0	588,457 0	0 0
JOY FINKENBINER VP PROF & SUPPORT SERVICES	(I) (II)	249,272 0	0 0	66,188 0	28,128 0	8,632 0	352,220 0	38,700 0
JULIE GORZYCA CHIEF NURSING OFFICER	(I) (II)	197,552 0	0 0	11,012 0	11,727 0	16,126 0	236,417 0	0 0
CHARLES HUSSON DO CHIEF MEDICAL OFFICER	(I) (II)	326,469 0	0 0	40,150 0	15,064 0	2,865 0	384,548 0	0 0
RON HASSE CHIEF HR & LEARNING OFFICER	(I) (II)	333,036 0	0 0	43,353 0	8,917 0	20,154 0	405,460 0	0 0
NICK BUTTAR MD PHYSICIAN	(I) (II)	586,221 0	0 0	2,586 0	17,424 0	23,613 0	629,844 0	0 0
OLIVER HAYES DO DIRECTOR MEDICAL EDUCATION	(I) (II)	232,950 0	0 0	134,364 0	6,297 0	17,573 0	391,184 0	0 0
CLARK HEADRICK DO CHIEF MEDICAL INFORMATION OFFICER	(I) (II)	263,464 0	0 0	2,976 0	15,150 0	19,655 0	301,245 0	0 0
MARC LEWIS MD DIRECTOR WOMEN AND CHILDREN'S SERVICES	(I) (II)	458,308 0	20,834 0	1,862 0	14,123 0	15,718 0	510,845 0	0 0
JAMES LINDEMULDER DO PHYSICIAN	(I) (II)	296,387 0	0 0	1,323 0	16,452 0	19,330 0	333,492 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ $			

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GAYE WALTER	SPOUSE OF A TRUSTEE	59,288	THE HOSPITAL PAID TO THE WIFE OF A TRUSTEE (JAMES WALTER, M D) FOR HER SERVICES AS A CLINICAL PHARMACIST		No
(2) Susan Tippett	Spouse of a Trustee	112,592	TRUSTEE'S WIFE (SUSAN TIPPETT) IS PAID (EMPLOYED BY GENESYS REGIONAL MEDICAL CENTER AND COSTS ARE ALLOCATED INTO THE FOUNDATION) TO WRITE GRANT PROPOSALS TO PROSPECTIVE COMPANIES		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	ALL TRANSACTIONS REPORTED ON PART IV ARE REPORTED AS ARMS-LENGTH FOR FAIR MARKET VALUE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Return Reference	Explanation
Form 990, Part V, Line 1a COMPENSATION OF INDEPENDENT CONTRACTORS	COMPENSATION OF INDEPENDENT CONTRACTORS IS PAID BY AND REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS, OF ASCENSION HEALTH - EIN 31-1662309 EXPENSES ARE ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION TO ASCENSION HEALTH AS SUCH, THE ORGANIZATION HAS NOT REPORTED INDEPENDENT CONTRACTORS PAID ON FORM 990, PART VII, SECTION B

Return Reference	Explanation
Form 990, Part VI, Line 2 BUSINESS RELATIONSHIP	MANY OF THE INDIVIDUALS LISTED ON PART VII HAVE A 'BUSINESS RELATIONSHIP' WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED GENESYS HEALTH SYSTEM ENTITY BOARDS

Return Reference	Explanation
Form 990, Part VI, Line 15a Procedure for determining compensation of the President & CEO	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO, THE PROCESS, PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF GENESYS REGIONAL MEDICAL CENTER, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE PRESIDENT & CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION WAS RECORDED IN THE COMPENSATION COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HER COMPENSATION WAS DECIDED

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCEDURE FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES	IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS, PERFORMED BY GENESYS HEALTH SYSTEM, A RELATED ORGANIZATION OF GENESYS REGIONAL MEDICAL CENTER, 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 COMPENSATION, OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION , DOCUMENTATION OF THE DECISION WAS RECORDED IN THE EXECUTIVE COMMITTEE MINUTES

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Genesys Regional Medical Center has a single corporate member Genesys Health System

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	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

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 conflict 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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	RESERACH GRANTS - Total Revenue 290747, Related or Exempt Function Revenue 290747, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , ANCILLARY REVENUE - Total Revenue 259981, Related or Exempt Function Revenue 259981, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	COMMUNITY EDUCATION REVENUE - Total Revenue 235681, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 235681, VENDING MACHINE - Total Revenue 71557, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 71557, ALL OTHER - Total Revenue 512644, Related or Exempt Function Revenue , Unrelated Business Revenue 162620, Revenue Excluded from Tax Under Sections 512, 513, or 514 350024,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	PHYSICIAN CONTRACTED SERVICES - Total Expense 12017113, Program Service Expense 12017113, Management and General Expenses , Fundraising Expenses , REVENUE CYCLE - Total Expense 9309778, Program Service Expense , Management and General Expenses 9309778, Fundraising Expenses , PROFESSIONAL FEES - Total Expense 6283966, Program Service Expense 5337955, Management and General Expenses 946011, Fundraising Expenses , PURCHASED SERVICES - OTHER LABOR - Total Expense 3824993, Program Service Expense 2993628, Management and General Expenses 831365, Fundraising Expenses , PURCHASED SERVICES - MEDICAL LABOR - Total Expense 2895503, Program Service Expense 2895503, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICES - CLINICAL ENGINEERING LABOR - Total Expense 2324003, Program Service Expense 2324003, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICES - MINISTRY SERVICES CENTER - Total Expense 2039115, Program Service Expense , Management and General Expenses 2039115, Fundraising Expenses , PURCHASED SERVICES - DIETARY IABOR - Total Expense 994457, Program Service Expense 994457, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICES - LAUNDRY - Total Expense 1490772, Program Service Expense 1490772, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICES - LABORATORY - Total Expense 719600, Program Service Expense 714768, Management and General Expenses 4832, Fundraising Expenses , CONTRACT LABOR - PATIENT CARE - Total Expense 484588, Program Service Expense 484588, Management and General Expenses , Fundraising Expenses , CONTRACT LABOR - NON-PATIENT CARE - Total Expense 503000, Program Service Expense 362043, Management and General Expenses 140957, Fundraising Expenses , PURCHASED SERVICES - REPAIRS & MAINTENANCE LABOR - Total Expense 345266, Program Service Expense 85152, Management and General Expenses 260114, Fundraising Expenses , PURCHASED SERVICES - ENVIRONMENTAL LABOR - Total Expense 277119, Program Service Expense 277119, Management and General Expenses , Fundraising Expenses , CONSULTING FEES - Total Expense 143816, Program Service Expense 21300, Management and General Expenses 122516, Fundraising Expenses , PURCHASED SERVICES BLDS & GRNDS IABOR - Total Expense 88998, Program Service Expense , Management and General Expenses 88998, Fundraising Expenses , PURCHASED SERVICES - TRANSCRIPTION IABOR - Total Expense 87640, Program Service Expense 56939, Management and General Expenses 30701, Fundraising Expenses , LECTURE EXPENSE - Total Expense 67150, Program Service Expense 67150, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICES - ATHENA FEES - Total Expense 64324, Program Service Expense , Management and General Expenses 64324, Fundraising Expenses , PURCHASED SERVICES - HUMAN RESOURCES IABOR - Total Expense 20919, Program Service Expense , Management and General Expenses 20919, Fundraising Expenses , PURCHASED SERVICES - OTHER - Total Expense 1672, Program Service Expense , Management and General Expenses 1672, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Equity Transfers (related parties) Ascension - -2834363, Equity Transfers (related parties) Sponsor (Ascension Parent) - -127193, Equity Transfers (related parties) Genesys Practice Partners - -511899, Pension/Other Post Retirement Deferred Activity - -40756732,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
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	(k) Percentage ownership
(1) CENTER FOR GASTROINTESTINAL HEALTH AT HEALTH PARK LLC 307 E COURT ST FLINT, MI 48502 02-0743433	HEALTHCARE	MI	NA	N/A								
(2) LAPEER COUNTY SURGERY CENTER 1546 CALLIS ROAD LAPEER, MI 48446 20-2918877	HEALTHCARE	MI	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation					No
(2) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation					No

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		No
(2) GENESYS HEALTH SYSTEM ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(3) GENESYS AMBULATORY HEALTH SERVICES 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MGMT	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(4) GENESYS CONVALESCENT CENTER 8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(5) GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(6) CENTER FOR GERONTOLOGY 5455 ALI DRIVE DEPT 200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3	Type II	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(7) HEALTH SOURCE GROUP 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(8) GENESYS VOLUNTEERS ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-1472646	GRMC SUPPORT	MI	501(c)(3	Type I	GENESYS HEALTH SYSTEM	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GENESYS AMBULATORY HEATH SERVICES	B	187,322	ACTUAL AMOUNT TRANSFERRED
GENESYS HEALTH FOUNDATION	B	307,800	ACTUAL AMOUNT TRANSFERRED
GENESYS HEALTH FOUNDATION	C	641,080	ACTUAL AMOUNT TRANSFERRED
GENESYS PRACTICE PARTNERS	J	186,624	ACTUAL AMOUNT TRANSFERRED
GENESYS AMBULATORY HEALTH SERVICES	K	430,032	ACTUAL AMOUNT TRANSFERRED
GENESYS AMBULATORY HEALTH SERVICES	P	4,252,085	ACTUAL AMOUNT TRANSFERRED
GENESYS PRACTICE PARTNERS	P	617,583	ACTUAL AMOUNT TRANSFERRED
ASCENSION HEALTH	P	5,389,950	ACTUAL AMOUNT TRANSFERRED
BEECHER BALLENGER SERVICES	Q	133,172	ACTUAL AMOUNT TRANSFERRED
GENESYS AMBULATORY HEALTH SERVICES	Q	1,385,632	ACTUAL AMOUNT TRANSFERRED
GENESYS CONVALESCENT CENTER	Q	408,138	ACTUAL AMOUNT TRANSFERRED
GENESYS HEALTH FOUNDATION	Q	878,017	ACTUAL AMOUNT TRANSFERRED
ASCENSION HEALTH	R	19,940,339	ACTUAL AMOUNT TRANSFERRED
GENESYS PRACTICE PARTNERS	R	511,899	AMOUNT ACTUALLY TRANSFERRED