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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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
(314) 733-8000

G Gross receipts $ 405,847,915

F Name and address of principal officer
Chris Palazzolo
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
To improve the health and well-being of all people in the communities we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	3,704
6	Total number of volunteers (estimate if necessary)	**6**	399
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	898,199
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	79,429

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	449,584	280,322
9	Program service revenue (Part VIII, line 2g)	412,607,472	401,719,054
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	680,334	-3,562
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,302,913	3,396,537
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,040,303	405,392,351
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100,650	131,600
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	210,444,124	199,632,201
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	192,511,641	230,610,438
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	403,056,415	430,374,239
19	Revenue less expenses Subtract line 18 from line 12	13,983,888	-24,981,888

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	376,432,620	237,648,571
21	Total liabilities (Part X, line 26)	398,556,510	428,874,930
22	Net assets or fund balances Subtract line 21 from line 20	-22,123,890	-191,226,359

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-10-23

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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 $ 324,676,815 including grants of $ 131,600) (Revenue $ 366,756,590)

See Additional Data

4b (Code) (Expenses $ 28,240,813 including grants of $) (Revenue $ 35,691,405)

See Additional Data

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 ▶** 352,917,628

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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**	Yes	
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**	230		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	3,704		
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**			No
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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its 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			No
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		No
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) CHRISTOPHER J PALAZZOLO TRUSTEE, REGIONAL PRESIDENT & CEO (START 7/2016)	19 7 34 3	X		X				829,173	0	41,412
(2) JOHN FREEL CHAIRPERSON	0 5 3 6	X		X				0	0	0
(3) JAMES HRESKO VICE-CHAIRMAN	0 5 3 6	X		X				0	0	0
(4) BAPINEEDU MAGANTI MD SECRETARY	0 5 3 6	X		X				0	0	0
(5) MUHAMMAD ABOUDAN MD TREASURER	0 5 3 6	X		X				0	0	0
(6) JAMES BOLES TRUSTEE	0 5 3 6	X						0	0	0
(7) PAUL FURLO TRUSTEE	3 1 3 6	X						0	0	0
(8) TODD GREGORY TRUSTEE	0 5 3 6	X						0	0	0
(9) ALBERT SARGE HARVEY TRUSTEE	0 5 5 6	X						0	0	0
(10) RICHARD HEINRICH TRUSTEE	0 5 5 6	X						0	0	0
(11) DEBORAH MORGAN TRUSTEE	0 5 3 6	X						0	0	0
(12) MARK PIPER TRUSTEE	0 5 3 6	X						0	0	0
(13) NANCY HAYWOOD ASCENSION MID-MICHIGAN CFO	22 1 31 9			X				541,539	0	41,980
(14) JOY FINKENBINER VP OPERATIONS	54 0 0				X			404,200	0	26,518
(15) JULIE GORCZYCA CHIEF NURSING OFFICER (END 12/2016)	46 0 0				X			291,803	0	34,324
(16) CHARLES HUSSON DO CHIEF MEDICAL OFFICER	42 0 12 0				X			574,597	0	21,429
(17) NICK S BUTTAR AHMidMI Reg Med Dir-Aud-Rev Cy	55 0 0					X		845,016	0	59,562

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			
(18) CLARK J HEADRICK Chief Medical Info Ofc-MI MID	55 0 0					X		368,958	0	44,988
(19) MARC C LEWIS Medical Director-Service Line	55 0 0					X		544,119	0	39,346
(20) TAMMY A MERKEL VP-Clinical Transformation MI	55 0 0					X		276,860	0	17,628
(21) FREDERICK C SCHREIBER Prog Dir-Phy Residency	55 0 0					X		284,712	0	28,734
(22) ELIZABETH ADERHOLDT FORMER OFFICER (END 6/2016)	0 0 0 0						X	1,406,091	0	21,458
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,367,068	0	377,379

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 ▶ 140

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN ANESTHESIOLOGY OF MI 2432 GENESYS PARKWAY GRAND BLANC, MI 48439	ANESTHESIA SERVICES	7,492,741
GENESYS PHO 307 E COURT STREET FLINT, MI 48502	MANAGEMENT CARE CONTRACTING	4,495,736
GENESYS TRAUMA & ER SURGERY PLLC 9463 HOLLY ROAD SUITE 102 GRAND BLANC, MI 48439	EMERGENCY CENTER SERVICES	1,545,125
GRMC SURGICAL CO-MANAGEMENT COMPANY LLC 1 GENESYS PKWY GRAND BLANC, MI 48439	MEDICAL MANAGEMENT SERVICES	1,479,193
THE CENTER FOR WOUND HEALING INC 155 WHITE PLAINS RD STE 222 TARRYTOWN, NY 10591	MEDICAL SERVICES	1,272,950

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 ▶ 39

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				
	b Membership dues				
	c Fundraising events				
	d Related organizations	259,222			
	e Government grants (contributions)				
	f All other contributions, gifts, grants, and similar amounts not included above	21,100			
	g Noncash contributions included in lines 1a-1f $ 53,495				
	h **Total.** Add lines 1a-1f	280,322			
Program Service Revenue		Business Code			
	2a Net Patient Revenue	621990	363,592,870	363,592,870	
	b Medical Education	611710	35,691,405	35,691,405	
	c Rental Income	532000	1,471,244	1,471,244	
	d Blue Cross VBK	900099	486,600	486,600	
	e Medicare/Medicaid	900099	142,328	142,328	
	f All other program service revenue		334,607	334,607	0
	g **Total.** Add lines 2a-2f	401,719,054			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	221,729			221,729
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents	233,033			
	b Less rental expenses	215,273			
	c Rental income or (loss)	17,760	0		
	d Net rental income or (loss)	17,760		17,760	
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		15,000		
	b Less cost or other basis and sales expenses		240,291		
	c Gain or (loss)	0	-225,291		
	d Net gain or (loss)	-225,291			-225,291
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	0			
	b Less direct expenses b				
	c Net income or (loss) from fundraising events	0			0
	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	0			
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11a Cafeteria	722514	1,315,983		1,315,983
	b Outreach Laboratory	621500	709,190	709,190	
	c EMS Education/Training	611710	302,669		302,669
	d All other revenue		1,050,935	728,941	171,249	150,745
	e **Total.** Add lines 11a-11d		3,378,777			
	12 **Total revenue.** See Instructions		405,392,351	402,447,995	898,199	1,765,835

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	83,400	83,400		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	48,200	48,200		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,950,967	295,097	2,655,870	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	173,166,258	166,116,718	7,049,540	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-9,872,022	-9,371,970	-500,052	
9 Other employee benefits	20,267,030	19,489,488	777,542	
10 Payroll taxes	13,119,968	12,703,820	416,148	
11 Fees for services (non-employees)				
a Management	3,099,455		3,099,455	
b Legal	-50,000		-50,000	
c Accounting	509,421		509,421	
d Lobbying	26,387	26,387		
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)	39,362,239	33,332,005	6,030,234	0
12 Advertising and promotion	88,626	38,750	49,876	
13 Office expenses	7,175,278	5,894,589	1,280,689	
14 Information technology	25,697,972	17,982,644	7,715,328	
15 Royalties				
16 Occupancy	15,187,292	12,679,490	2,507,802	
17 Travel	295,134	162,989	132,145	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	165,387	115,949	49,438	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,562,309	13,557,117	2,005,192	
23 Insurance	4,207,804	3,462,401	745,403	
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 Patient Supplies	62,996,776	62,970,595	26,181	
b corporate allocation	28,638,342		28,638,342	
c Purchased Services	23,376,770	10,165,138	13,211,632	
d Repair and Maintenance	2,457,764	2,354,915	102,849	
e All other expenses	1,813,482	809,906	1,003,576	0
25 **Total functional expenses.** Add lines 1 through 24e	430,374,239	352,917,628	77,456,611	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,815,426	1	1,607,686
	2	Savings and temporary cash investments	3,147,348	2	0
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	55,750,446	4	48,484,543
	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	2,629,957	7	2,502,267
	8	Inventories for sale or use	7,620,420	8	7,183,714
	9	Prepaid expenses and deferred charges	2,110,459	9	2,675,512
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 364,004,053			
	b	Less accumulated depreciation — 10b: 218,888,225	148,447,711	10c	145,115,828
	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	47,378	13	23,758
	14	Intangible assets	10,509,048	14	9,342,269
	15	Other assets See Part IV, line 11	142,354,427	15	20,712,994
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	376,432,620	16	237,648,571
Liabilities	17	Accounts payable and accrued expenses	30,358,590	17	25,603,862
	18	Grants payable	950,020	18	0
	19	Deferred revenue	702,265	19	683,865
	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	366,545,635	25	402,587,203
	26	**Total liabilities.** Add lines 17 through 25	398,556,510	26	428,874,930
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	-22,123,890	27	-190,972,644
	28	Temporarily restricted net assets		28	-253,715
	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	-22,123,890	33	-191,226,359
	34	Total liabilities and net assets/fund balances	376,432,620	34	237,648,571

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	405,392,351
2	Total expenses (must equal Part IX, column (A), line 25)	2	430,374,239
3	Revenue less expenses Subtract line 2 from line 1	3	-24,981,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,123,890
5	Net unrealized gains (losses) on investments	5	
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	-144,120,581
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-191,226,359

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:

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 97,393 PATIENT DAYS OF CARE, 19,841 PATIENT DISCHARGES, WHICH EQUALED A 65 1% OCCUPANCY PERCENTAGE IN ADDITION, GRMC HAD 1,558 DELIVERIES, 59,066 EMERGENCY VISITS, THE HOSPITAL HAS 23 SURGERY SUITES WHICH TOTALED 13,576 SURGERIES (BOTH I/P & 0/P), AND 148 OPEN HEART PROCEDURES THE HOSPITAL HAD 2,623 FULL - TIME EQUIVALENTS

Form 990, Part III, Line 4b:

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, PSYCHOLOGY -3, AND PULMONARY/CRITICAL - 3 THIS RESULTED IN APPROXIMATELY 166 FULL-TIME RESIDENT/INTERN EQUIVALENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129024618

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

2016

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (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)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		26,386
j	Total Add lines 1c through 1i			26,386
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 $19,304 -AMERICAN OSTEOPATHIC $1,412 -AMERICAN HOSPITAL ASSN - $3,189 -CATHOLIC HOSPITAL ASSN - $2,481 GENESYS REGIONAL MEDICAL CENTER DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE
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 $19,304 -AMERICAN OSTEOPATHIC $1,412 -AMERICAN HOSPITAL ASSN - $3,189 -CATHOLIC HOSPITAL ASSN - $2,481 GENESYS REGIONAL MEDICAL CENTER DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,623,159	1,721,396	1,727,819	1,718,835	1,733,531
b Contributions	134,312	48,980	65,593	44,886	128,838
c Net investment earnings, gains, and losses	156,233	-82,443	-20,457	154,872	107,918
d Grants or scholarships	28,340	32,250	25,950	23,000	26,500
e Other expenditures for facilities and programs	13,199	0	25,609	167,774	224,952
f Administrative expenses	38,508	32,524		0	0
g End of year balance	1,833,657	1,623,159	1,721,396	1,727,819	1,718,835

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

- a Board designated or quasi-endowment ▶ 52 %
- b Permanent endowment ▶ 32 %
- c Temporarily restricted endowment ▶ 16 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		6,286,553		6,286,553
b Buildings		223,605,601	110,882,474	112,723,127
c Leasehold improvements		147,091	80,550	66,541
d Equipment		120,789,776	103,587,183	17,202,593
e Other		13,175,032	4,338,018	8,837,014
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				145,115,828

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	20,712,994

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	122,878
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	402,587,203

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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	
(2) All other Assets	
(3) Assets for Sale	
(4) Other Post Retirement Benefits	10,708,106
(5) Estimated Third Party Payor Settlements	4,336,586
(6) Deferred Compensation	2,124,430
(7) Other Receivables	1,723,600
(8) Due from Affiliates	1,495,781
(9) Rent Receivable	189,532
(10) Other Long Term Assets	99,773
(11) Other Current Assets	35,186

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

1 (a) Description of Liability	(b) Book Value
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	
PROFESSIONAL INSURANCE LIABILITY	
ALL OTHER LIABILITIES	
Other Liabilities	1,418,529
Pension & Other Post Retirement Liability	65,448,507
Due to Affiliates	41,931,001
Estimated Third Party Payor Settlements	9,715,557
Intercompany Debt	279,342,988
AH Savings Plan Liability	2,074,298
RECOVERY TAIL LIABILITY	1,304,535

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

1	**(a)** Description of Liability	**(b)** Book Value
	DEFERRED COMPENSATION	1,228,910

Supplemental 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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE AND ITS MEMBER ENT ITIES ("THE SYSTEM") WHICH INCLUDE THE ACTIVITY OF GENESYS REGIONAL MEDICAL CENTER THE SY STEM ACCOUNTS FOR UNCERTAINITY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX PO SITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MA TERIAL, UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2017

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) medical supplies	Central America and the Caribbean	15			48,200	surgical pins and screws used in medical procedures in honduras	book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

Part V **Supplemental Information**

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

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)			1,514,680		1,514,680	0 35 %
b Medicaid (from Worksheet 3, column a)			51,952,852	42,989,800	8,963,052	2 08 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			983,151	126,756	856,395	0 20 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	54,450,683	43,116,556	11,334,127	2 63 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			494,428		494,428	0 11 %
f Health professions education (from Worksheet 5)			27,896,368	12,045,596	15,850,772	3 68 %
g Subsidized health services (from Worksheet 6)			512,902		512,902	0 12 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			99,451		99,451	0 02 %
j **Total.** Other Benefits	0	0	29,003,149	12,045,596	16,957,553	3 94 %
k **Total.** Add lines 7d and 7j	0	0	83,453,832	55,162,152	28,291,680	6 57 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	14,097	0	14,097	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	1,845	0	1,845	0 %
7 Community health improvement advocacy	0	0	24,691	0	24,691	0 01 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	40,633	0	40,633	0 01 %

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		
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 3,714,975		
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 1,429,698		
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	213,416,440
6	Enter Medicare allowable costs of care relating to payments on line 5	6	200,679,720
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	12,736,720
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

			Yes	No
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 REGIONAL MEDICAL CENTER SURGICAL SERVICES CO-MANAGEMENT COMPANY	SURGICAL ORTHO/NEURO CLINICAL SERVICE LINE	50 %	0 %	50 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //healthcare ascension org/Locations/Michigan/Grand-Blanc-Genesys-Hospital/Community-Benefit-R			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) https //healthcare ascension org/Locations/Michigan/Grand-Blanc-Genesys-Hospital/Community-Benefit-R			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Genesys Regional Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Genesys Regional Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☑ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Genesys Regional Medical Center

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

990 Schedule H, Supplemental Information

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 I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part I	To improve the health of the Genesee County community, Genesys provided support in the following ways throughout fiscal year 2017 Community Health Education Genesys provides community health education in a number of ways both within the walls of the hospital, and out in the Genesee County community Community education is offered through lectures, classes, support groups, parent classes, health promotion programs, school based education, Smoking Cessation programs, car seat safety programs, etc Community Based Clinical Services Gene sys currently offers various programs to assist the poor and vulnerable population prescription assistance, pre-diabetes education classes, access to care for veterans who qualify for the Veterans Choice program The Dispensary of HOPE program allows Genesys to provide medications to those who qualify for the Dispensary of HOPE program (200% poverty level + uninsured) Health Care Support Services Genesys clinicians and associates participate in various screenings and health fairs to provide education, resources and care to those who are poor and vulnerable within our community Social and Environmental Improvement Activities Genesys recognizes the need to support our community through aligning our efforts with the recommendations of the Flint Water Crisis/Health/Medical Intervention Strategy Response Plan via the Greater Flint Health Coalition and Hurley Children's Hospital Genesys provides lead mitigation nutrition information and services through existing programs Diabetes/Gestational Diabetes self-management education, medical nutrition therapy education, and cardiac and pulmonary rehabilitation Health Professions Education Genesys is committed and proud to be a teaching hospital The hospital provides education through hands on training and supervision for students who are certification or degree seeking Cash and In-Kind Contribution Genesys makes many charitable contributions to support the work of local organizations, free clinics, coalitions, community funds, etc Community Benefit Operations While community benefit work is embedded within the mission and cultural fabric of the hospital, a few individuals in particular dedicate a significant amount of time to programming, activities, strategic planning, capturing and tracking community benefit, etc System Wide Health Improvement Priorities 1) Prioritized Need Access to Clean and Safe Drinking Water * Flint, Genesee County's urban core, has had its drinking water contaminated with lead and other toxins The biggest concern is for the health and wellbeing of the Flint residents, specifically women, children, and the elderly who are affected the most from the lead exposure For FY17 Genesys continues to recognize the need to support our community through aligning our efforts with the recommendations of the Flint Water Crisis/Health/Medical Intervention Strategy Response Plan via the Greater Flint Health Coalition and Hurley Children's Hospital Genesys provides lead mitigation nutrition information and services through currently existing programs Lactation services, Diabetes/Gestational Diabetes self-management education, medical nutrition therapy education, and cardiac and pulmonary rehabilitation Genesys also spent over $25,000 in FY17 to provide Genesys employees who are Flint residents, bottled water to take home with them 2) Prioritized Need Infant / Child Health * Children's Health Care Access Program (CHAP) The CHAP program aims to address significant health disparities experienced by low-income children enrolled in Medicaid via a collaborative, physician driven, community-based medical home initiative During FY17 Genesys has engaged patient/family participation through referrals to CHAP from its East Flint Family Health Center Family Practice Residency Program and the Downtown Flint Family Health Center pediatric services Genesys is also a member of the CHAP Steering Committee to guide program implementation Genesys aims to engage pediatric mental health services in the community The average unique clients served through the CHAP program per month is approximately 303/month, and growing The CHAP program has been especially critical for those Flint families who were effected in the water crisis, more social workers and RN's have been hired to help follow these families through their health journey * Genesys Centering Pregnancy (CP) Centering Pregnancy is a supportive, educational program for expectant parents and support people to learn about their pregnancy, their babies and themselves at the same time they are receiving prenatal care It is an evidence-based, culturally appropriate model of group health care delivery with 3 components health care assessment, education, and support, provided in a group facilitated by a credentialed health provider CP facilitates patients to participate in their care and allows providers to have a dynamic partner ship with their patients Prenatal services such a

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part I	s physical assessment, nutrition, insurance, lab tests, labor preparation, etc that are t raditionally provided separately are "bundled", so that women receive cohesive services wi thin a supportive environment This practice has proven to offer more than 10 times the am ount of time with the provider and is shown to be cost neutral Genesys received approval as an official CenteringPregnancy Site from the Centering Healthcare Institute in December of 2013 Most OB Residents, Preceptors and Medical Assistants have been trained in the CP Curriculum to facilitate CenteringPregnancy groups A recommendation for program suspensi on was made to ELT in September of 2016 due to insufficient patient enrollment, institutio nal barriers, and patient barriers This recommendation was approved as of October 21st 20 16 * Genesys Lactation Program The Genesys Lactation Program offers inpatient and outpat ient services, supported and staffed by lactation consultants (RN) It aims to protect, pr omote, and support breastfeeding (BF) with its many known benefits for infants, children, and mothers It is a key strategy toward improving the health of mothers and their childre n The Lactation Program is designed to provide local BF resources, improve access plan f or BF mother to mother support, improve access plan for BF professional support, integrate plan for improved community BF support, create/disseminate designation for BF friendly PC P offices, supports designation for BF friendly employers, increase BF friendly hospitals, strengthen BF coalition, work with insurance payers to cover lactation visits, and work w ith insurance payers and medical supply to improve access to breast pumps In FY17 Genesys lactation program provided programming and support services to over 2,500 women The Pare nt Education Department meets monthly for this program There is still ongoing planning an d implementation planning going on to achieve BF designation A grant was applied for and awarded to educate 10 key staff members Process steps are still being met to achieve BF s tatus * Commit to Healthy Hearts CHH engages multidisciplinary service providers - healt h, education and community - to develop and implement an innovative, community-based model of cardiovascular risk assessment, population health and primary prevention services to a ddress cardiovascular (CV) risk among 9th grade students in the Grand Blanc School Distric t 4 cohorts were completed in FY17 with a total of 22 participants Data showed an increa se in fruit and veggie consumption, increase in physical activity, and a small increase in screen-time Program staff has expressed a need to address emotional health Opportunity to partner with University of Michigan Flint to help with data collection * Genesys Stude nt Heart Screening The Student Heart Screenings have been implemented to identify student s ages 12-19 who may be at risk for sudden cardiac death The goal of the program is to ra ise awareness of sudden death symptoms among students, parents, physicians, coaches, and c ommunity - also to provide screenings at events at local venues including poor and vulnera ble areas Program temporarily on hold for revaluation A Cardiologist who was very involv ed in screenings has suggested that we reevaluate the population served, and the process t o determine the best way to offer services

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part II	3) Prioritized Need Obesity/Overweight/Healthy Lifestyle * Commit to Fit Delivered by th e Greater Flint Health Coalition, Commit to Fit is a community-wide, health behavior impro vement initiative focused on increasing the practice of healthy behaviors (lifestyles) whi le improving physical activity and nutrition habits among citizens Genesys has engaged ov er 175 employees in Commit to Fit challenges over a 4-year period to encourage mindfulness and the practice of healthy behaviors The Genesys Athletic Club has also conducted free group fitness classes open to employees and the community to encourage physical activity a veraging 25 members per class on an ongoing drop -in basis Program goal was to increase p rogram participation by 10% annually, this goal was met for 2017 * Diabetes and Nutrition Learning Center / DPP The Genesys Health System (GHS) Diabetes and Nutrition Learning Ce nter (DNLC) have established accessible Diabetes Education and Support Hubs as delivery si tes for Diabetes Self-Management Education and Training (DSME/T) The DNLC has made it a s trategic priority to reach and retain underserved individuals with diabetes in our communi ty, with the establishment of new program sites at two GHS community health centers locate d in Flint, MI Genesys serves patients within a high need environment characterized by a high incidence of poverty, unemployment and health disparity populations combined with a h igh prevalence of diabetes FY17 Program accomplishments include The curriculum for the C ardiac nutritional medical therapy has been developed and implemented, Marketing materials have been created, Cardiac classes have begun For the Genesys Diabetes Prevention Progra m (DPP), Genesys received Pending CDC Recognition status in November 2016 The first cohor t of DPP began Out of the 9 participants enrolled in first cohort, 8 have attended all 6 sessions For 6 sessions, weight has been recorded 100% of the time Out of the 9 particip ants, 8 of them have lost weight Two participants have lost >5 lbs in 5 weeks One person has exceeded the goal of 7% weight loss, two participants are half way to their 7% goal a nd other participants are struggling to lost weight 4) Prioritized Need Effective Care D elivery for Aging Population * Program for the All-Inclusive Care of the Elderly (PACE) T he goal of PACE is to meet the medical and social needs of individuals age 55 and older, p articularly those who are low-income and /or frail who are dual eligible for Medicare and Medicaid, through the delivery of non-institutional, long-term, comprehensive, cost effici ent health care PACE serves seniors with chronic care needs by providing access to the fu ll continuum of preventive, primary, acute, and long term care services PACE received its designation as a PACE site on June 16, 2015 and opened its door to participants on August 1, 2015 In FY17 PACE has completed the following messaging campaign and data collection action items development of a broad messaging campaign and outreach efforts, creation of education brochures on the Community Health Needs Assessment (CHNA) work were printed and distributed, new intake referral forms were finalized for the Genesys PACE website, PACE h as collaborated to do outreach and collaborate with the University of Michigan Flint and M ott Community College, increased outreach efforts to visit and schedule presentations with organizations serving key opportunity zip codes, continuing to evaluate a better way of t racking progress within key opportunity zip codes, PACE will focus on zip codes with high percentage of appropriate participants (Ascension provided list of "key opportunity zip co des" based on age and income demographics) An important change for PACE is that it operat ionally transitioned to Ascension Senior Living on 7/1/17 While we will continue to move forward with our CHNA Implementation Strategies for PACE to improve the health of our comm unity, the hospital can no longer report community benefit on behalf of PACE * Your Healt h Your Choice Care Planning (ACP) Initiative The ACP Project seeks to create a community- wide, standardized approach to advance care planning, which is defined as a person-centere d, ongoing process of communication that facilitates individuals' understanding, reflectio n and discussion of their goals, values and preferences for future healthcare decisions I mplemented via the Greater Flint Health Coalition (GFHC) and its hospital, physician, insu rer, business, and community-based partners, the ACP Project utilizes an evidence-based mo del that leads to high-quality care for patients and the population while at the same time reduces healthcare costs Genesys has trained 20 ACP facilitators to assist patients in t he ACP process including the completion of Advance Directives, and also has three trained ACP instructors who can provide periodic ACP facilitation training as new staff members ar e hired to sustain the ACP facilitation competency

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part II	Genesys accounts for about 35% of all ACP documents in the State that have been uploaded into the Great Lakes Connect health information exchange to ensure that ACP information i s available when it is needed by families and providers In FY17 the GFHC held more ACP Fa cilitator Training Courses, and sessions to help local physician offices implement ACP int o the practice

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part III	5) Prioritized Need Food Insecurity * Regional Food System Navigation (RFSN) Genesys Ass ociates are serving in key leadership roles within a Community Foundation of Greater Flint -led effort to address access to and consumption of healthy food The Regional Food Syste m Navigation Model facilitates a coordinated approach to food system work to achieve optim al food access throughout the Genesee County region Each element of the system will build upon existing resources in the community that will be organized in a non-proprietary fash ion Model objectives include Stewardship of Resources, Program and Service Coordination, and Collaborative Planning & and Alignment of Funding to achieve collective and sustainab le regional impact on health outcomes by diverse stakeholder organizations A Food Navigat or will maintain connectivity and leverage resources within and between key model elements The role of the Navigator is to support each element to function on its own and in conce rt with all other elements - an intersection of concepts to creatively support current pro grams, solve problems and generate new ideas to support optimal food access Five action t eams have been established - Growing & Producing, Processing & Distribution, Preparing & E ating, Retail and Engagement This initial structure has enhanced communication and collab oration among key stakeholders Although each action team is in the process of developing food system plans, they are currently engaging their strategic/collaborative efforts to ad dress the need for lead mitigating food production and distribution in response to the Fli nt water crisis The following projects have been implemented in FY17 Genesee County Food Rescue, Flint Family Summer Nutrition, Flint Fresh Mobile Market, Nutrition in Community Genesee County Food Rescue Program Davison Reclamation expands to Kearsley, Burton, Fent on & Grand Blanc a nonproprietary approach Flint Family Summer Nutrition Program LaBatts Food Boxes - provided 78,550 meals (3,000 boxes x 7 meals each x 3 45 people/family) Fli nt Fresh Mobile Market A partnership between local organizations that fosters health and wellness by making fresh and healthy food accessible& affordable for Flint residents Nutr ition in Community (NIC) Outreach between the Latino Community and registered dieticians to adapt traditional foods with healthier ingredients * Women in Agriculture Farm Develop ment Center The purpose of the Women in Agriculture (WIA) Farm Development Center is to s upport women who are beginning a farming business by providing resources to become economi cally independent farm business owners, and to reduce significant barriers to starting a s uccessful agri-business Implemented by Michigan Food & Farming Systems (MIFFS) and locate d on the Genesys Health Park Campus, the WIA Farm Development Center is a place where begi nning women farmers can receive education and development to achieve viable farming career s Initially, women develop skills for producing food for sale and find they can decrease their household food bills through supplemental foods grown themselves As skills are deve loped, those who are energized by this work will be given opportunities to expand their pr oduction and business acumen, enabling them to begin a farming business by providing resou rces to become more economically independent The WIA Farm Development Center fits the Gen esys strategic objective where keeping people healthy is just as important as treating the m when they are sick Healthy food access helps to accomplish that goal Genesys Health Sy stem has allocated 3 acres of land for the WIA Farm Development Center and also supports 25 FTE of the Genesys Greenhouse Manager who serves as a liaison to MIFFS for farm operati ons (land, electricity, water access) To date, the WIA Farm Development Center has survey ed and cleared the land on Genesys Health Park Campus, tested the soil, worked with USDA t o acquire a farm number, assessed the property restrictions and begun developing a conserv ation plan, planted a cover crop to begin improving soil quality, built a 96' by 30' Hoop House, has begun offering education workshops for farmers, the WIA farm is offering tours to the public, has an active worm compost pit that provides nutrients for the soil and use s recycled food scraps for sustainability, it now has 4 women working to gain knowledge fo r growing and selling lead mitigating crops on the farm 6) Prioritized Need Health Care Access * Presumptive Illness Project and Veterans Choice Genesys will establish an enviro nment to build the capacity to provide responsive services to Veterans at the right time a nd in the right place that compliment other Veterans initiatives and leverage emerging Vet erans resources There is a slow and difficult enrollment process for services and signifi cant service gaps as the number of Veterans in the state continues to grow Genesys Health System has partnered to support Veterans Affairs

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Charity Care and Certain Other Community Benefits at Cost - Part III	programs to improve services to Veterans that are aligned with population health care deli very and better health, improved patient experience and reduced cost through the Veterans Choice Program and the Genesys Presumptive Illness program designed to access Veterans to health care services and link Veterans to the financial benefits they deserve In FY17 Gen esys worked with the Physician Hospital Organization to identify over 6,000 patients who a re veterans or family members of U S veterans that may qualify for additional benefits G enesys is working with the Michigan Veterans Affairs Agency and Genesee Health Plan to cre ate a plan to train and install Veteran Service Officers identify and assist veterans who may qualify for benefits, or may need help navigating the health care system Through the Veterans Choice program, Genesys served veterans for over 1,600 unique visits in FY17 We are still working to build the relationship with the local VAs (Ann Arbor & Saginaw) We a re also providing Veteran Navigation as needed, speaking to groups about the Veterans Choi ce program, and continuously making changes to better align process and clinical pathways * Additional Access Work Genesys has collaborated with Consumers Energy and Huntington B ank on a community collaborative pilot project to provide financial assistance, resources and reduce barriers for low income residents of Flint Overall goal to develop a scalable and self-sustaining model In FY17 we began the planning for this, set a goal to implement within a year Genesys has also decided to partner with Hurley Medical Center to offer a Food Prescription program to Oncology patients, Downtown Clinic patients, etc Genesys hel ped Hurley apply for grant funding and we are currently discussing sustainability options

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r) However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible The other web postings required under 501(r) (i e , those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required The organization believes its safeguards worked as intended in this case (i e , the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts) These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Not every implementation plan to address the prioritized needs identified in the CHNA can address the social determinants of health However, they play a large role in the health status of individuals and communities Here are some examples of community building activities that Genesys leaders and associates participate in coalition building in the community, participation on advisory boards who aim to improve the health of our community, food system planning and programming, advocacy for the Tobacco 21 law to pass in Genesee County (to increase the age to purchase tobacco to 21), and Human Trafficking community education (lectures, presentations, etc)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Genesys Regional Medical Center Line 16a URL https //healthcare ascension org/Financial-Assistance/Michigan,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Genesys Regional Medical Center Line 16b URL https //healthcare ascension org/Financial-Assistance/Michigan,

990 Schedule H, Supplemental Information

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 //healthcare ascension org/Financial-Assistance/Michigan,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	GENESYS REGIONAL MEDICAL CENTER USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM - THE GREATER FLINT HEALTH COALITION, U S CENSUS BUREAU AND UNIVERSITY OF MICHIGAN

990 Schedule H, Supplemental Information

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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Located 70 miles north of Detroit, Genesee County, which includes its major urban core the city of Flint, was at one time the national epicenter of automotive forethought and production As the birthplace of General Motors (GM) in 1908 and home to the United Auto Workers' (UAW) famous Sit-Down Strike of 1936-37, Flint/ Genesee County helped define the American auto industry By the late 1970's, GM employed more than 80,000 workers in the county Impacted by national de-industrialization 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 remain, approximately 10% of what once defined the community's manufacturing and economic base Today, Flint / Genesee County 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 412,895 includes a racial composition of 74 5% White, 20 7% African-American, and 3 0% Hispanic/Latino From 2008 to 2013, the county's population has decreased by over 20,000 residents While nearly 200,000 people once lived within the city of Flint during its peak in the 1960s and 1970s, today only 99,002 residents remain, a majority being African-American (56 6%) Outmigration has left Flint/ Genesee County with urban decay and neighborhood blight (35% of all properties are abandoned, vacant homes have increased 74% in the county from 2000-2008), decreased home values (average home values have dropped 56% from $129,300 in 2007 to $82,800 in 2013), and falling tax revenues ($19 2 million loss from 2006-2011) Flint's population decline below 100,000 residents will impact its future eligibility to apply for some federal grants These developments have fueled consistently high unemployment rates (currently at 9 7%) and growing generational poverty The poverty rate in Flint/ Genesee County (41 1% and 21 7%, respectively) is much higher than state (17 0%) and national (15 8%) rates Median household income for 2010-2014 for the city of Flint was $24,679, Genesee County $41,879, the state of Michigan $49,087 and the United States $53,482 The percent of households receiving public assistance income was much higher in Flint and Genesee County (11 67% and 5 78% respectively) than the state (3 69%) and nation (2 82%) Uncompensated care costs for the three local Genesee County hospitals have risen 78% from 2006 to 2013 (from $78 9 million to $140 1 million) All demographic, social, and economic impact factors are higher among residents within the city of Flint, where higher rates of poverty are associated with poorer educational outcomes, income levels, employment levels, crime/incarceration, and lack of health insurance Residents who are low-income, minority, or uninsured are disproportionately impacted by environmental issues such as pollution, crime, property abandonment, lack of areas to exercise outdoors, and lack of access to healthy foods Overall average life expectancy for Genesee County has increased 1 8 years from 2000 to 2013 However, significant disparities exist in life expectancy across the community Zip codes within the city of Flint have shorter life expectancy while out county areas have better outcomes The disparity between zip codes has risen from 12 5 years in 2000- 2002 to 14 8 years in 2011-2013 Genesee County ranks 82"' out of 83 Michigan counties for overall health outcomes in the most recent Robert Wood Johnson Foundation County Health Rankings report, including 77th in health behaviors, 79th in physical environment, and 79th in social/economic factors The age - adjusted death rates for heart disease, stroke, diabetes mellitus, and kidney disease are higher in the county than statewide While health status indicates poor overall population health, data for minority, low income, and uninsured populations indicate these populations are experiencing worse health outcomes when compared to the population as a whole Specifically, this relates to life expectancy, sexually transmitted diseases, obesity, heart disease, and birth weight African Americans are experiencing significant health disparities compared to the total population (e g African American death rate for heart disease is 272 4 compared to the state's overall rate of 199 9, for stoke 69 4 compared to 37 7, and for diabetes mellitus 63 4 compared to 23 6) Racial disparities are profound in all Years of Potential Life Lost (TPLL) categories reviewed in the assessment

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	GENESYS REGIONAL MEDICAL CENTER'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY MANY MEMBERS OF GENESYS REGIONAL MEDICAL CENTER'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA, WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES

990 Schedule H, Supplemental Information

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 24 OF THE UNITED 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 ORGANIZATIONS/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 THIRDORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE 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 2,754 FULL-TIME EQUIVALENTS IN FY 2016 GRMC PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF GENESEE COUNTY AND OTHER SURROUNDING COUNTIES ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING, AND DEDICATING 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 SERVICE 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 ARE PROVIDED TO THOSE 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 TOT HE ENTITY'S BILLED CHARGES FOR PATIENT CARE

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Genesys Regional Medical Center One Genesys Parkway Grand Blanc, MI 484938065 http //www genesys org/ 1060000081	X	X		X		X	X			

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - GENESYS REGIONAL MEDICAL CENTER FOLLOWING COLLECTION OF THE OVER 400 METRI CS WITHIN THE CHNA, THE DATA WAS THEN SHARED STRATEGICALLY THROUGH THE GREATER FLINT HEALT H COALITION'S ESTABLISHED NETWORK OF COLLABORATIVE PARTNERS THE GFHC IS A MULTI-SECTOR CO ALITION RECOGNIZED IN GENESEE COUNTY AS THE NEUTRAL CONVENER OF COMMUNITY AND POPULATION H EALTH INITIATIVES THE GFHC REGULARLY CONVENES PERSON AND ORGANIZATIONS REPRESENTING THE C OMMUNITY'S CROSS-SECTOR INTERESTS THROUGH ENGAGEMENT OF LEADERSHIP REPRESENTATIVES FROM BU SINESS, EDUCATION, PUBLIC HEALTH, PHYSICIANS, HOSPITALS, HEALTH INSURERS, SAFETY-NET PROVI DERS, COMMUNITY-BASED ORGANIZATIONS, RESIDENTS, POLICYMAKERS, FOUNDATIONS, LABOR AND MEDIA THIS INPUT IS GATHERED ON AN ONGOING BASIS AS A CONTINUOUS EFFORT DONE BY THE GREATER FL INT HEALTH COALITION SUB COMMITTEES HOWEVER, COMMUNITY INPUT THAT WAS COLLECTED BY SURVEY WAS OPEN FROM 2/15/16 THROUGH 3/14/16 THIS NETWORK OF COLLABORATIVE PARTNERS IS CONTINUO USLY ENGAGED TO REVIEW AND PRIORITIZE THE HEALTH INDICATORS AND NEEDS AS DETAILED IN THE C HNA, SPECIFICALLY, THIS COMMUNITY INVOLVEMENT WAS ACHIEVED BY SHARING THE CHNA'S DATA METR ICS WITH THE FOLLOWING ENTITIES, AS WELL AS REQUESTING ADDITIONAL COMMUNITY HEALTH NEEDS I NPUT FROM AMONG THE FOLLOWING NETWORKS -THE GFHC'S 35 MEMBER BOARD OF DIRECTORS COMPRISED OF LEADERSHIP REPRESENTATIVES WITHIN THE SECTORS DESCRIBED ABOVE -THE GFHC'S 18 MULTI-SEC TOR COMMITTEES AND TASK FORCES THAT WORK ON VARIOUS PROJECTS AND ACTIVITIES WITHIN THE GFH C FOCUS AREAS OF HEALTH IMPROVEMENT, ACCESS AND ENVIRONMENT, QUALITY AND INNOVATION, COST & RESOURCE PLANNING, SECTOR WORKFORCE DEVELOPMENT, AND RACIAL DISPARITIES & HEALTH EQUITY COLLECTIVELY, THESE COMMITTEES AND TASK FORCES INCLUDE 299 MEMBERS WHO EACH HAVE SPECIAL KNOWLEDGE IN HEALTHCARE, PUBLIC HEALTH, AND COMMUNITY ENGAGEMENT, AS SOURCED FROM THEIR CR OSS-SECTOR COMPOSITION ORGANIZATIONS REPRESENTED IN THESE COMMITTEES INCLUDE BLUE CROSS BLUE SHIELD OF MICHIGAN, BLUE CARE NETWORK, CITY OF FLINT, GENERAL MOTORS/UNITED AUTOMOBIL E WORKERS, GENESEE HEALTH SYSTEM, GENESEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, GENESEE COUNTY HEALTH DEPARTMENT, GENESEE COUNTY MEDICAL SOCIETY, GENESEE COUNTY OSTEOPATH IC SOCIETY, GENESEE HEALTH PLAN, GENESEE INTERMEDIATE SCHOOL DISTRICT, GENESYS HEALTH SYST EM, GREATER FLINT HEALTH COALITION, HAMILTON COMMUNITY HEALTH NETWORK, HEALTH PLUS OF MICH IGAN, HURLEY MEDICAL CENTER, MCLAREN FLINT, MCLAREN HEALTH PLAN, MOTT CHILDREN'S HEALTH CE NTER THE GFHC'S COMMUNITY NETWORK, REACHING A GROUP OF APPROXIMATELY 100 COMMUNITY BASED ORGANIZATIONS AND RESIDENTS INCLUDING MINORITY GROUPS, THE UNINSURED, AND LOW-INCOME RESID ENTS SPECIFICALLY, GENESEE HEALTH PLAN AND HAMMILTON HEALTH PLAN FOCUS ON THE UNDERSERVED POPULATION OF GENESEE COUNTY -STRATEGIC PLANNING REPRESENTATIVES FROM THE PRINCIPAL PART NERS IN COMPLETING THE CHNA (GENESYS HEALTH SYSTEM, HURLEY MEDICAL CENTER AND MCLAREN FLIN T) -LOCAL GOVERNMENT LEADERS F

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	ROM THE GENESEE COUNTY HEALTH DEPARTMENT AND THE CITY OF FLINT -LOCAL HEALTH FOUNDATIONS T HAT PRIORITIZE FUNDING DECISIONS -ADDITIONAL COMMUNITY AND MEMBERSHIP GROUPS IN THE CITY O F FLINT AND GENESEE COUNTY COMMUNITY IN TOTAL, THE CHNA PROCESS INCLUDED THE ENGAGEMENT O F OVER 500 PEOPLE IN THE COMMUNITY WHO REPRESENT THE COMMUNITY SERVED INCLUDING EXPERTS IN PUBLIC HEALTHCARE OR COMMUNITY ENGAGEMENT AS WELL AS COMMUNITY RESIDENTS FURTHERMORE, TH E ASSESSMENT PROCESS ALSO INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WITH 728 LOC AL RESIDENTS RESPONDING RESPONDENTS DEFINED A GEOGRAPHIC CROSS SECTION OF THE COMMUNITY W ITH EVERY ZIP CODE REPRESENTED TO SOLICIT AND TAKE INTO ACCOUNT INPUT FROM MEMBERS OF MED ICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SERVED BY THE THREE HOSPITAL SYST EMS, THE SURVEY WAS DISTRIBUTED TO PATIENTS VISITING EACH HOSPITAL SYSTEM'S PRIMARY CARE R ESIDENCY PROGRAMS AND EMERGENCY DEPARTMENTS IN TOTAL THIS CHNA HAS INCLUDED THE INVOLVEME NT OF APPROXIMATELY 1,128 REPRESENTATIVES OF THE COMMUNITY SERVED--FLINT/GENESEE COUNTY T HROUGH THIS SIGNIFICANT ENGAGEMENT OF THE COMMUNITY SERVED, ALL INDIVIDUALS INVOLVED IN TH IS CHNA WERE GRANTED THE OPPORTUNITY TO PROVIDE INPUT RELATIVE TO THE HEALTH NEEDS AND ASS ESSMENT PRIORITIES FOR THE FLINT/GENESEE COUNTY COMMUNITY

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - GENESYS REGIONAL MEDICAL CENTER THE GREATER FLINT HEALTH COALITION CONDUCTED A JOINT CHNA FOR THE FOLLOWING HOSPITAL FACILITIES GENESYS REGIONAL MEDICAL CENTER, HURLEY MEDICAL CENTER AND MCLAREN-FLINT

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - GENESYS REGIONAL MEDICAL CENTER A MULTI-SECTOR COALITION AS A CONVENER OF HEALTH INITIATIVES, INCLUDED IN THIS COALITION WERE THE FOLLOWING HOSPITAL FACILITIES GENESYS REGIONAL MEDICAL CENTER, HURLEY MEDICAL CENTER, AND MCLAREN-FLINT

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - GENESYS REGIONAL MEDICAL CENTER - Part I Genesys Health System is a group of affiliated medical campuses, outpatient centers, primary care locations and ancillary h ealth care organizations with a mission and history of improving our community's health fo r over 90 years As a leading health care provider in Mid-Michigan, Genesys is anchored by a 21st century, 400 bed inpatient facility - Genesys Regional Medical Center at Health Pa rk -built both clinically and architecturally around a patient-centered care philosophy wi th over 21,000 patient discharges in 2015 A member of Ascension, the largest non-profit h ealth system in the U S and the world's largest Catholic health system, Genesys is dedica ted to healthcare transformation by providing the highest quality care to all, with specia l attention to those who are poor and vulnerable In 2015, Genesys delivered over $34 Mill ion in care of persons who are poor and in community benefit The Genesys regionally integ rated health care delivery system is comprised of a complete continuum of care servicing G enesee, Shiawassee, Lapeer, Oakland, Livingston and Tuscola counties Over 160 family prac tice physicians in the Genesys network serve as health advocates through the provision of primary "medical home" care Committed to the medical, economic and spiritual vitality of the region, Genesys is one of the area's largest employers with over 3,500 employees who c ontribute to the regional healthcare economy within a population health model of care to i mprove health outcomes, enhance the patient and provider experience of care, and lower hea lthcare costs All three Genesee County Health Systems - Genesys Health System, Hurley Med ical Center, and McLaren Flint, have come together in partnership with the Greater Flint H ealth Coalition (GFHC) and a collection of multi-sector and community stakeholders to comp lete a joint Community Health Needs Assessment (CHNA) for Genesee County Information rega rding Genesee County's most important health needs and issues, as well as their prioritiza tion, are based upon information provided by residents, health care consumers, community l eaders, health care professionals, and multi-sector representatives, who were interviewed, participated in meetings of the Greater Flint Health Coalition's network of community org anizations and partners, or responded to a community-wide survey of individuals who live a nd/or work in Genesee County These findings are also informed by the Greater Flint Health Coalition's comprehensive Community Data Scorecard, a collection of over 400 metrics desi gned to measure health status and chronic disease priorities, social and economic factors impacting residents, and healthcare delivery system access and utilization trends experien ced in the region CHNA identified health needs for 2016 were prioritized based upon poten tial long term health outcomes, ability for a health system to have an impact on addressin g the need, current priorities

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	and programs, and effectiveness of existing programs The prioritization process involved data review from the GFHC's Data Review Subcommittee and Cost & Resource Planning Committ ee Ten priority health needs for Flint/Genesee County were selected 1 Access to Clean & Safe Drinking Water 2 Infant / Child Health & Development 3 Obesity / Overweight & Heal thy Lifestyle 4 Effective Care Delivery for an Aging Population 5 Mental Health 6 Subst ance Use 7 Education & Employment 8 Food Insecurity 9 Health Care Access 10 Community Safety Genesys leadership in collaboration with the Genesys CHNA Priorities Steering Commi ttee then decided to prioritize and address six out of the ten community needs Prioritize d Needs Priority 1 Access to Clean & Safe Drinking Water Rationale Flint, Genesee County 's urban core, has had its drinking water contaminated with lead and other toxins The con tamination occurred when the city switched its water supply as a cost saving measure from the Detroit system to Flint River water, which was more corrosive than Detroit water and c aused lead to leach from the pipes that connect much of Flint's aging infrastructure to ci ty homes Research conducted by a Hurley Medical Center pediatrician discovered that the i ncidence of elevated blood levels in children residing in the city of Flint increased from 2 4% to 4 9% after the switch When asked in the community health needs assessment survey "what do you think are the three most important environmental factors that affect health in our community?" 86 95% of respondents choose clean and safe drinking water from the lis t of available options The biggest concern is for the health and well being of the Flint residents, specifically women, children, and the elderly who are affected the most from th e lead exposure The true magnitude of residents' exposure to lead in the water will never be known since lead has a half-life in blood of only 28 days (approximated), and the inte rval between warnings not to drink the water and calls for lead testing was greater Lead is a potent neurotoxin, and childhood lead poisoning has an impact on many developmental a nd biological processes, most notably intelligence, behavior, and overall life achievement Strategy Genesys recognizes the need to support our community through aligning our effo rts with the recommendations of the Flint Water Crisis/Health/Medical Intervention Strateg y Response Plan via the Greater Flint Health Coalition and Hurley Children's Hospital Gen esys will provide lead mitigation nutrition information and services through currently exi sting programs Centering Pregnancy, Lactation services, Diabetes/Gestational Diabetes sel f-management education, medical nutrition therapy education, and cardiac and pulmonary reh abilitation Priority 2 Infant / Child Health & Development Rationale According to the A nnie E Casey Foundation's Kids Count Data Book, Genesee County ranks 79th out of 81 Michi gan counties for trends in Chi

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ld Health & Well-being Impoverished children are at significantly higher risk for poor he alth outcomes and poor educational outcomes over the life course The Genesee County commu nity has a higher child poverty rate than the state or nation as a whole In Genesee Count y trends observed regarding Medicaid insured children (compared to their commercially insu red counterparts) have higher rates of acute care admissions, higher rates of acute care length of stays (45 - 78 days longer), significantly higher rates of emergency department (ED) use for asthma/slightly lower treatment rates of use of appropriate asthma medication , higher rates of appropriate and "inappropriate" use of the ED, lower rates of weight ass essment and counseling for nutrition and physical activity, and lower rates of childhood i mmunizations, lower rates of appropriate testing for children with pharyngitis, and lower rates of utilization of well-child visits in the first 15 months of life Strategy Develo p and implement an evidence-based standard of care for infants and children in Genesee Cou nty that improves health outcomes, enhances patient & provider experience and lowers cost Genesys has resources for continued and expanded infant and child health programming in o ur community through the Children's Healthcare Access Program (CHAP), CenteringPregnancy, Lactation Services, Commit to Healthy Hearts, and Student Heart Screenings

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - GENESYS REGIONAL MEDICAL CENTER - Part II Priority 3 Obesity / Overweight & Healthy Lifestyle Rationale Overall, Genesee County's health behaviors are some of the poorest in the state ranking 77th out of 83 Michigan counties for health behaviors Commu nity residents lack regular physical activity and healthy eating (dining) practices Genes ee County's obesity rate 35 7%) is significantly higher than state (31 1%) and national (2 6 59%) averages with the combined obesity and overweight rate being 70 4% Flint / Genesee County's physical environment presents many challenges for residents attempting to incorp orate physical activity into their daily routines including neighborhood blight, crime, an d limited recreation and fitness facilities Poor health behaviors are associated with hig h rates of chronic diseases and conditions like diabetes mellitus, high cholesterol, and h eart disease The prevalence of diabetes mellitus continues to rise for both adults and ch ildren in Genesee County Genesee County's diabetes prevalence (11 6%) is higher than stat e (9 48%) and national (9 11%) averages Diabetes is a significant health status indicator and high cost disease Strategy Serve as a vital presence in the community to support ph ysical activity and access to and consumption of healthy food via programming that meets c ommunity health needs and supports population health delivery - improved health outcomes, enhanced patient & provider experience, and lower costs Genesys will address obesity/over weight and support healthy lifestyles among adults and children through our established an d dedicated Diabetes programs, employee participation in the GFHC Commit to Fit Initiative , and Genesys Athletic Club Community Wellness programming Priority 4 Effective Care Del ivery for an Aging Population Rationale Genesee County's population is aging The median age of the population has increased 13 71% in the past 13 years, with individuals aged 55 years and older representing a disproportionately high amount of the total population The percentage of residents 65 years and older has increased 31 03% during the same time peri od from 11 6% in 2000 to 15 2% in 2013 Older residents as a population have an increased need for social supports and health care services Local data and studies indicate that Fl int / Genesee County residents are commonly not prepared for health care decision-making a t the end of life Strategy Genesys is committed to caring for the aging and elderly popu lations of Genesee County through our existing Program for the All-Inclusive Care of the E lderly (PACE) and Advance Care Planning programs Priority 5 Food Insecurity Rationale F ood insecurity is the household-level economic and social condition of limited or uncertai n access to adequate food Flint / Genesee County's food insecurity rate (18 02%) is highe r than state (16 41%) and national (15 21%) averages While 82% of county residents report they do not consume an adequa

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	te amount of fruits and vegetables, for those living in Flint's food desert, the lack of a ccess prohibits healthy choices The city of Flint, population 99,002, has only one chain grocery store compared to 54 liquor stores for food access within city limits and only 21% of sampled convenience stores offering fresh produce Low income residents are disproport ionately affected regarding food access The lack of adequate transportation is one large contributing factor for Flint residents being able to access healthy food Strategy Our g oal is to serve as a vital presence in the community to support access to and consumption of healthy food via programming that meets community health needs and supports population health delivery - improved health outcomes, enhanced patient & provider experience, and lo wer costs We will leverage our health park campus resources to provide economic opportuni ty for women farmers and support access to healthy food in the community through collabora tion with the Michigan Food & Farming Systems (MIFFS) Women in Agriculture program, and se rve in a key leadership role in the Regional Food System Navigation (RFSN) initiative, a C ommunity Foundation of Greater Flint -led effort to address access to and consumption of h ealthy food Priority 6 Health Care Access Rationale Genesys will establish an environme nt to build the capacity to provide responsive services to Veterans at the right time and in the right place that compliment other Veterans initiatives and leverage emerging Vetera ns resources The Genesee County Veteran population is 29,204 Of the Veterans who reside in Genesee County, almost half (14,527) are age 65 and older Michigan is leaving $800 Mil lion on the table in unclaimed financial benefits for Veterans Michigan ranks 47th out of 53 states and territories for average dollars spent on Veterans There is a slow and diff icult enrollment process for services and significant service gaps as the number of Vetera ns in the state continues to grow Strategy Genesys Health System will partner in support ing Veterans Affairs programs to improve services to Veterans that are aligned with popula tion health care delivery and better health, improved patient experience and reduced cost through the Veterans Choice Program and the Genesys Presumptive Illness program designed t o access Veterans to health care services and link Veterans to the financial benefits they deserve Needs That Will Not Be Addressed Genesys Health System will not directly address the following priority health needs identified within the 2016 CHNA Mental Health, Subst ance Abuse, Education & Employment, and Community Safety While critically important to ov erall community health, these specific priorities did not meet internally determined crite ria that prioritized addressing needs by either continuing or expanding current programs, services and initiatives to steward resources and achieve the greatest community impact F or the four areas not chosen,

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	there are other service providers in the community better resourced to address these prior ities Genesys will work collaboratively with these organizations as appropriate to ensure optimal service coordination and utilization Summary of Implementation Strategy An actio n plan follows for each prioritized need, including the resources, proposed actions, plann ed collaboration, and anticipated impact of each strategy See action plans in the Impleme ntation strategy for each priority area

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - GENESYS REGIONAL MEDICAL CENTER Patients can be considered under the Financial Assistance Policy at any point before, during or after receiving services Patients that are not identified for consideration for Financial Assistance are sent a minimum of 3 billing statements and 3 pre-collection letters prior to being placed with outside collection agencies Outside collection agencies hold credit reporting for a minimum of 90 days to assure patients are provided an opportunity to be identified and consider for eligibility under the Financial Assistance policy Financial Assistance policy is widely publicized both inside the organization (posters) and on the organizations websites to assure patients have access to assistance related to bills for health care services In rare instances, and only after the approval of internal ministry leadership, external collection agencies may file for garnishment or civil judgements on unpaid balances

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 ENTITYOR WITH AN INDIVIDUALTO 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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-2377821
Name: Genesys Regional Medical Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities of Shiawassee and Genesee Counties 901 Chippewa Street Flint, MI 48503	38-1359243	501(c)(3)	25,300				general support
Genesee County Free Medical Clinics 2437 Welch Blvd Flint, MI 48504	38-2995700	501(c)(3)	10,000				general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Genesee County Medical Society 4438 Oak Bridge Dr Ste B Flint, MI 48532	38-1347755	501(c)6	5,000				general support
Food Bank of Eastern Michigan Inc 2300 Lapeer Road Flint, MI 48503	38-2379678	501(c)(3)	20,000				general support

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part 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 3 Arrangement used to establish the top management official's compensation	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 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 Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid The following individuals received payment from the supplemental nonqualified retirement plan in the amount as noted Nancy Haywood - $23,559 CHRISTOPHER J PALAZZOLO - $40,972 JOY FINKENBINER - $40,853 CHARLES HUSSON, DO - $15,630

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1CHRISTOPHER J PALAZZOLO TRUSTEE, REGIONAL PRESIDENT & CEO (START 7/2016)	(I)	514,572	166,155	148,446	15,900	25,512	870,585	40,972
	(II)	0	0	0	0	0	0	0
1ELIZABETH ADERHOLDT FORMER OFFICER (END 6/2016)	(I)	318,644	931,208	156,239	15,069	6,389	1,427,549	0
	(II)	0	0	0	0	0	0	0
2NANCY HAYWOOD ASCENSION MID-MICHIGAN CFO	(I)	339,165	119,385	82,989	17,225	24,755	583,519	23,559
	(II)	0	0	0	0	0	0	0
3JOY FINKENBINER VP OPERATIONS	(I)	255,067	73,043	76,090	16,988	9,530	430,718	40,853
	(II)	0	0	0	0	0	0	0
4JULIE GORCZYCA CHIEF NURSING OFFICER (END 12/2016)	(I)	213,793	64,042	13,968	16,083	18,241	326,127	0
	(II)	0	0	0	0	0	0	0
5CHARLES HUSSON DO CHIEF MEDICAL OFFICER	(I)	374,999	109,163	90,435	17,225	4,204	596,026	15,630
	(II)	0	0	0	0	0	0	0
6NICK S BUTTAR AHMidMI Reg Med Dir-Aud-Rev Cy	(I)	827,634	12,480	4,902	17,225	42,337	904,578	0
	(II)	0	0	0	0	0	0	0
7CLARK J HEADRICK Chief Medical Info Ofc-MI MID	(I)	267,826	80,053	21,079	15,900	29,088	413,946	0
	(II)	0	0	0	0	0	0	0
8MARC C LEWIS Medical Director-Service Line	(I)	495,957	45,000	3,162	13,250	26,096	583,465	0
	(II)	0	0	0	0	0	0	0
9TAMMY A MERKEL VP-Clinical Transformation MI	(I)	202,844	59,676	14,340	12,877	4,751	294,488	0
	(II)	0	0	0	0	0	0	0
10FREDERICK C SCHREIBER Prog Dir-Phy Residency	(I)	277,154	0	7,558	6,625	22,109	313,446	0
	(II)	0	0	0	0	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

2016

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	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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN TIPPETT	SPOUSE OF A DIRECTOR	141,608	DIRECTOR'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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	53,495	Market value
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Cars and other vehicles - 1 VEHICLE REC'D FROM RELATED ORGANIZATION

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SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or typeof entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I **Liquidation, Termination, or Dissolution** (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET	07-01-2016	124,050,811	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule N, Part II CASH TRANSFERRED	GENESYS REGIONAL MEDICAL CENTER TRANSFERRED ITS BEGINNING HSD CASH BALANCES TO ASCENSION HEALTH ALLIANCE (45-3358926) AS OF JULY 1, 2016

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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

2016

Open to Public Inspection

Name of the organization
Genesys Regional Medical Center

Employer identification number
38-2377821

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF GENESYS REGIONAL MEDICAL CENTER IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF GENESYS REGIONAL MEDICAL C ENTER IS COMPLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF GENESYS REGIONAL MEDICAL CEN TER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO, THE PROCESS PERFORM ED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF GENESYS REGIONAL MEDICAL CENTER, INCLUDE D A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SU BSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APP ROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVID UALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APP ROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MIN UTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED BY ASCENSION MICHIGAN, A RELATED ORGANIZATION OF GENESYS REGIONAL MEDICAL CENTER , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPOR ANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITT EE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS ' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SA ME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISIO N WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DE CIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	GENESYS REGIONAL MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER ASCENSION MICHIGAN

990 Schedule O, Supplemental Information

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, ASCENSION MICHIGAN, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE GENESYS REGIONAL MEDICAL CENTER

990 Schedule O, Supplemental Information

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 INF ORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, A SCENSION MICHIGAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	GENESYS REGIONAL MEDICAL CENTER DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON ITS BEHALF

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONF LICT 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 MUS T DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOS E ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES CONSIDERING THE PROPOS ED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITT EE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL, OFFICER A ND 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 TH E ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST EN GAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Investments in Unconsolidated Entities - Total Revenue -172196, Related or Exempt Functio n Revenue -172196, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , i/c shared services revenue - Total Revenue 341772, Related or Exemp t Function Revenue 341772, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , research - Total Revenue 165031, Related or Exempt Function Revenue 165031, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 51 2, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 1050935, Related or Exempt Function Revenue 728941, Unrela ted Business Revenue 171249, Revenue Excluded from Tax Under Sections 512, 513, or 514 1 50745,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION/OTHER POST RETIRMENET DEFERRED ACTIVITY - -25408826, TRANSFERS WITH AFFILIATES - 5 339056, TRANSFER TO ALPHA FUND AS OF 7/1/2016 - -124050811,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	Genesys Regional Medical Center is included in the consolidated financial statements of As censions Health Alliance The Finance and Audit committee of Ascension Health Alliance's Bo ard assumes responsibility for the consolidated organization as a whole

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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

2016

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) ADVENT PARTNERS LP 28000 DEQUINDRE WARREN, MI 48092 38-3544539	RENTAL REAL ESTATE	MI	NA	N/A								
(2) TOWNE CENTRE SURGERY CENTER 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	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.

See Additional Data Table

(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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part II ProMed Healthcare, Inc	Due to a corporate reorganization during FY 2017, the sole corporate member of ProMed Healthcare, Inc changed from Borgess Health Alliance, Inc to Ascension Medical Group, a disregarded entity of Ascension Health, EIN 31-1662309 At that time, ProMed Healthcare, Inc ceased to be a member of the Ascension Michigan group

Return Reference	Explanation
Schedule R, Part II Medical Resources Group	Due to a corporate reorganization during FY 2017, Medical Resources Group changed its name to Ascension Medical Group Michigan The sole corporate member of Ascension Medical Group Michigan (f/k/a Medical Resources Group) changed from St John Providence, Inc to Ascension Medical Group, a disregarded entity of Ascension Health, EIN 31-1662309 At that time, Ascension Medical Group Michigan (f/k/a Medical Resources Group) ceased to be a member of the Ascension Michigan group

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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	(g) Section 512 (b)(13) controlled entity? No
(1) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH		No
(3) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN		No
(4) 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(5) 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(6) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN		No
(7) 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(8) 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(9) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(10) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(11) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN		No
(12) 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(13) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(14) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN		No
(15) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(16) 805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN		No
(17) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(18) 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(19) 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	

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
(21) 5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(1) 8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(2) 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
(3) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(4) 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(5) 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	LEE MEMORIAL HOSPITAL CORPORATION	Yes	
(6) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(7) 43800 GARFIELD CLINTON TOWNSHIP, MI 48038 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(8) 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
(9) 28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(10) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
(11) 22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
(12) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(13) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ST JOSEPH HEALTH SYSTEM	Yes	
(14) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(15) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(16) 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(17) 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	CRITTENTON HOSPITAL MEDICAL CENTER	Yes	
(18) 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	CRITTENTON HOSPITAL MEDICAL CENTER	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(1) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(2) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(3) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(4) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(5) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(6) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(7) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(8) CRITTENTON MEDICAL PHARMACY 1101 W UNIVERSITY DR ROCHESTER, MI 48307 20-3773341	PHARMACY SALES	MI	NA	C Corporation				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
(1)	BEECHER BALLENGER SERVICES	R	2,692,858	FAIR MARKET VALUE
(1)	GENESYS AMBULATORY HEALTH SERVICES	K	419,351	FAIR MARKET VALUE
(2)	GENESYS AMBULATORY HEALTH SERVICES	O	488,262	FAIR MARKET VALUE
(3)	GENESYS AMBULATORY HEALTH SERVICES	S	9,242,767	FAIR MARKET VALUE
(4)	GENESYS AMBULATORY HEALTH SERVICES	R	558,442	FAIR MARKET VALUE
(5)	GENESYS HEALTH FOUNDATION	Q	357,770	FAIR MARKET VALUE
(6)	GENESYS HEALTH FOUNDATION	S	4,600,974	FAIR MARKET VALUE
(7)	GENESYS HEALTH FOUNDATION	R	341,399	FAIR MARKET VALUE
(8)	GENESYS PRACTICE PARTNERS	M	100,307	FAIR MARKET VALUE
(9)	GENESYS PRACTICE PARTNERS	O	400,379	FAIR MARKET VALUE
(10)	GENESYS PRACTICE PARTNERS	R	7,335,359	FAIR MARKET VALUE
(11)	GENESYS HEALTH FOUNDATION	C	259,222	FAIR MARKET VALUE