

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning NOV 3, 2010 and ending SEP 30, 2011

B	C Name of organization GENESYS RESEARCH INSTITUTE, INC. F.K.A STEWARD RESEARCH AND SPECIALTY PROJECTS	D Employer identification number 27-3896009
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 736 CAMBRIDGE STREET	Room/suite CBR415
	City or town, state or country, and ZIP + 4 BRIGHTON, MA 02135	
	F Name and address of principal officer: DAVID HOROWITZ SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 7,015,411.
J Website: ►		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		H(c) Group exemption number ►
L Year of formation: 2010 M State of legal domicile: MA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GENESYS RESEARCH INSTITUTE, INC. WAS ORGANIZED FOR THE PURPOSE OF CONDUCTING MEDICAL AND SCIENTIFIC			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	8	
	3 Number of voting members of the governing body (Part VI, line 1a)	4	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	0	
	6 Total number of volunteers (estimate if necessary)	7a	0.	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.	
	b Net unrelated business taxable income from Form 990-T, line 34			
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)		6,865,411.	
9 Program service revenue (Part VIII, line 2g)		150,000.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,015,411.		
Revenue	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	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)		3,644,569.	
	16a Professional fundraising fees (Part IX, column (A), line 16)		0.	
	b Total fundraising expenses (Part IX, column (D), line 25)		0.	
	17 Other expenses (Part IX, column (A), lines 17a-17h, 17f-24)		3,475,412.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,119,981.	
	19 Revenue less expenses. Subtract line 18 from line 12		-104,570.	
	Expenses	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)		1,067,863.
22 Net assets or fund balances. Subtract line 21 from line 20			255,466.	
			812,397.	
Net Assets or Fund Balances				

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 DAVID HOROWITZ, PRESIDENT	Date 2/17/14
	Type or print name and title	
Paid Preparer	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature 2/17/14
	Firm's name ► MARCUM LLP	Date Check if self-employed Firm's EIN ►
Use Only	Firm's address ► 53 STATE STREET, FLOOR 38 BOSTON, MA 02109	Phone no. (617) 742-9666

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

61412

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

- 1 Briefly describe the organization's mission:
CONDUCT MEDICAL AND SCIENTIFIC RESEARCH AND COMMUNITY BENEFITS PROJECTS. 90% OF THE ORGANIZATION'S TIME AND ENERGY ARE DEVOTED TO CLINICAL RESEARCH PROJECTS. CLINICAL TRIALS ARE EXPECTED TO INCLUDE AREAS OF CANCER, CARDIOVASCULAR, PULMONARY AND NEUROLOGY. COMMUNITY

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

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

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

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

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

4a (Code: _____) (Expenses \$ **5,365,891**) including grants of \$ _____) (Revenue \$ _____)
CLINICAL RESEARCH PROJECTS THAT WILL COMBINE BOTH BENCH/LABORATORY RESEARCH AND CLINICAL TRIALS. THE ORGANIZATION'S DIVERSE TEAM OF RESEARCHERS INCLUDES INDIVIDUALS FROM BIOLOGICAL, MATHEMATICAL, PHYSICAL AND CLINICAL BACKGROUNDS WHO ARE WORKING TO BETTER UNDERSTAND THE MOLECULAR AND TISSUE-LEVEL EVENTS OF DISEASES SUCH AS CANCER EVOLUTION AND DEVELOPMENT. THE RESULTS OF SUCH RESEARCH ARE DISSEMINATED THROUGH A COMBINATION OF WORKSHOPS, SEMINARS AND PUBLICATIONS.

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

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 ► **5,365,891.**

**GENESYS RESEARCH INSTITUTE, INC. F.K.A
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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 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
- 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
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 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, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 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
- 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
- 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
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
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	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? a 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	35	X
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	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a	0
1b	0
- 1b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b	0
----	---
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	
----	--
- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	0
----	---
- 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	
----	--
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a	X
----	---
- b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

3b	
----	--
- 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	X
----	---
- b** If "Yes," enter the name of the foreign country: **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

5a	X
----	---
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b	X
----	---
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c	
----	--
- c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a	X
----	---
- 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?

6b	
----	--
- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7a	X
----	---
- 7** **Organizations that may receive deductible contributions under section 170(c).**

7b	
----	--
- 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?

7c	X
----	---
- b** If "Yes," did the organization notify the donor of the value of the goods or services provided?

7d	
----	--
- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7e	X
----	---
- d** If "Yes," indicate the number of Forms 8282 filed during the year

7f	
----	--
- e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7g	
----	--
- f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7h	
----	--
- g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

8	
---	--
- h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

9a	
----	--
- 8** **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9b	
----	--
- 9** **Sponsoring organizations maintaining donor advised funds.**

10a	
-----	--
- a** Did the organization make any taxable distributions under section 4966?

10b	
-----	--
- b** Did the organization make a distribution to a donor, donor advisor, or related person?

11a	
-----	--
- 10** **Section 501(c)(7) organizations.** Enter:

11b	
-----	--
- a** Initiation fees and capital contributions included on Part VIII, line 12

12a	
-----	--
- b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

12b	
-----	--
- 11** **Section 501(c)(12) organizations.** Enter:

12c	
-----	--
- a** Gross income from members or shareholders

13a	
-----	--
- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

13b	
-----	--
- 12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

13c	
-----	--
- b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

14a	X
-----	---
- 13** **Section 501(c)(29) qualified nonprofit health insurance issuers.**

14b	
-----	--
- 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.

14a	X
-----	---
- 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

14b	
-----	--
- c** Enter the amount of reserves on hand

14c	
-----	--
- 14a** Did the organization receive any payments for indoor tanning services during the tax year?

14a	X
-----	---
- b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b	
-----	--

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032005
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

- | | Yes | No |
|----|-------------------------------------|-------------------------------------|
| 1a | 8 | |
| 1b | 3 | |
| 2 | <input checked="" type="checkbox"/> | |
| 3 | | <input checked="" type="checkbox"/> |
| 4 | | <input checked="" type="checkbox"/> |
| 5 | | <input checked="" type="checkbox"/> |
| 6 | <input checked="" type="checkbox"/> | |
| 7a | <input checked="" type="checkbox"/> | |
| 7b | <input checked="" type="checkbox"/> | |
| 8a | <input checked="" type="checkbox"/> | |
| 8b | <input checked="" type="checkbox"/> | |
| 9 | | <input checked="" type="checkbox"/> |
- 1a Enter the number of voting members of the governing body at the end of the tax year
 b Enter the number of voting members included in line 1a, above, who are independent
 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?
 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?
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
 6 Does the organization have members or stockholders?
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?
 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

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

- | | Yes | No |
|-----|-------------------------------------|-------------------------------------|
| 10a | | <input checked="" type="checkbox"/> |
| 10b | | |
| 11a | | <input checked="" type="checkbox"/> |
| 12a | <input checked="" type="checkbox"/> | |
| 12b | <input checked="" type="checkbox"/> | |
| 12c | <input checked="" type="checkbox"/> | |
| 13 | <input checked="" type="checkbox"/> | |
| 14 | <input checked="" type="checkbox"/> | |
| 15a | | <input checked="" type="checkbox"/> |
| 15b | | <input checked="" type="checkbox"/> |
| 16a | | <input checked="" type="checkbox"/> |
| 16b | | |
- 10a Does the organization have local chapters, branches, or affiliates?
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
 13 Does the organization have a written whistleblower policy?
 14 Does the organization have a written document retention and destruction policy?
 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
 b Other officers or key employees of the organization
 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?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DAVID HOROWITZ - 650-278-9429**
736 CAMBRIDGE STREET CBR-415, BRIGHTON, MA 02135

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

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

(A) $\frac{1}{2} \pi r^2$ (B) πr^2 (C) $\frac{1}{2} \pi r^2$ (D) πr^2 (E) $\frac{1}{2} \pi r^2$

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

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REGENTS, UNIVERSITY OF CALIFORNIA 2195 HEART AVE, BERKLEY, CA 94720	RADIOBIOLOGY RESEARCH	112,214.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

**GENESYS RESEARCH INSTITUTE, INC. F.K.A.
STEWARD RESEARCH AND SPECIALTY PROJECTS**

Form 990 (2010)

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,719,285.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,146,126.			
	g Noncash contributions included in lines 1a-1f					
h Total. Add lines 1a-1f		► 6,865,411.				
Program Service Revenue	2 a ROYALTY REVENUE	Business Code	150,000.	150,000.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			► 150,000.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	►				
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)	►					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►					
12 Total revenue. See instructions.	►	7,015,411.	150,000.	0.	0.	

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Form 990 (2010)

**GENESYS RESEARCH INSTITUTE, INC. F.K.A
STEWARD RESEARCH AND SPECIALTY PROJECTS**

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Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	535,621.		535,621.	
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	2,611,970.	1,800,273.	811,697.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	496,978.	342,537.	154,441.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	499.	499.		
b Legal	202,364.		202,364.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,740,634.	1,740,634.		
12 Advertising and promotion	27,989.	27,989.		
13 Office expenses	25,216.		25,216.	
14 Information technology				
15 Royalties				
16 Occupancy	50,565.	50,565.		
17 Travel	107,557.	107,557.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238,831.	238,831.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	991,335.	991,335.		
b SVC CONTRACTS	29,679.	29,679.		
c OFFICE & ADMIN EXPENSES	24,751.		24,751.	
d DUES & MEMBERSHIPS	13,990.	13,990.		
e MISCELLANEOUS EXPENSE	11,084.	11,084.		
f All other expenses	10,918.	10,918.		
25 Total functional expenses. Add lines 1 through 24f	7,119,981.	5,365,891.	1,754,090.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

GENESYS RESEARCH INSTITUTE, INC. F.K.A
STEWARD RESEARCH AND SPECIALTY PROJECTS

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Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	389,725.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,671,820.	
	b Less: accumulated depreciation	10b	993,682.	0.
	11 Investments - publicly traded securities		10c	678,138.
	12 Investments - other securities. See Part IV, line 11			11
	13 Investments - program-related. See Part IV, line 11			12
	14 Intangible assets			13
	15 Other assets. See Part IV, line 11			14
	16 Total assets. Add lines 1 through 15 (must equal line 34)		0.	1,067,863.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		0.	255,466.
	26 Total liabilities. Add lines 17 through 25		0.	255,466.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	812,397.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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		0.	33 812,397.
	34 Total liabilities and net assets/fund balances		0.	34 1,067,863.

Form 990 (2010)

**GENESYS RESEARCH INSTITUTE, INC. F.K.A
STEWARD RESEARCH AND SPECIALTY PROJECTS**

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Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,015,411.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,119,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	-104,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-104,570.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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?
b Were the organization's financial statements audited by an independent accountant?
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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
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.

	Yes	No
2a		X
2b		X
2c		
3a	X	
3b		X

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization GENESYS RESEARCH INSTITUTE, INC. F.K.A STEWARD RESEARCH AND SPECIALTY PROJECTS **Employer identification number** 27-3896009

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2010

GENESYS RESEARCH INSTITUTE, INC. F.K.A

Schedule A (Form 990 or 990-EZ) 2010 STEWARD RESEARCH AND SPECIALTY PROJECTS 27-3896009 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					6865411.	6865411.
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					6865411.	6865411.
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						6865411.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4					6865411.	6865411.
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 IV.)						
11 Total support. Add lines 7 through 10						6865411.
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						► <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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	►	<input type="checkbox"/>
b 33 1/3% support test - 2009. 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	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ►

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **GENESYS RESEARCH INSTITUTE, INC. F.K.A
STEWARD RESEARCH AND SPECIALTY PROJECTS** Employer identification number **27-3896009**

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
2a	
2b	
2c	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

GENESYS RESEARCH INSTITUTE, INC. F.K.A

STEWARD RESEARCH AND SPECIALTY PROJECTS

27-3896009 Page 2

Schedule D (Form 990) 2010

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

Yes	No
3a(i)	
3a(ii)	
3b	

by:
 (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,671,820.	993,682.	678,138.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 678,138.

Schedule D (Form 990) 2010

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08190217 756977 GENESYSRI

2010.06020 GENESYS RESEARCH INSTITUTE, GENESYS1

GENESYS RESEARCH INSTITUTE, INC. F.K.A.
STEWARD RESEARCH AND SPECIALTY PROJECTS

27-3896009 Page 3

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO / FROM HOSPITAL	255,466.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	255,466.

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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12-20-10

Schedule D (Form 990) 2010

GENESYS RESEARCH INSTITUTE, INC. F.K.A

Schedule D (Form 990) 2010

STEWARD RESEARCH AND SPECIALTY PROJECTS

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

1	7,015,411.
2	7,119,981.
3	-104,570.
4	
5	
6	
7	
8	
9	
10	-104,570.

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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, line 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. ► See separate instructions.

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization	GENESYS RESEARCH INSTITUTE, INC. F.K.A STEWARD RESEARCH AND SPECIALTY PROJECTS	Employer identification number 27-3896009
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

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

► \$ —————

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEWARD HEALTH CARE SYSTEM LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED PARTY HOSPITAL

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

GENESYS RESEARCH INSTITUTE, INC. F.K.A
STEWARD RESEARCH AND SPECIALTY PROJECTS

Employer identification number
27-3896009

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

RESEARCH AND COMMUNITY BENEFITS PROJECTS.

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

BENEFIT PROJECTS INCLUDE EMERGENCY PREPAREDNESS, DOMESTIC VIOLENCE

INTERVENTIONS, MENTAL HEALTH SCREENING FOR THE ELDERLY, VICTIM WITNESS

ADVOCACY, SUICIDE PREVENTION AND GROWTH AND NUTRITION PROJECTS.

FORM 990, PART VI, SECTION A, LINE 2: THERE IS A BUSINESS RELATIONSHIP

BETWEEN THE MEMBERS OF THE BOARD AND STEWARD HEALTH CARE SYSTEM LLC.

**FORM 990, PART VI, SECTION A, LINE 6: STEWARD HEALTH CARE SYSTEM LLC WAS
THE SOLE MEMBER OF GENESYS RESEARCH INSTITUTE, INC. FROM NOVEMBER 3, 2010
UNTIL DECEMBER 31, 2012.**

**FORM 990, PART VI, SECTION A, LINE 7A: THROUGHOUT THE PERIOD OF NOVEMBER
3, 2010 UNTIL DECEMBER 31, 2012 STEWARD HEALTH CARE SYSTEM LLC HAD THE
POWER TO REMOVE DIRECTORS, FILL VACANCIES AND TO INCREASE OR DECREASE THE
SIZE OF THE BOARD. EFFECTIVE DECEMBER 31, 2012, GENESYS WILL HAVE NO LESS
THAN THREE BUT NO MORE THAN SEVEN MEMBERS WHO HAVE THE POWER TO DETERMINE
THE NUMBER OF DIRECTORS, AND TO APPOINT, REMOVE OR SUSPEND ANY MEMBER OF
THE BOARD.**

**FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DOES NOT PROVIDE
THE GOVERNING BODY BEFORE IT IS FILED.**

Name of the organization	GENESYS RESEARCH INSTITUTE, INC. F.K.A STEWARD RESEARCH AND SPECIALTY PROJECTS	Employer identification number 27-3896009
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FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF GENESYS'S MANAGEMENT TEAM DISTRIBUTE CONFLICT OF INTEREST DOCUMENTS VIA MAIL OR OTHER METHOD DEEMED EFFECTIVE. THE MANAGEMENT TEAM WILL TRACK THE RETURN OF THE COMPLETED DISCLOSURE SURVEYS. ALL COMPLETED SURVEYS WITH NOTED DISCLOSURES WILL BE INITIALLY SCREENED FOR ANY REAL OR PERCEIVED CONFLICTS WHICH MAY REQUIRE A CONFLICT OF INTEREST MANAGEMENT PLAN. THE REAL OR PERCEIVED CONFLICT WHICH MAY NEED TO BE MANAGED WILL GO TO MEMBERS OF THE ORGANIZATION'S SENIOR LEADERSHIP. SENIOR LEADERSHIP SHALL DEVELOP A CONFLICT OF INTEREST MANAGEMENT PLAN THAT ADDRESSES THE SPECIFIC ISSUE OF CONCERN FOR THE INVOLVED INDIVIDUAL AS APPROPRIATE. THE PRIMARY METHODS OF CONTROLLING, MANAGING OR ELIMINATING CONFLICTS SHALL INCLUDE: 1) MODIFYING THE EMPLOYMENT/CONTRACTUAL RESPONSIBILITIES OF THE INDIVIDUALS; 2) DECREASE THE RISK OF A POTENTIAL CONFLICT BY REDUCING OR ALTERING THE LEADERSHIP ROLE, SECONDARY COMMITMENT OR FINANCIAL INTEREST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE MAINTAINED BY THE ATTORNEY GENERAL OF THE COMMONWEALTH OF MASSACHUSETTS.

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

Employer identification number
27-3896009

GENESEYS RESEARCH INSTITUTE, INC. F.K.A.
STEWARD RESEARCH AND SPECIALTY PROJECTS

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STEWARD FALL RIVER MANAGEMENT CARE SERVICES, LLC - 27-3074966, 500 BOYLSTON STREET, BOSTON, MA 02116	REAL ESTATE HOLDINGS DELAWARE				STEWARD HEALTH CARE SYSTEM LLC

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

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

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

Section III Identification of Related Organs

(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) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
STEWARD PET IMAGING, LLC -	MOBILE PET SCAN	MA	STEWARD IMAGING & RADIOLOGY HOLDINGS LLC				Yes	K-1 (Form 1065)	No	
442-1556663, 500 BOYLESTON	STREET, BOSTON, MA 02116	SERVICES	N/A				X	N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation

organizations treated as a corporation or trust during the tax year.

(a)	Name, address and EIN of related organization	(b)	Primary activity	(c)	Legal domicile (state or foreign country)	(d)	Direct controlling entity	(e)	Type of entity (C corp, S corp, or trust)	(f)	Share of total income	(g)	Share of end-of-year assets	(h)	Percentage ownership
STEWARD HEALTH CARE SYSTEM LLC	- 27-2473240					STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
500 BOYLSTON STREET	BOSTON, MA 02116	HEALTH CARE				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
STEWARD ST. ELIZABETH'S MEDICAL CENTER OF BOSTON -	27-2473667, 500 BOYLSTON STREET, BOSTON, MA 02116	HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
STEWARD ST. ANNE'S HOSPITAL CORPORATION - 27-2473637		HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
500 BOYLSTON STREET	BOSTON, MA 02116	HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
STEWARD HOLY FAMILY HOSPITAL, INC - 27-2473701		HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
500 BOYLSTON STREET	BOSTON, MA 02116	HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
STEWARD CARNEY HOSPITAL, INC. - 27-2473755		HOSPITAL				STEWARD HEALTH CARE SYSTEM	DE	LLC	C CORP						
500 BOYLSTON STREET	BOSTON, MA 02116														

Part IV Continuation of 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
STEWARD NORWOOD HOSPITAL, INC - 27-2473602 500 BOYLSTON STREET BOSTON, MA 02116	HOSPITAL		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD GOOD SAMARITAN MEDICAL CENTER, INC - 27-2473728, 500 BOYLSTON STREET, BOSTON, MA 02116	HOSPITAL		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD HOSPITAL HOLDINGS SUBSIDIARY ONE, INC - 45-2465023, 500 BOYLSTON STREET, BOSTON, MA 02116	INACTIVE		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD ST. ELIZABETH'S REALTY CORP - 27-3075169 500 BOYLSTON STREET BOSTON, MA 02116			DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD VALLEY REGIONAL VENTURES, INC. - 27-3075090 500 BOYLSTON STREET BOSTON, MA 02116	REAL ESTATE HOLDING		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD NEW ENGLAND INITIATIVES, INC. - 27-3075043 500 BOYLSTON STREET BOSTON, MA 02116	REAL ESTATE HOLDING		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD GOOD SAM OCCUPATIONAL HEALTH SERVICES, INC. - 27-3075262, 500 BOYLSTON STREET, BOSTON, MA 02116	OUTPATIENT HEALTH CENTER		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD GOOD SAMARITAN RADIATION ONCOLOGY CENTER, INC - 27-3075381, 500 BOYLSTON STREET, BOSTON, MA 02116	ONCOLOGY TREATMENT CENTER		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD HOME CARE, INC. - 27-3075314 500 BOYLSTON STREET BOSTON, MA 02116	HOME HEALTH CARE SERVICES		DE	STEWARD HEALTH CARE SYSTEM LLC			
STEWARD HEALTH CARE NETWORK, INC. - 27-3075212 500 BOYLSTON STREET BOSTON, MA 02116	PROF & TECH SERVICES		DE	STEWARD HEALTH CARE SYSTEM LLC			
MERRIMACK VALLEY HOSPITAL, A STEWARD FAMILY HOSPITAL, INC. - 27-4157776, 500 BOYLSTON STREET, BOSTON, MA 02116	HOSPITAL		DE	STEWARD HEALTH CARE SYSTEM LLC			
NASHOBIA VALLEY MEDICAL CENTER, A STEWARD FAMILY HOSPITAL, INC. - 27-4157855, 500 BOYLSTON STREET, BOSTON, MA 02116	HOSPITAL		DE	STEWARD HEALTH CARE SYSTEM LLC			

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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

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

1 During the tax year, did the organization 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
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

- 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.
- (1) STEWARD HEALTH CARE SYSTEM LLC
(2) STEWARD HEALTH CARE SYSTEM LLC
(3) STEWARD HEALTH CARE SYSTEM LLC
(4) STEWARD HEALTH CARE SYSTEM LLC
(5) STEWARD HEALTH CARE SYSTEM LLC
(6)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
STEWARD HEALTH CARE SYSTEM LLC	K	50,565	AMOUNT PAID
STEWARD HEALTH CARE SYSTEM LLC	M	0	VARIOUS
STEWARD HEALTH CARE SYSTEM LLC	N	2,250	,273. SALARIES PAID
STEWARD HEALTH CARE SYSTEM LLC	O	0	VARIOUS
STEWARD HEALTH CARE SYSTEM LLC	R	916	,970. NBV OF ASSETS

Bart VI **1.1 Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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