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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization: Baystate Health, Inc.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 759 Chestnut Street — Room/suite:

City or town, state or country, and ZIP + 4: Springfield, MA 01199-0001

D Employer identification number: 04-2105941

E Telephone number: (413) 794-0000

G Gross receipts $: 33,823,171.

F Name and address of principal officer: Keith C. McLean-Shinaman
same as C above

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.baystatehealth.org

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983 M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The mission of the organization is to improve the health of people in our communities every day,		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	190,038.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,275.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,422,624.	6,497,105.
9	Program service revenue (Part VIII, line 2g)	2,993,790.	2,371,763.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,099,742.	1,968,157.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	403,394.	1,308,984.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,919,550.	12,146,009.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	270,442.	270,442.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	540,316.	623,947.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,208.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,089,950.	8,046,237.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,900,708.	8,940,626.
19	Revenue less expenses. Subtract line 18 from line 12	2,018,842.	3,205,383.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	128,670,000.	132,753,000.
21	Total liabilities (Part X, line 26)	13,172,000.	11,348,000.
22	Net assets or fund balances. Subtract line 21 from line 20	115,498,000.	121,405,000.

RECEIVED
AUG 17 2010
IRS
OGDEN, UT

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: 08/11/2010

▶ Keith C. McLean-Shinaman, SVP Finance & Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 7/27/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions): P00743154

Firm's name (or yours if self-employed), address, and ZIP + 4:
Ernst & Young, LLP
200 Clarendon Street
Boston, MA 02116-5072

EIN ▶ 34-6565596

Phone no. ▶ 617-266-2000

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

See Schedule O for Organization Mission Statement Continuation

916-18 6 NE

SCANNED SEP 16 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
The mission of Baystate is to improve the health of the people in our communities every day, with quality and compassion.

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.

See Schedule O for Continuation(s)

4a (Code:) (Expenses $ 7,592,612. including grants of $ 270,442.) (Revenue $ 2,371,763.)

Baystate Health, Inc. (Baystate Health or BH) based in Springfield, Massachusetts is the parent corporation of an integrated health care delivery system with the mission "to improve the health of the people in our community every day, with quality and compassion."

BH provides funding for strategic initiatives, as necessary, funding for research & education initiatives and support of community health, development, and outreach activities, mostly funded by BH board-designated funds. Partners for a Healthier Community is the primary recipient of BH support.

Baystate Health currently includes the following:

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 ▶ $** 7,592,612. *(Must equal Part IX, Line 25, column (B).)*

Form **990** (2008)

832002
12-18-08

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
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, Part II*	15		X
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, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 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 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, questions 3, 4, or 5? *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 questions 24b-24d and complete Schedule K. If "No", go to question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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)? *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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	40		
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	X	
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?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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 Schedule O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body 1a 22			
b	Enter the number of voting members that are independent 1b 12			
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	X	
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	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization?	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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: ▶

Peter Lyons, Baystate Health, Inc. - 413-794-0000
759 Chestnut Street, Springfield, MA 01199-0001

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
M. Dale Janes Chair/Trustee	10.00	X		X				0.	0.	0.
Charles L. DAmour Chair/Vice Chair/Trustee	10.00	X		X				0.	0.	0.
Richard B. Steele, Jr. Vice Chair/Trustee	10.00	X		X				0.	0.	0.
Mark R. Tolosky President/CEO/Trustee	10.00	X		X				0.	1,799,544.	199,328.
Allan W. Blair Trustee	10.00	X						0.	0.	0.
R. Bruce Dewey Trustee	10.00	X						0.	0.	0.
Enrique J. Figueredo Trustee	10.00	X						0.	0.	0.
Loring S. Flint, M.D. Trustee	10.00	X						0.	749,658.	128,774.
Frederic W. Fuller, III Trustee	10.00	X						0.	0.	0.
Grace P. Makari-Judson, Trustee 1/1/09 - 9/30/09	10.00	X						0.	321,391.	76,119.
Steven M. Mitus Trustee	10.00	X						0.	0.	0.
John M. OBrien, III Trustee	10.00	X						0.	0.	0.
Katherine E. Putnam Trustee	10.00	X						0.	0.	0.
Timothy S. Rice Trustee	10.00	X						0.	0.	0.
James P. Sadowsky Trustee 1/1/09 - 9/30/09	10.00	X						0.	0.	0.
David C. Southworth Trustee	10.00	X						0.	0.	0.
Barbara W. Stechenberg, Trustee	10.00	X						0.	210,735.	98,789.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Frances K. Stotz, CFP Trustee	10.00	X						0.	0.	0.
David W. Townsend Trustee	10.00	X						0.	0.	0.
Howard G. Trietsch, M.D. Trustee	10.00	X						0.	0.	0.
Steven M. Wenner, M.D. Trustee	10.00	X						0.	0.	0.
Victor Woolridge Trustee	10.00	X						0.	0.	0.
Keith C. McLean-Shinaman Treasurer	10.00			X				0.	662,739.	185,168.
Helen F. Terrill Clerk/ 10/1/08 - 1/2/09	10.00			X				0.	93,684.	50,357.
Kristin R. Delaney Clerk/ 2/9/09 - 9/30/09	10.00			X				0.	77,153.	27,193.
Frances C. Grabowski Assistant Clerk	10.00			X				0.	53,946.	36,166.
Michael J. Daly Former Vice Chair							X	0.	208,474.	0.
1b Total						▶		0.	4,177,324.	801,894.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization . . . . ▶ 0

		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	X	
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
Baystate Administrative Services, Inc., 759 Chestnut Street, Springfield, MA	Management Services	1,738,570.
Attorney Pellegrini, Seeley and Ryan, 1145 Main Street, Suite 308 , Springfield, MA	Legal Services	475,000.
Cambridge Associates P.O.Box 10317, Uniondale, NY 115550317	Consulting Services	363,555.
The Nash Group 5017 West 95th Street, Oak Lawn, IL 60453	Consulting Services	154,870.
Morrison Mahoney 250 Summer Street, Boston, MA 02210	Consulting Services	105,466.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,497,105.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f	▶	6497105.			
Program Service Revenue		Business Code				
	2a Premier Purchasing Par	525990	1921796.	1921796.		
	b BHIC Community Physici	524298	511,984.		511,984.	
	c Intercompany Rent	531120	258,019.	258,019.		
	d Harbourvest Partners V	525990	6,840.		6,840.	
	e Harbourvest Partners V	525990	5,136.		5,136.	
	f All other program service revenue	525990	-332,012.	1,910.	-333922.	
	g Total. Add lines 2a-2f	▶	2371763.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1380557.			1,380,557.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	22,264,762.				
	b Less: cost or other basis and sales expenses	21,677,162.				
	c Gain or (loss)	587600.				
	d Net gain or (loss)	▶	587,600.			587,600.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a Operations from Total	525990	1850567.			1,850,567.
	b Health New England Int	525990	200,003.			200,003.
	c Morgan Stanley	525990	109,707.			109,707.
	d All other revenue	525990	-851,293.			-851293.
	e Total. Add lines 11a-11d	▶	1308984.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	12,146,009.	2181725.	190,038.	3,277,141.

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	270,442.	270,442.		
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				
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	623,947.	623,947.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	233,342.		233,342.	
c Accounting	30,563.		30,563.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	453,098.		453,098.	
12 Advertising and promotion	3,786.	3,786.		
13 Office expenses	10,659.		10,659.	
14 Information technology	2,429.		2,429.	
15 Royalties				
16 Occupancy				
17 Travel	39,883.	39,883.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,969.	4,969.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,393.	283,393.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESEARCH INITIATIVES	2,970,849.	2,970,849.		
b BAS TREASURY ASSESSMENT	977,012.	869,655.	107,357.	
c BAS ADMIN CHARGES	761,558.	677,875.	83,683.	
d OTHER MISCELLANEOUS EXP	429,751.	429,751.		
e DEVELOPMENT OFFICE EXPE	322,208.			322,208.
f All other expenses	1,522,737.	1,418,062.	104,675.	
25 Total functional expenses. Add lines 1 through 24f	8,940,626.	7,592,612.	1,025,806.	322,208.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		132,996.	1	28,140.
	2	Savings and temporary cash investments		20,348,012.	2	18,830,223.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		107,627.	4	82,911.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		20,599.	9	11,471.
	10a	Land, buildings, and equipment: cost basis	10a 332,445.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 242,303.	92,924.	10c	90,142.
	11	Investments - publicly traded securities		31,492,313.	11	32,770,536.
	12	Investments - other securities. See Part IV, line 11		4,951,647.	12	4,777,165.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		71,523,882.	15	76,162,412.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		128,670,000.	16	132,753,000.
Liabilities	17	Accounts payable and accrued expenses		1,932,109.	17	1,503,537.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow 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			24	
	25	Other liabilities. Complete Part X of Schedule D		11,239,891.	25	9,844,463.
	26	**Total liabilities.** Add lines 17 through 25		13,172,000.	26	11,348,000.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		96,517,000.	27	103,020,000.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		18,981,000.	29	18,385,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		115,498,000.	33	121,405,000.
	34	Total liabilities and net assets/fund balances		128,670,000.	34	132,753,000.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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		
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		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Baystate Health, Inc.	04-2105941

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 the Part III.)

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports.

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

Part II Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,800,072.	6,416,449.	6,317,020.	3,422,627.	6,497,105.	28,453,273.
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 - 3	5,800,072.	6,416,449.	6,317,020.	3,422,627.	6,497,105.	28,453,273.
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						28,453,273.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,800,072.	6,416,449.	6,317,020.	3,422,627.	6,497,105.	28,453,273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,534,303.	1,805,828.	2,440,675.	2,092,901.	1,380,550.	9,254,257.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				577,645.	190,038.	767,683.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				403,394.	1,308,984.	1,712,378.
11 **Total support.** Add lines 7 through 10						40,187,591.

12 Gross receipts from related activities, etc. (see instructions)	12	11,377,545.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	70.80 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	76.85 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Health New England Interest Income

Interest Income-Commercial Paper Line of Credit

Operations from Total Rate of Return

Total Rate of Return Adjustment

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

▶ **To be completed by organizations described below.**

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
Baystate Health, Inc.	04-2105941

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $

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

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

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

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 (grassroots 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. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

		(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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		120,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			120,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Baystate Health, Inc.

Employer identification number
04-2105941

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

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

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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	19,047,559.				
b	Contributions	80,997.				
c	Investment earnings or losses	-1,543,691.				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	17,584,865.				

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		332,445.	242,303.	90,142.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				90,142.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should 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
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Due from Affiliated Companies	2,893,665.
Investment in Unconsolidated Affiliate (Health New England, Inc.)	44,378,298.
Equity Investment in For-Profit Subsidiary (Ingraham Corporation)	67,951.
Line of Credit -- Affiliate	8,797,022.
Interest - Net Assets in BHF	20,025,634.
Rounding	-158.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	76,162,412.

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

(a) Description of liability	(b) Amount	[redacted]
Federal income taxes		
Due to Affiliated Companies	26,823.	
Due to Board-Designated Funds	933,774.	
Short-Term Obligations	8,883,884.	
rounding	-18.	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	9,844,463.	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Part V, line 4: Endowment assets are to provide funding to support programs that further Baystate Health's mission.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

Employer identification number

04-2105941

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 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
Caribbean	0	0	Investments		0.
Totals ▶					

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2008**

832071
12-18-08

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. Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) 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)
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							

2 Enter total number of organizations that are recognized as charities by the foreign country 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

Use Schedule F-1 (Form 990) 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)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

Employer identification number

04-2105941

Part I General Information on Grants and Assistance

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

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

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

1 (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
Partner's for a Healthier Community, Inc. - P. O. Box 15769 - Springfield, MA 01115			270,442.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2008

832101 12-18-08

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

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

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Baystate Health, Inc.

Employer identification number 04-2105941

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
Mark R. Tolosky	(ii)	646,153.	314,010.	839,381.	167,808.	31,520.	1,998,872.	339,237.
	(i)	0.	0.	0.	0.	0.	0.	0.
Loring S. Flint, M.D.	(ii)	431,096.	152,944.	165,618.	103,104.	25,670.	878,432.	48,748.
	(i)	0.	0.	0.	0.	0.	0.	0.
Grace P. Makari-Judson,	(ii)	245,054.	60,886.	15,451.	55,212.	20,907.	397,510.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Barbara W. Stechenberg,	(ii)	191,286.	16,444.	3,005.	78,322.	20,467.	309,524.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Keith C. McLean-Shinaman	(ii)	353,682.	129,241.	179,816.	152,815.	32,353.	847,907.	48,866.
	(i)	0.	0.	0.	0.	0.	0.	0.
Michael J. Daly	(ii)	0.	0.	208,474.	0.	0.	208,474.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 4b: Loring S. Flint, MD - Supplemental Retirement of $187,624 is included in column E. This amount consists of $138,876 earned in 2008 as well as $48,748 that was earned in 2007 and previously reported last year, and now included again in accordance with new reporting requirements.

Grace Makari-Judson, MD- Supplemental Retirement of $15,933 is included in column E. This amount consists of $11,612 earned in 2008 as well as $4,321 that was earned in 2007.

Keith C. McLean Shinaman - Supplemental Retirement of $217,078 is included in column E. This amount consists of $168,212 earned in 2008 as well as $48,866 that was earned in 2007 and previously reported last year, and now included again in accordance with new reporting requirements.

Mark R. Tolosky - Supplemental Retirement of $772,161 is included in column E. This amount consists of $432,924 earned in 2008 as well as $339,237 that was earned in 2007 and previously reported last year, and now included again in accordance with new reporting requirements.

Part III Supplemental Information

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

Line 4c

The supplemental retirement plan offered to Mr. Tolosky from 1997-2002 provided the right to purchase mutual fund shares at a specified price, with the rights expiring at the end of the 10 years. The 2008 compensation of $140,432 was based on the difference between the fair market value at the date of exercise and the exercise price.

The supplemental retirement plan offered to Mr. Daly from 1997-2002 provided the right to purchase mutual fund shares at a specified price, with the rights expiring at the end of the 10 years. The 2008 compensation of $208,474 was based on the difference between the fair market value at the date of exercise and the exercise price.

Baystate Health, Inc. uses an independent compensation committee, an independent compensation consultant, and appropriate comparability data and approval by the compensation committee to establish the compensation of its key officers, directors and employees.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

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

To be completed by organizations that 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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	(e) No
Baycare Health Partners, I	Common Board Member	9,375.	Schedule O		X
Baycare Health Partners, I	Common Board Member	224,700.	Schedule O		X
Baystate OB/GYN Group (BOG	Partnership - Owned	429,015.	Schedule O		X
Health New England (HNE)	Common Board Member	245,000.	Schedule O		X
Ingraham Corporation (IC)	Common Board Member	184,359.	Schedule O		X
Mass Mutual Financial Grou	Board Overlap	363,804.	Schedule O		X

See Schedule O for Schedule L Continuations

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

Form 990, Part I, Line 1, Description of Organization Mission:

with quality and compassion.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Baystate Medical Center (BMC) located in Springfield, Massachusetts, is the largest of the three hospitals in the Baystate Health system. BMC, the leading health facility in western Massachusetts is the only tertiary care referral medical center and level I trauma center in the region. It is also home to western New England's only neonatal and pediatric intensive care units. BMC is a 653-bed, tax exempt, not-for-profit, academic teaching hospital that serves as the western campus of Tufts University School of Medicine.

Baystate Franklin Medical Center (BFMC) located in Greenfield, Massachusetts, is a 90-bed, tax exempt, not-for-profit, acute care community hospital. BFMC serves the northern tier of northwestern Massachusetts and southern Vermont.

Baystate Mary Lane Hospital Corporation (BMLH) located in Ware, Massachusetts, is a 31-bed, tax exempt, not-for-profit, acute care community hospital. BMLH provides services to more than sixteen central Massachusetts communities.

Baystate Medical Practices(BMP)is a multi-specialty academic group practice established as a tax exempt, not-for-profit foundation to

support the educational and research programs of Baystate Health as well as numerous community primary care and outreach services.

Baystate Affiliated Practice Organization, Inc. (BAPO) is a tax exempt, not-for-profit organization, and consists of community based primary care (internists and pediatricians), medical and surgical practices, including obstetrical/gynecological, and hospitalist physicians dedicated to the care and management of patients hospitalized at BH affiliated hospitals.

Baystate Visiting Nurse Association & Hospice (BVNAH) is a tax exempt, not-for-profit organization that provides comprehensive home health care committed to providing the highest quality care to patients and families, primarily in the home setting. BVNAH meets individual needs by bringing experienced nurses, rehabilitation therapists, social workers, and home care aides to patients' homes.

Health New England, Inc. (HNE) is a for-profit, taxable health maintenance organization located in Springfield, Massachusetts, approximately 97% of which is owned by BH and the remaining 3% is owned by BH affiliated physicians. HNE's service area in Massachusetts includes Franklin, Berkshire, Hampden and Hampshire counties and part of Worcester county. HNE also serves Hartford, Litchfield and Tolland counties in Connecticut.

Ingraham Corporation (IC) is a for-profit, taxable corporation that

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

currently serves as a holding company for Baystate Health Ambulance, Inc.

Baystate Health Ambulance, Inc. (BHA) is a for-profit, taxable corporation that delivers the latest in mobile critical care providing 24-hour service throughout western New England.

Baystate Administrative Services, Inc. (BAS) is a tax exempt, not-for-profit corporation that provides management support for the BH subsidiaries, including human resources, marketing, strategic planning, information services and financial services.

Baystate Health Foundation, Inc. (BHF) is a tax exempt, charitable organization established for the purpose of fund-raising for healthcare related activities, in support, and for the benefit, of BH and those subsidiaries of BH that are tax exempt, not-for-profit corporations, and to hold endowment, charitable donations, and other funds for their benefit.

Baystate Health Insurance Company, Ltd. (BHIC) is a captive insurance company organized and licensed in the Cayman Islands, British West Indies. BHIC provides professional liability and other insurance coverage to the corporate members of BH and their employees. In 2004, BHIC began offering malpractice insurance to members of BH's medical staff who meet criteria for participation.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

Please also see the attached Three Community Benefit reports for Baystate Medical Center, Baystate Franklin and Baystate Mary Lane for further details.

Form 990, Part III, Line 4d, Other Program Services:

See attached Community Benefits Report

Form 990, Part V, Line 4b, List of Foreign Countries:

Cayman Islands, Luxembourg, England, Ireland

Form 990, Part VI, Section A, line 2: M. Dale Janes, Charles L. D'Amour, Richard B. Steele, Jr., Mark R. Tolosky, Keith C. McLean-Shinaman, Kristin R. Delaney, Frances C. Grabowski, Allan W. Blair, R. Bruce Dewey, Enrique J. Figueredo, Loring S. Flint, MD, Frederic W. Fuller, III, Katherine E. Putnam, Timothy S. Rice, James P. Sadowsky, David C. Southworth, Barbara W. Stechenberg, MD, Frances K. Stotz, CFP, David W. Townsend, Howard G. Trietsch, MD, Steven M. Wenner, MD and Victor Woolrich are also officers or trustees of Baystate Health, Inc. & its affiliated entities. The following trustees, officers, or key employees serve on a common board of a non-affiliated entity: (1) Katherine E. Putnam and David Southworth, (2) Mark R. Tolosky and David Southworth, (3) Timothy S. Rice, Richard B. Steele, Jr., and Steven Mitus, (4) Allan W. Blair, Mark R. Tolosky, Charles D'Amour and Steven Mitus, (5) Steven M. Wenner, M.D. and Keith C. McLean-Shinaman, (6) M. Dale Janes, Allan W. Blair, and Victor Woolridge, (7) Keith C. McLean-Shinaman and R. Bruce Dewey (8) Mark R. Tolosky and

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

Employer identification number

04-2105941

Victor Woolridge, (9) David W. Townsend and Mark R. Tolosky.

Form 990, Part VI, Section A, line 3: The organization is affiliated with Baystate Adminstrative Services, Inc. (BAS) which is a 501(c)(3) organization. Various management and support functions are delegated to BAS.

Form 990, Part VI, Section A, line 4: Amendment to the corporate bylaws clarifying the procedure for the filling of a vacancy in certain officer and committee positions; amending the definition of "Affiliate" to include BTHC and any future multi-member affiliates.

Form 990, Part VI, Section A, line 10: Prior to the filing of this return appropriate parts of this Form 990 were reviewed by representatives from the Tax, Finance, and Human Resources Departments of Baystate Health, Inc. (the parent organization of the health care system to which the filing organization belongs), some of whom are officers or trustees of the filing organization and by legal counsel. The entire return was reviewed by a tax expert from an outside accounting firm. The entire return was also reviewed prior to filing by the Audit and Compliance Committee of Baystate Health, Inc., which also includes some of the officers and trustees of the filing organization.

Form 990, Part VI, Section B, Line 12c: and 12b Baystate Health, Inc. and its affiliated entities have a comprehensive conflict of interest policy applicable to all of the affiliated entities and to all directors,

officers, and employees of those entities. All directors, trustees, key employees and highest compensated employees are asked to complete an annual "conflict of interest" form. We utilize an electronic database to receive and manage all conflict of interest submissions. This information is reviewed by the Chief Compliance Officer, Chief Executive Officer, Chair of the Board of Trustees, and the Chair of the Audit & Compliance Committee. A summary of the conflict of interest disclosures is provided to the Baystate Health Board of Trustees, and is used for Form 990 disclosures. Potential conflict of interest transactions are reviewed as appropriate under the policy.

Form 990, Part VI, Section B, Line 15: The compensation of the President and CEO, and of other key officers and employees is established based on information provided by independent third party consultants for reasonableness and appropriate comparability data. The compensation is then established, reviewed and approved by the independent compensation committee of Baystate Health, Inc.

Form 990, Part VI, Section C, Line 19: The organization makes its conflict of interest policy and financial statements available to the public at www.baystatehealth.org. Articles of organization and bylaws are generally available at the Commonwealth of Massachusetts website.

Form 990, Part VIII, Line 11D: All other revenue of -851,293 includes the following: Total Rate of Return = -874,043 and Interest Income - Commercial Paper = 22,750.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

Employer identification number

04-2105941

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Baycare Health Partners, Inc. (BHP)

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 9375.

(d) Description of Transaction: Schedule O - The filing organization received payments from BHP for reimbursement of expenses. BHP is an affiliate corporation of the filing organization.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Baycare Health Partners, Inc. (BHP)

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 224700.

(d) Description of Transaction: Schedule O - The filing organization made payments to BHP for membership dues. BHP is an affiliate corporation of the filing organization.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Baystate OB/GYN Group (BOG)

(b) Relationship Between Interested Person and Organization:

Partnership - Owned more than 5% by Dr. Howard Trietsch, Board Member

(c) Amount of Transaction $ 429015.

(d) Description of Transaction: Schedule O - The filing organization received pass through payments from BOG for community physician insurance

premiums due Baystate Health Insurance Corporation, Inc.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Health New England (HNE)

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 245000.

(d) Description of Transaction: Schedule O - The filing organization received interest payments from HNE. HNE is an affiliate corporation of the filing organization.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Ingraham Corporation (IC)

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 184359.

(d) Description of Transaction: Schedule O - The filing organization received principal and interest payments from IC related to the line of credit. IC is an affiliate corporation of the filing organization.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Mass Mutual Financial Group (MMFG)

(b) Relationship Between Interested Person and Organization:

Board Overlap

(c) Amount of Transaction $ 363804.

(d) Description of Transaction: Schedule O - Allan Blair, Board Member

of the filing organization is also a member of the Board of Trustees of several subsidiary companies of MMFG, the parent company of Babson Capital Management (BCM). M. Dale Janes, Board Member of the filing organization is also the former Senior Vice President of MMFG, the parent company of Babson Capital Management (BCM). Victor Woolridge, Board Member of the filing organization is also the Managing Director of Babson Capital Management LLC (BCM), a subsidiary of MMFG. The filing organization purchases investment management & administrative services from BCM and MMFG.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: New England Orthopedic Services, Inc. (NEOS)

(b) Relationship Between Interested Person and Organization:

Corporation owned more than 5% by Dr. Steven Wenner, Board Member of BMC

(c) Amount of Transaction $ 277275.

(d) Description of Transaction: Schedule O - The filing organization received pass through payments from NEOS for community physician insurance premiums due Baystate Health Insurance Corporation, Inc.

(e) Sharing of Organization Revenues? = No

Form 990 Part XI line 2b

Financial Statements & Reporting

Baystate Health, Inc., the parent organization of an integrated delivery system, receives a report from its' Independent Auditors on its consolidated financial statements and Auditors Report on Other Financial Information. This additional information includes

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

Employer identification number

04-2105941

consolidating statements with detailed information on each subsidiary including Baystate Health, Inc.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization Baystate Health, Inc.

Employer identification number 04-2105941

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
Baystate Medical Center, Inc. - 04-2790311 759 Chestnut Street Springfield, MA 01199	Acute Care Teaching Hospital	Massachusetts	501 (c) (3)	3	Baystate Health, Inc.
Baystate Franklin Medical Center - 04-2103575, 164 High Street, Greenfield, MA 01301	Hospital	Massachusetts	501 (c) (3)	3	Baystate Health, Inc.
Baystate Mary Lane Hospital Corporation - 04-2103584, 85 South Street , Ware, MA 01082	Hospital	Massachusetts	501 (c) (3)	3	Baystate Health, Inc.
Baystate Affiliated Practice Organization, Inc. - 04-3124541, 759 Chestnut Street, Springfield, MA 01199	Clinical Services	Massachusetts	501 (c) (3)	9	Baystate Health, Inc.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2008**

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12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

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

(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
Health New England, Inc. - 04-2864973 Monarch Place, Suite 1500 Springfield, MA 01144-1500	HMO/Insurance	MA	Baystate Health, Inc.	C CORP	3,054,312.	79,612,365.	96.60%
HNE Advisory Services - 04-3012347 Monarch Place, Suite 1500 Springfield, MA 01144-1500	Administrative Svs	MA	Health New England, Inc.	C CORP	180,097.	1,428,464.	96.60%
Health New England Insurance - 04-3183019 Monarch Place, Suite 1500 Springfield, MA 01144-1500	Ancilliary Insurance	MA	Health New England, Inc.	C CORP	6,032.	91,711.	96.60%
Health New England of Connecticut - 06-1398662 Monarch Place, Suite 1500 Springfield, MA 01144-1500	Dormant	MA	Health New England, Inc.	C CORP	0.	0.	96.60%
Ingraham Corporation - 04-3016257 759 Chestnut Street Springfield, MA 01199	Health care and other business activities	MA	Baystate Health, Inc.	C CORP	-60,000.	-188000.	100.00%

Part V Transactions With Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.				
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 (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) Baystate Medical Education & Rsch Foundation, Inc.	L	119,411.
(2) Visiting Nurse Assn and Hospice of Western New England, Inc.	O	84,000.
(3) Baystate Administrative Services, Inc.	L	2,069,275.
(4) Baystate Health Foundation, Inc.	L	50,000.
(5) Baystate Health Foundation, Inc.	B	65,000.
(6) Baystate Medical Center, Inc.	C	6,000,000.

Part VI **Unrelated Organizations Taxable as a Partnership**

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of 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
Baystate Medical Education & Rsch Foundation, Inc. - 04-2888373, 759 Chestnut Street, Springfield, MA 01199	Charitable, Educational and Research Activities	Massachusetts	501 (c) (3)	11c, IIIc	Baystate Health, Inc.
Baystate Vascular Services, Inc. - 26-0193173, 759 Chestnut Street, Springfield, MA 01199	Clinical Services	Massachusetts	501 (c) (3)	9	Baystate Health, Inc.
Visiting Nurse Assn and Hospice of Western New England, Inc. - 04-2105803, 50 Maple Street, Springfield, MA 01199	Homehealth and Hospice care	Massachusetts	501 (c) (3)	9	Baystate Health, Inc.
Baystate Total Home Care, Inc. - 20-3260764 50 Maple Street Springfield, MA 01199	Real Estate and Other	Massachusetts	501 (c) (3)	11b, II	Baystate Health, Inc.
Baystate Administrative Services, Inc. - 22-2747685, 759 Chestnut Street, Springfield, MA 01199	Administrative services	Massachusetts	501 (c) (3)	11c, IIIc	Baystate Health, Inc.
Baystate Health Foundation, Inc. - 04-3549011, 759 Chestnut Street, Springfield, MA 01199	Fundraising	Massachusetts	501 (c) (3)	7	Baystate Health, Inc.
BH Insurance Company, Ltd. - 98-0421413 North Church Street Georgetown, Cayman Islands	Offshore captive Insurance	Cayman Islands			Baystate Health, Inc.
Baystate Health Systems, Inc. Health & Welfare Benefits Plan - 22-2531644, 759 Chestnut Street, Springfield, MA 01199	Voluntary Employees' Benefit Association	Massachusetts	501 (c) (9)		Baystate Health, Inc.

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
Baystate Health System Ambulance, Inc. - 04-3018550 759 Chestnut Street Springfield, MA 01199	Ambulance Svs	MA	Ingraham Corporation	C CORP	-1,259,000.	256,000.	100.00%

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) Baystate Medical Center, Inc.	I	258,019.
(8) Baystate Medical Education & Rsch Foundation, Inc.	R	260,722.
(9) Baystate Medical Center, Inc.	Q	1,359,472.
(10) Baystate Medical Center, Inc.	A	75,647.
(11) Baystate Medical Center, Inc.	D	919,843.
(12) Visiting Nurse Assn and Hospice of Western New England, Inc.	A	33,932.
(13) Visiting Nurse Assn and Hospice of Western New England, Inc.	D	160,208.
(14) Ingraham Corporation	A	22,715.
(15) Ingraham Corporation	D	161,644.
(16) Baystate Vascular Services, Inc.	A	12,425.
(17) Baystate Vascular Services, Inc.	D	95,693.
(18) Health New England, Inc.	D	147,500.
(19) Baystate Health Foundation, Inc.	R	1,329,710.
(20) Baystate Medical Center, Inc.	Q	60,367.
(21) BH Insurance Company, Ltd.	O	3,712,439.
(22)		
(23)		
(24)		

Baystate Medical Center

COMMUNITY BENEFITS REPORT

FY 2009

Submitted
February 28, 2010

MISSION STATEMENT

The charitable mission of Baystate Medical Center is *to improve the health of the people in our communities every day, with quality and compassion.*

Vision for Community Health

Baystate Medical Center, a member hospital of Baystate Health, is committed to meeting the identified health and wellness needs of constituencies and communities served through the combined efforts of Baystate Medical Center member organizations, affiliated providers, and community partners.

To reach this goal Baystate Medical Center will:

- focus on prevention and increasing access to health and wellness care;
- provide technical support for related community planning;
- focus on amelioration of root causes of health disparities, including related economic development, job training, and education;
- measure improvements in community health status that result from our efforts; and
- invest the time, talent, and resources necessary to accomplish these goals.

PROGRAM ORGANIZATION AND MANAGEMENT

The Baystate Health Community Benefits/Impact Oversight Committee (CBIOC) is convened by senior leaders and currently oversees the hospital's community benefits. The membership of the CBIOC consists of senior leaders, government and community relations staff, finance staff, strategic and program planning staff and community health planning staff. Key members of the CBIOC also participate on Baystate's Community Benefits Workgroup that has been tasked to monitor the federal community benefit requirements and state community benefits guidelines, complete an inventory of Baystate's current community benefit programs and services, roll-out the implementation of CBISA (community benefit tracking web-based software), oversee a community health needs assessment and develop a board approved strategic Community Benefits Plan.

KEY COLLABORATIONS AND PARTNERSHIPS

Community members have a key and growing role in helping the hospital identify and prioritize community health needs, developing strategies to address these needs, and evaluating the effectiveness of strategies and interventions. They have participated on community benefit committees for Baystate Medical Center representing the greater Springfield community and Western Massachusetts constituencies. They review community needs assessment data and use this analysis as a foundation for decision-making and developing strategies to effect change in the following areas:

1. Family Violence
2. Child and Adolescent Health
3. Health Access

COMMUNITY HEALTH NEEDS ASSESSMENT

Background: In FY 2004, Partners for a Healthier Community in conjunction with Baystate Medical Center completed a planning and community needs assessment process based on "A

Planned Approach to Community Health," a five-phase model including the steps outlined below.[1] This planning framework was used to conduct locality-based planning activities and goal-setting for Partners for a Healthier community and Baystate Medical Center's CBAC initiatives which were developed based on the following five planning steps:

1. Engage the community
2. Collect and organize data
3. Choose health priorities and target groups
4. Choose and conduct interventions
5. Evaluate the process and the community interventions

Sources of Information: Baystate Medical Center continues to utilize population-based data from local, regional and state public health data sources augmented with person-to-person interviews of residents of Springfield. Data sources include:

- Healthy People 2010 indicators collected by the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention were major sources of data for community health needs assessment and planning information.

- Morbidity data based on hospital discharge data secured through internal Baystate Health sources and the Massachusetts Data Consortium were a major source of information.

- Expert testimony in areas of community health was provided to the Committee by internal and external professionals in the health care and public health field, including the Director of Health and Human Services for the City of Springfield.

COMMUNITY BENEFITS PLAN

Baystate Medical Center is committed to expanding our partnerships with stakeholders to determine how to improve access to health information, preventive care, and medical services. As the region's largest provider of free care and Medicaid services, Baystate Medical Center has a long history of working with underserved and underinsured populations to improve health care delivery and supporting programs that address identified community needs. During FY 2009, Baystate Medical Center continued to partner with diverse populations and neighborhood groups in the community to improve health access and quality for our most vulnerable citizens—the uninsured, refugees and immigrants, people of color, and the disabled.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

Over the course of the last year, planning meetings and program development activities focused on addressing the burden of illness, high incidence and prevalence of disease, and mortality experienced by those who suffer from health disparities, including racial and ethnic minorities. Baystate Medical Center's Community Health Centers have been engaged in a transformational re-engineering of health care services based on a medical home model of care. As a result we have been able to increase services to at risk populations by 25% and significantly improve patient satisfaction scores.

[1] U.S. Department of Health and Human Services. *Planned Approach to Community Health: Guide for the Local Coordinator.* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Our Community Health Planning Director provides special program development services, including grant development, to leverage existing BMC resources in order to expand services to at risk populations. Baystate Health utilizes Community Benefits Inventory and Social Accountability (CBISA) community benefits software to track and manage Baystate Health community benefits programs, services and activities.

The balance of this report refers to the work and activities of Baystate Medical Center's community benefits programs during FY 2009.

Child & Adolescent Health

In FY 2009, Baystate Medical Center provided community benefit programs and services to infants, children and adolescents through various program activities. **Baystate Children's Hospital**, located within Baystate Medical Center, provides advanced medical care to babies, children and adolescents in an environment that focuses exclusively on the needs of children and families throughout the region. Our 110-bed facility provides complete critical care programs, including the region's only Pediatric Intensive Care and Neonatal Intensive Care Units. Pediatric inpatient services include Infants & Children's, special Adolescent and Young Adult Unit, and primary and specialty services. Our Children's Hospital Surgery Center offers play spaces that help the hospital stay a positive, non-threatening experience for children and families.

Parents and caregivers in Western Massachusetts have a free and convenient way to get their child's safety seat inspected, thanks to a public service and community benefit program provided by the **Safe Kids of Western Massachusetts**, proudly led by Baystate Children's Hospital. Safe Kids of Western Massachusetts teaches parents and caregivers how to keep kids free from injury. Approximately 750 car seats are checked each year, and 150 car seats are provided to families in need through our community partners. Safe Kids also works with the City of Holyoke and other area agencies and organizations to improve the safety for children walking to and from school, and provides bicycle safety rodeos, skiing safety programs, and home safety equipment throughout Western Massachusetts. Parents and caregivers are welcome to call Safe Kids of Western Massachusetts at 413-794-6510 for any information on how to keep their children safe. Bi-lingual staff is available and information can be provided in English and Spanish.

Baystate Medical Center operates four **community-based health centers** including Baystate Brightwood Health Center, Baystate High Street Health Center (Adult and Pediatric Medicine), Baystate Mason Square Neighborhood Health Center and Wesson Women and Infants Clinic. Our health centers are comprehensive primary care medical practices that offer Adult and Pediatric Ambulatory Services, staffed by physicians, nurse practitioners, nurse-midwives, and many other health care professionals. Many of our physicians are nationally recognized for their expertise in patient care, clinical research, and medical education. Each PCP is part of a working team that includes both attending and resident physicians, physician assistants, nurse practitioners, nurse mid-wives, nurses, medical assistants and skilled support staff who work together to provide the best health care possible. As needed, primary care staff refers patients who need a subspecialty consultation to health center Specialty Clinics. Clinics include cardiology, dermatology, endocrine, gastrointestinal enterology, gynecology, liver, neurology, physical medicine, pulmonary, renal, rheumatology and urology. Other clinical services include family planning, foot care, gynecology services, HIV Testing and Counseling, home visits for homebound patients, immunization clinic, nutrition counseling, on-site lab services, on-site pharmacy, pregnancy testing, social services - identifying and assessing the needs of patients and their families.

Baystate Health and the Massachusetts Department of Public Health have collaborated since 1989 to provide primary care in Springfield Public Schools by operating **School-Based Health Centers (SBHC)** within city schools. The following schools have operational SBHC: Central High School and Roger L. Putnam Vocational Technical High School. Our School-Based Health Centers are comprehensive primary care programs, located within elementary and high schools and linked to other community-based services that provide developmentally and culturally appropriate health care.

Baystate Health nurses have cared for acute, chronic and emergency health problems such as asthma, attention deficit disorder, migraine headaches, epilepsy, heart conditions, diabetes, life-threatening allergies, arthritis and hemophilia. Students come to school requiring colostomy care, intravenous medications, and nasogastric feeding and other procedures. School nurses are also required by law to conduct annual postural, hearing and vision screening tests on all students and to monitor compliance with school immunization regulations. Nurses also provide health education to students and teach healthy behaviors as well as management of illnesses. Additional adolescent services are provided when appropriate including confidential STD testing and pregnancy testing. In these cases, the Nurse Practitioner works with a Baystate Children's Hospital doctor as well as the child's doctor. The primary goal of SBHC is to provide the necessary health care in the school so students may return to class and "maximize time in learning." Because SBHC Nurse Practitioners (NP) are able to provide this care, an average of 87% of students seen by the NPs in the SBHC were returned to class after their visit. Students learn to take a proactive role in gaining knowledge and information that will keep them healthy for life.

SBHC works with the YWCA pregnant and parenting teen's program and the child guidance mental health providers at each school. We are members of the school system policy committee for Service Teams Initiative and with the Safe and Drug Free Schools Initiative. The SBHC was developed and operates based on continual assessment of community needs. It gets students linked in with health care so they get the care they need and know how to access healthcare in the future.

In addition to clinical and outreach services, the community health centers also engage in other community benefit and community service activities such as canned food give-away drive, apparel and coat give-away drive, toy give-away drive, health fairs, kids' read-aloud program and many other enabling services provided and organized by volunteering employees to help improve the lives of our neighborhoods community residents.

Family Violence and Injury Prevention

Taking a lead role on issues of family violence in Hampden County, Baystate Medical Center Children's Hospital supports the **Family Advocacy Center,** which offers a multi-disciplinary approach to evaluating and treating child abuse victims. Since 1996, Baystate Medical Center's Family Advocacy Center has provided medical and psychological care to children who have been physically and sexually abused. The Family Advocacy Center is a hospital-based program accredited by the National Children's Alliance. The mission of the Center is to lead the community in improving the health, safety and well-being of children and families affected by child abuse and domestic violence. The Family Advocacy Center accomplishes this by providing:

- A child-friendly facility for and participation in a multidisciplinary child abuse interview team. The major partners of the team are the Hampden County District Attorney's Office, numerous local law enforcement agencies, and the Department of Children and Families.
- Expert medical and psycho-social assessment and identification of child abuse.
- Medical and psychological treatment of the negative effects of child abuse and domestic violence and advocacy for victims.
- Prevention and education services for the community.

Injury prevention strategies pursued by Baystate Medical Center during FY 2009 were focused on both educational and practical elements.

Chronic Health Conditions

Baystate Medical Center continues to offer free support groups and educational efforts for people dealing with the effects of a disease, chronic illness and loss. Examples of these groups include:

- The Support Group for Latina Women Living with Breast Cancer provides survivors the resources and coping skills to live strong although impacted by the diagnosis and treatment of cancer.
- The Support Group for Acoustic Neuroma provided by Baystate Midwifery Associates delivers emotional support, comfort and psycho-education to families.
- A Grief and Bereavement Support Group was offered BMC Spiritual Services.

Access to Care

BMC's Access Services helped over 4,000 people with their applications to obtain health care coverage through the Health Safety Net (Free Care), MassHealth and Commonwealth Care. Providing access to care took many forms in FY 2009, some traditional, others more innovative. Direct medical care delivered in the hospital and its community-based health centers assisted vulnerable and underserved populations who sought care without the ability to pay. For instance, Baystate Medical Center's Indigent Drug Program assists outpatients who are unable to afford their medications. Similarly, Baystate Medical Center Women's Health Network helped uninsured and underinsured women access lab and radiological services. Other examples include our Access Services counselors helping patients apply for Baystate Health's Financial Assistance Program, counselors helping uninsured patients from Connecticut apply for Medicaid products in their state, counselors assisting parents of critically ill newborns to obtain SSI benefits and counselors assisting patients to apply for food stamps.

Baystate Health Link, a free physician and program referral service, was heavily used by local residents. The trained staff members offer information about health services, register local residents for upcoming health and wellness events, and help individuals find a doctor. They have information about physician specialties, insurance plans accepted, office location and office hours, and even how many years the doctor has been in practice.

In the last year, Baystate Medical Center continued its commitment to making health information readily available in the home and the community. The hospital maintained three Consumer Health

Libraries, two on the main hospital campus and one at its 3300 Main Street satellite facility, for community members to learn more about health and medicine.

Community Health Planning

CHP played an instrumental role in the development of two community-based coalitions designed to create a healthier neighborhood: the North End Campus Committee and Mason Square Health Task Force. CHP has guided these coalitions through a community health planning process, which led to the establishment of a series of neighborhood-based mini-grant-funded initiatives. The process has organized and effectively engaged local residents in activities to address the complex problems of health disparities and health inequities affecting low income and racial/ethnic people. Nineteen mini-grants were developed in three broad categories:

I) STEPPING STONES TO HEALTH & WELLBEING. These programs are developed to provide health education, screening, assessment and linkage to health care for vulnerable populations (underinsured, uninsured, without a medical home, etc.).
   A) Nutrition & Fitness
      (1) DREAM Studios: Project 3T: Teaching Through Theater
      (2) McKnight Neighborhood Council
      (3) Springfield Partners: Total Health Project
      (4) The Food Bank: Intergenerational Community Meals Workshop
   B) Violence
      (1) Blessed Sacrament: SOY Basketball
   C) Teens & Youth Development
      (1) JELUPA Productions Inc: Teen Troupe
      (2) Junior Achievement: Building A Successful Future
      (3) Lee Revels Mentoring/Scholarship Foundation: Onward & Upward Initiative
      (4) Men's Resources International: YMLI
      (5) Springfield Parks: Learn to Swim
   D) Health Protective Factors
      (1) Carson Center: Empowerment Through Knowledge
      (2) Faith Unlimited Strengthening Families Mason Square
   E) Birth Outcomes
      (1) New North Citizens Council/Scan 360: Maternal Health (NNCC)

II) SMALL ACTS TO IMPROVE COMMUNITY HEALTH. These are actions by faith-based and community-based organizations and associations to support life-affirming activity that can be completed on a daily basis for us and for our neighborhoods. The action includes both program/organizational-level and community-level change efforts.
   A) Nutrition & Fitness
      (1) Alden Baptist Church
      (2) Stone Soul, Inc.: Health Awareness Team
      (3) The Gray House: Food Pantry
      (4) Thom Clinic: Springfield Welcome Baby

III) Restoring Health Justice/Reducing Health Inequity. This focus area emphasizes planning and assumes that Mason Square organizations, neighborhoods, and associations are creating a plan to bring the realities of exclusion, inequity and proposed remedies to the table for action
   A) Nutrition & Fitness
      (1) Urban League of Springfield: Weight Management

Baystate-Springfield Educational Partnership (BSEP)

Baystate Medical Center continues its commitment to improve educational outcomes for Springfield Public School students by expanding our Baystate-Springfield Educational Partnership (BSEP). BSEP goal is to advance the academic and career development of students K-12 to help them achieve rewarding careers in health care. BSEP offers continuous programs over the course of a student's elementary, middle, and high school education to promote science, math, technology, health care and social skills. By linking a student's education to a health career path the program helps BSEP students gain experience with health care professionals within a health care setting, receive support in meeting important proficiency standards, and develop the skills that are attractive to colleges and employers.

In FY 2009, BSEP strengthened its involvement with educational partnerships at the elementary, middle and high school level.

- The Career Prep program has established a regular curriculum to engage students in simulation education at Baystate's nationally accredited simulation center.
- BSEP expanded its training programs to include Phlebotomy. Eight students conducted over 100 draws last summer. Two of the students were hired by Baystate Medical Center.
- Engaged teachers from the Science and Math Departments of four Springfield high schools to serve as Teacher Advocates. In these roles, the teachers offer supplemental academic workshops, provide career counseling, and help strengthen the link between the schools and BSEP activities.
- Engaged in a year-long planning process to improve the quality of the programming and increase the capacity of the programs to engage more students in extended involvement (i.e., not one time events). The redesign will integrate the development of career pathways and the accompanying educational pipeline into a design we are calling "Baystate Health Careers Academy." The first iteration of the "Baystate Academy" began fall of 2009.

Partners for a Healthier Community (Partners)

In the mid-1990s, Baystate Health helped to convene the Springfield Community Health Planning Steering Committee. The goal was to explore a way to promote good health by reaching people wherever they live, not just in health care settings. In the spring of 1996, guided by a vision to create a measurably healthier Springfield, the Steering Committee and other key stakeholders established the foundation for what would become a new non-profit organization, Partners for a Healthier Community (PHC). More recently in 2005-2006, PHC revisited and renewed its mission and updated its strategic plan. Baystate has evolved as the primary funding partner for PHC providing over $260,000 a year in direct financial support.

Its mission reads "Partners for a Healthier Community, Inc. is a non-profit organization committed to building a measurably healthier Springfield through civic leadership, collaborative partnerships, and advocacy." Its strategic agenda included five themes and foci including work to increase (1) public understanding about the impact of health disparities; (2) shared community responsibility for reducing health disparities; (3) community capacity-building to achieve health equity; (4) access to quality medical, dental and mental health services; and innovations that improve community health.

Community Building- Partners for a Healthier Community uses a community health planning

framework to increase community accountability and encourage targeted investments of resources to address unmet health needs in vulnerable populations and ethnically and culturally diverse communities. PHC is recognized as a capacity-builder, demonstrating its success in managing complex projects in several areas: (1) community health planning; (2) public policy and advocacy; (3) developing systems of care to reach vulnerable children, youth, and their families and (4) increasing their access and use of health and human service resources. Over several projects, Partners has involved thousands of individuals and at least 100 different health and human service provider organizations.

Addressing Oral Health Disparities - PHC's Preschool Oral Health Task Force, a county-wide advocacy body, reflects the typical approach to its collaborative strategies for change. A diverse set of community stakeholders and organizational partnerships including Tufts Community Dental Program, Commonwealth Mobile Oral Health Services, Boston University School of Dental Medicine and Springfield College School of Social Work are now working together with guidance from Partners for a Healthier Community to ensure that ALL infants, toddlers and preschool-age children in low-income families will have access to comprehensive dental care.

The BEST Oral Health Program uses a community approach in oral health prevention and early intervention for babies, toddlers, and families with high risks (e.g., low income and racial/ethnic groups with system-related, personal and situational barriers to accessing dental care). The BEST Program recognizes that Early Education and Care (EEC) programs are critical entry points for prevention and utilizes multi-level strategies to provide oral health education, screening, and treatment services at EEC facilities. The program "piggy-backs" oral health services onto basic services and infrastructure of existing EEC programs for families. EEC centers (as the child's dental home) are better organized to deliver comprehensive oral health education and preventive/restorative treatment services. The program reaches over 4,000 children in 40 different sites with oral health education, screening, and comprehensive dental services. This model was designated as a national best practice program by the Association of State and Territorial Dental Directors.

Restoring Health Equity - In 2009, the "Live Well Springfield" coalition (LWS) was established to serve as an "umbrella" coalition to align multiple and layered activities of different health initiatives, thus shaping collective action and mechanisms to redesign local food systems and the built environment. Food system change strategies would specifically develop food policies to increase access to quality low cost foods, particularly for low-income families and children. The so-called umbrella approach is necessary to achieve large-scale systems change to convert neighborhood "food deserts," neighborhoods with the highest rates of food insecurity and hunger and obesity in the city and state, into health-promoting neighborhoods. In its Farm-to-Preschool and Families initiative, a collaborative of local Early Education Childcare Organizations seek environmental and policy changes at the organizational and local community level. They aim to get large-scale change in procurement, distribution, retail, marketing and preparation for consumption systems to increase the availability of healthy local foods for preschool families in the places where their children learn, live, and play with the goal of preventing childhood obesity.

Partnership Strategy

Baystate Health's Community Health Planning Director also serves as a loaned executive director to Partners for a Healthier Community. Over the life of the agency Baystate has underwritten the mission of the organization, investing $3 million. In turn the organization has leveraged this

investment earning approximately $7M from other sources for a total contribution of $10M in community health improvements.

PHC's Next Reporting Year

Partners intends to continue its expansion of preschool oral health initiatives, upgrade its public policy and health care access advocacy work and expand its efforts to address the epidemic of obesity and the associated chronic diseases associated with it e.g. diabetes, heart and vascular diseases . All current programs will continue and expand in range and scope of activity.

Community Leadership

As one of the largest employers in Springfield, Baystate Medical Center assumes an active agenda in its role as a responsible corporate citizen. Baystate Medical Center continued its unique and innovative leadership role in creating a healthy community by stimulating economic development in Springfield's inner-city neighborhoods. As a member of CISA (Community Involved in Sustaining Agriculture), Baystate Medical Center is dedicated to purchasing locally-grown produce.

In FY 2009, the Baystate Neighbors Program continued to support first-time home buying employees with a "forgivable" loan of $7,500 to help with down-payments and closing costs for homes purchased within Springfield, Greenfield and Ware neighborhoods. On October 1, 2008, Baystate Health partnered with the State of Massachusetts through Springfield Neighborhood Housing Services to create a matching "forgivable loan" of an additional $7,500 for homes in the Springfield North End target area and the State Street Corridor. Since 1999 the Baystate Neighbors Program has had many positive effects including promoting owner-occupied home ownership, providing $493,473.08 in forgivable loans to employees, helping 76 employees buy homes, and helping to revitalize neighborhoods one home at a time.

Baystate Medical Center was also a funding partner to many area groups like the Western Massachusetts Economic Development Council. Baystate Medical Center staff members are also strong supporters of the Community United Way of the Pioneer Valley, including significant volunteer participation by staff in the "Day of Caring" community service activities.

In FY 2009, Baystate Health provided the City of Springfield a fourth annual voluntary contribution of $500,000 earmarked to support the City's Department of Public Health and Human Services. As a result of BMC's contributions the Department of Public Health has been able to maintain its services to at-risk populations at a time when the City was facing large budget deficits and services reductions. The agreement, reached between Baystate and the former Springfield Finance Control Board, is a very real and tangible example of how Baystate's corporate social responsibility is a key organizational value at Baystate.

Determination of Need Factor 9: Community Health Service Initiatives

Baystate Medical Center (BMC) remains committed to meeting the health and wellness needs of the communities it serves. During FY 2007, Baystate Medical Center submitted a Determination of Need (DoN) Application to the Massachusetts Department of Public Health for a proposed Master Facility Plan which was approved in November 2007. In accordance with DoN Factor 9 requirements, Baystate Medical Center developed a plan to provide an array of new or additional community-based services for the citizens of Springfield. This plan was developed in consultation with community members from the greater Springfield community as well as other communities in

Western Massachusetts, the Community Health Network Areas (CHNAs) and the Department of Public Health's Office of Healthy Communities. Baystate Medical Center has a history of serving the health care needs of individuals in its surrounding communities by supporting a wide range of community benefit programs which focus on prevention and increased access to care, and activities to focus public policy on the root causes of health disparities. In recognition of the pressing needs of the community, BMC committed $9,600,000 over a seven-year period or $1,300,000 per year for the provision of educational and preventive health care services for underserved populations in the project's service area. BMC files annually with the Department of Public Health required compliance reports and evaluation of the outcomes of these programs.

2009 Progress Report on Community Health Service Initiatives:

Project: Francis Hubbard Social Change Grant Program
Community Partners: Community Health Network Agency (CHNA #4)
Description: Create and fund "Frances Hubbard Social Change Grant Program" to address key public-health priorities.
Total amount over 7 years: $350,000
FY 2009 Spending: $50,000

Project: North End Community Housing Initiative
Community Partners: New North Citizens Council, Inc.
Description: Support the newly incorporated North End Community Housing Initiative, intended to increase the quantity, quality and healthy habitability of owner-occupied, market-rate single and duplex family housing in North End neighborhoods.
Total amount over 7 years: $700,000
FY 2009 Spending: $100,000

Project: Baystate Health-North End Community Center Project/North End Campus Committee (NECC) and North End Outreach Network (NEON)
Community Partners: New North Citizens' Council, Inc.
Description of NECC: Address the health and education needs of youths and seniors who live in the North End. Focus on health education and prevention, including STD and teen pregnancy prevention, nutrition and weight loss, physical fitness, asthma education and prevention, violence prevention, and academic support and mentoring.
Description of NEON: Population-based outreach and supports youth leadership development
Total amount over 7 years: $3,950,000
FY 2009 Spending: $455,303.41

Project: Baystate Health-Mason Square Community Center Project
Community Partners: Mason Square Health Task Force and various community organizations, Friend of the Homeless
Description: Address the health and education needs of youths and seniors who live in the Mason Square community. Focus on health education and prevention, including STD and teen-pregnancy prevention, nutrition and weight loss, physical fitness, asthma education and prevention, violence prevention, and academic support and mentoring.
Total amount over 7 years: $2,950,000
FY 2009 Spending: $399,905.65

Project: Special Initiatives and Sponsorships
Community Partners: Various
Description: Support to other community-benefit initiatives in line with Baystate Health's mission of improving the health of the people in our communities every day with quality and compassion.
Total amount over 7 years: $700,000
FY 2009 Spending: $100,000

Project: Baystate Health Care Careers Forgivable Loan Program
Community Partners: Springfield Public Schools
Description: Address racial and ethnic disparities in the composition of Springfield's health-care workforce. Help maintain the city's population and expand economic opportunity by helping people from underserved communities obtain college degrees and find jobs in the health-care workforce.
Total amount over 7 years: $700,000
FY 2009 Spending: $55,000

BMC's Next Reporting Year

In the upcoming fiscal year (FY 2010), Baystate Medical Center will continue work with its internal Community Benefits/Impact Oversight Committee and Community Benefits Workgroup to complete a community health needs assessment and develop a strategic Community Benefits Plan that will be reviewed and approved by the Baystate Health Board of Trustees. Baystate Medical Center will continue the roll-out and implementation of the CBISA software to better collect and track current community benefit programs and services. We will continue to engage and partner with our community to collectively address unmet health care needs of residents in the greater Springfield area.

Contact Information

Frank Robinson, Ph.D., Director
Community Health Planning
Baystate Health System
280 Chestnut Street
Springfield, MA 01104
(413) 794-7740

HIGHLIGHT COMMUNITY BENEFIT PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
BSEP/Putnam Health/Science Academy	High School Students: To provide a health career pipeline for disadvantaged Springfield students	Kevin McCaskill, Principal Putnam High School 1300 State Street Springfield, MA 01109 413-787-7424	Peter Blain, Director Baystate Springfield Educational Partnership 140 High Street Springfield, MA 01105 413-794-1671
Partners for a Healthier Community	Low-Income: To support and link health care, business, government, faith, education, neighborhood, and grass roots individuals in order to bring about a demonstrable improvement in the health status of the local community	Frank Robinson, PhD Executive Director, PHC PO Box 4895 Springfield, MA 01101 413-794-7739	Donna Ross, Senior Vice-President, Strategy and Business Development, 280 Chestnut Street Springfield, MA 01104 413-794-9270
Family Advocacy Center	Abused Children: To provide assessment, medical evaluations, and treatment of children who have been physically and sexually abused	Maria Rodriguez, Hampden County District Attorney's Office 80 State Street Springfield, MA 01105	Stephen Boos, MD, Medical Director Family Advocacy Center Baystate Medical Center 759 Chestnut Street Springfield, MA 01199 413-794-9793

COMMUNITY BENEFIT EXPENDITURES *(related to the whole report)*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2009		APPROVED PROGRAM BUDGET FOR FY 2010
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	**$13,642,076**	**$27,542,467**
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**$1,152,978**	
	Employee Volunteerism	**$0**	
	Other Leveraged Resources	**$12,747,413**	
	SUB-TOTAL:	$27,542,467	
COMMUNITY SERVICE PROGRAMS	Direct Expenses	**$7,055,353**	
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**NA**	
	Employee Volunteerism	**$118,120**	
	Other Leveraged Resources	**$**	
	SUB-TOTAL:	$7,173,473	
NET CHARITY CARE (Payment to the Health Safety Net)	**$5,607,941**		
CORPORATE SPONSORSHIPS	**$276,718**		
TOTAL (Excluding Community Service Programs)	**$33,427,126**		
BMC Total Patient Care Related Expenses for 2009			**$688,914,078**

In addition to all of the services that the hospital provides to the community as either a community benefit or a community service program, BMC also provides the following:

Charity Care Payment to the Health Safety Net)	$5,607,941*
Unreimbursed Health Safety Net Services	$1,244,537
BH Supplemental Financial Assistance Program	$4,201,432*
Payment to the Division of Health Care Finance and Policy Assessment	$464,187
Total Charity Care:	**$11,518,097**

*These dollar amounts are also included in TOTAL community benefits $

Baystate Franklin Medical Center

COMMUNITY BENEFITS REPORT

FY 2009

Submitted
February 28, 2010

MISSION STATEMENT

The charitable mission of Baystate Franklin Medical Center is to improve the health of the people in our communities every day, with quality and compassion.

Vision for Community Health[1]

Baystate Franklin Medical Center, a member hospital of Baystate Health (BH), is committed to meeting the identified health and wellness needs of constituencies and communities served, through the combined efforts of Baystate Franklin Medical Center member organizations, affiliated providers, and Community Partners.

To reach this goal Baystate Franklin Medical Center will:

- focus on prevention and increasing access to health and wellness care;
- provide technical support for related community planning;
- focus on amelioration of root causes of health disparities, including related job training and education;
- measure improvements in community health status that result from our efforts; and
- invest the time, talent, and resources necessary to accomplish these goals.

INTERNAL OVERSIGHT AND MANAGEMENT OF COMMUNITY BENEFITS PROGRAM

Community Benefits activities are overseen by the Baystate Franklin Community Forum (BFCF), which is convened by the senior executive who serves on the committee as the co-chairperson. This senior executive is also a member of the Baystate Administrative Services (BAS) Executive Committee, which provides support to and oversees the community benefit process. Membership on the BFCF consists of hospital leaders and key community partners who work jointly to identify community health needs and target community benefit initiatives.

COMMUNITY HEALTH NEEDS ASSESSMENT

Background

In FY 2005, Baystate Franklin Medical Center completed a thorough planning and community needs assessment process based on "A Planned Approach to Community Health," a five-phase model including the steps outlined below.[2] This planning framework was used to conduct locality-based planning activities and goal-setting for Baystate Franklin Medical Center's community benefits initiatives, which were developed based on the following five planning steps:

1. Engage the community
2. Collect and organize data
3. Choose health priorities and target groups
4. Choose and conduct interventions
5. Evaluate the process and the community interventions

[1] Adopted May 6, 1999 by the BH Community Health Education and Promotion Committee

[2] U.S. Department of Health and Human Services. *Planned Approach to Community Health: Guide for the Local Coordinator.* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Sources of Information

This past year, Baystate Franklin Medical Center continued the assessment process to update and upgrade community benefits priorities, gathering information and reviewing data from a number of sources.

- Healthy People 2010 indicators collected by the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention were major sources of data for community health needs assessment and planning information.

- Morbidity data based on hospital discharge data secured through internal BH sources and the Massachusetts Data Consortium were a major source of information. These data, which generally included reason for hospitalization and length of stay, can contribute to measuring the burden and cost of illness and disability in the community.

- Expert testimony in areas of community health, provided by internal and external professionals in the health care and public health fields.

FY 2009 Planning Activity

Over the course of the last fiscal year, Baystate Franklin continued to implement initiatives focused on reducing childhood obesity, and increasing fitness in the community. The BFCF evaluated these initiatives for their effectiveness and made changes to improve the hospital's fitness programs. Baystate Franklin Medical Center, via Baystate Health Community Health Planning, provides special program development services including grant development to leverage other resources needed to fund new community benefits initiatives. BFMC utilizes Community Benefits Inventory and Social Accountability (CBISA) community benefits software to track and manage all BFMC community benefits services and activities.

Community Participation

The planning process involves internal and external stakeholders in conducting community health needs assessments, developing strategies to address these needs, and evaluating the effectiveness of the strategies and interventions that have been implemented. Participants on the Baystate Franklin Community Forum represent Franklin County constituencies and communities the hospital serves, including residents, community-based organizations, the media, public schools, and community-based health care providers. BFCF members are responsible for reviewing community needs assessment data and use this analysis as a foundation for decision-making.

Community Benefits Plan

As a member of a close-knit community, Baystate Franklin Medical Center understands its responsibility to reach out and involve citizens in the provision of local health services. As part of their overall community benefits plan, in FY 2010 the BCFC will continue to champion strategies and design specific activities to address overall

child/adolescent health and will develop initiatives to address chronic disease management.

PROGRESS REPORT

The balance of this report refers to the work and activities of the BFCF and the Baystate Franklin Medical Center community benefits program during FY 2009.

Chronic Illness

The goal of Baystate Franklin Medical Center's chronic illness programs is to make care available in the local community, close to home for area residents. Many services are provided to ensure high-quality care is available for those coping with chronic illness and to offer needed support to their families.

Baystate Franklin Medical Center also continued numerous educational programs, health screenings, and support groups to enable residents with chronic illnesses to manage their disease process proactively and to minimize complications. For example, Cardiopulmonary Services provided support activities through the "Better Breathers" program as well as other community education services. The hospital also continued its memory screening clinics in the community to identify seniors at risk for Alzheimer's disease. Other psycho-educational groups and community education seminars were provided to patients in both the Congestive Heart Failure and Cardiac Rehabilitation programs as well as to the general public. Many of these programs were provided in collaboration with community agencies such as Franklin County Home Care and The YMCA in Greenfield as well as Baystate Franklin Medical Center's *Senior Class* and *Spirit of Women* programs.

Child and Adolescent Health

With overall child/adolescent health as a focus for Community Benefits programming, Baystate Franklin Medical Center engaged with the local public schools and service agencies in the following activities.

- Clinical staff from Radiology/Imaging, Laboratory, Food & Nutrition, Infection Control, Cardiopulmonary, Emergency Nursing, and Surgery continued to expand the reach of Baystate Franklin's popular *Blood & Guts* hands-on learning program through area elementary schools and libraries—raising children's awareness of and interest in science and health. For the third year in a row, the *Blood & Guts* team also held a special program for high-school-age students with greater emphasis on health care careers.
- Infection Control staff worked with students from the local elementary schools to develop a series of "Cover Your Cough" posters as a way to help reduce the spread of infection.
- Baystate Franklin worked in partnership with the YMCA in Greenfield, Franklin Regional Council of Governments, Franklin County Chamber of Commerce, and Greenfield Community College to establish Walk Franklin County—an on-line pedometer walking program for all ages. The program format was based on a

step-tracking program Baystate Franklin had first developed in 2005 for students at Greenfield Middle School.

The hospital's programs address the youngest children in the community as well, with education programs by maternal/child nurses for prenatal mothers and post-partum parents as well as infant assessment and monitoring. In 2009, nurses in the OB/GYN department collaborated with area service agencies to address post-partum depression and to lay the groundwork for a continuing screening system and a support group. The focus of these efforts is families at risk due to either health problems or family dynamics.

Access to Care

Baystate Franklin Medical Center continues to assist residents of the county to access insurance programs such as the Commonwealth Connector and Mass Health as well as other social and health programs to improve their quality of life. The hospital's Community Health Information Center/Library is the vehicle for a wide variety of education activities and free screenings.

Baystate Franklin Medical Center also assists indigent patients by providing temporary funding for prescription medications, transportation to medical appointments, and medical supplies or other items that pertain directly to their illness, helping them to make arrangements for continuing support as needed. In addition, the hospital provides in-kind supplies for community-based flu clinics.

Next Reporting Year

In the upcoming fiscal year (FY 2010), Baystate Franklin Medical Center will continue to deliver current community benefit programs and will actively work to expand its outreach to people living with chronic illness. Baystate Franklin Medical Center is a key resource to those living throughout the 725-square-mile service area. Franklin County is the most rural county in Massachusetts, and the poverty level of its residents can both limit their access to health care and put them at greater risk for obesity and associated health problems.

Contact Information

Amy Swisher, M.Ed
Director of Public & Community Relations
Baystate Franklin Medical Center
164 High Street
Greenfield, MA 01301
413-773-2268

HIGHLIGHT COMMUNITY BENEFIT PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
Walk Franklin County	All ages, including school children: To promote and support greater physical activity by all, especially those at-risk for chronic conditions such as diabetes and heart disease.	Bob Sunderland, Executive Director YMCA in Greenfield 451 Main Street, Greenfield, MA 01301 (413)773-3646	Amy Swisher Director of Public & Community Relations Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2268
Blood & Guts	School-age children: To heighten children's awareness of health and science, and to contribute to their interest in health careers—addressing the community's future health care needs while raising students' earning potential.	Sheri Thayer, RTR Clinical Instructor Radiology/Imaging Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2105	Lynda Zukowski, RTR Manager Radiology/Imaging Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2505
Community Health Information Center	General Public: To provide free community education resources and screenings for patients and the general public.	Pam Barber, Volunteer Coordinator Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2318	Gina Campbell, RN, MSN Director of Quality and Risk Management, Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2332

Indigent Prescriptions Program	Indigent and Uninsured: To provide free life sustaining medications for indigent patients.	Brian P. Joyce, Pharmacy Supervisor Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2372	Deborah Palmeri, RN, MSN Chief Nursing Officer Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-2506

COMMUNITY BENEFIT EXPENDITURES *(related to the whole report)*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2009		APPROVED PROGRAM BUDGET FOR FY 2010
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	**$921,709**	**$3,078,709**
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**NA**	
	Employee Volunteerism	**$0**	
	Other Leveraged Resources	**$2,157,000**	
	SUB-TOTAL:	$3,078,709	
COMMUNITY SERVICE PROGRAMS	Direct Expenses	**$88,070**	
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**NA**	
	Employee Volunteerism	**$17,760**	
	Other Leveraged Resources	**$0**	
	SUB-TOTAL:	$105,830	
NET CHARITY CARE (Payment to the Health Safety Net)	**$717,319**		
CORPORATE SPONSORSHIPS	**$0**		
TOTAL (Excluding Community Service Programs)	**$3,796,028**		
BFMC Total Patient Care Related Expenses for 2009			**$77,554,840**

In addition to all of the services that our hospital provides to the community as either a community benefit or a community service program, BFMC also provides the following:

Charity Care (Payment to the Health Safety Net)	**$717,319***
Unreimbursed Health Safety Net Services	**$317,189**
BH Supplemental Financial Assistance Program	**$553,963***
Payment to the Division of Health Care Finance and Policy Assessment	**$61,258**
Total Charity Care:	**$1,649,729**

*These dollar amounts are also included in TOTAL community benefits $

Baystate Mary Lane Hospital

COMMUNITY BENEFITS REPORT

FY 2009

Submitted
February 28, 2010

MISSION STATEMENT

The charitable mission of Baystate Mary Lane Hospital is to *improve the health of the people in our communities every day, with quality and compassion.*

Vision for Community Health[1]

Baystate Mary Lane Hospital, a member hospital of Baystate Health (BH), is committed to meeting the identified health and wellness needs of constituencies and communities served through the combined efforts of Baystate Mary Lane Hospital member organizations, affiliated providers, and community partners.

To reach this goal Baystate Mary Lane Hospital will continue to:

- focus on prevention and increasing access to health and wellness care;
- provide technical support for related community planning;
- focus on amelioration of root causes of health disparities, including related economic development, job training, and education;
- measure improvements in community health status that result from our efforts; and
- invest the time, talent, and resources necessary to accomplish these goals.

PROGRAM ORGANIZATION AND MANAGEMENT

The Community Benefits Advisory Council (CBAC) is convened by the community chair and the hospital President. The hospital President represents the hospital at the full Board of Trustees meeting as well as pertinent board committees. She is also a member of the Baystate Operations Team Committee, which provides support to and oversees the community benefit process, providing senior management leadership support to building effective community partnerships and directing appropriate resources to support the implementation of initiatives adopted by each hospital. The membership in CBAC consists of system-level leaders and key community partners who work jointly to identify community health needs and target community benefit initiatives.

KEY COLLABORATIONS AND PARTNERSHIPS

Through participation on the CBAC, community members have a key role in helping the hospital identify community health needs, developing strategies to address these needs, and evaluating the effectiveness of the strategies and interventions that were implemented. Participants on the CBAC for Baystate Mary Lane Hospital represent greater Ware and Quaboag Hills constituencies and communities that the hospital serves. CBAC members are responsible for reviewing community needs assessment data and use this analysis as a foundation for decision-making.

COMMUNITY HEALTH NEEDS ASSESSMENT

In FY 2007 with a $30,000 grant from the Health Foundation of Central Massachusetts, the CBAC led the community in conducting a thorough community health needs assessment for the region, utilizing the Quaboag Hills Community Coalition as many of the key stakeholders. The mutual partners on the CBAC and Coalition represent communities, organizations, and individuals from 13 municipalities drawn from Hampden, Hampshire, and Worcester counties that represent the hospital's service area.

The planning process also identified the need for a specialized and comprehensive community health needs assessment. The region has very pressing community development and community

1 Adopted May 6, 1999 by the BH Community Health Education and Promotion Committee

health needs, which are complicated by a set of unique geographic and socioeconomic factors. Consequently, health and development needs are made more complicated and complex because towns in the service area are divided among three counties and three state Community Health Network Areas (CHNAs), served by three different Community United Way organizations. The resulting fragmentation in services and confusing, poorly understood community health status profile does very little to support needed services to this discrete area of central Massachusetts. Moreover, the Quabbin Reservoir is a major geographic barrier to the ready distribution of services and resources in the area, thus the layout of the major roads seldom directly connects the people to the resource they need, and transportation issues further aggravate service fragmentation and instigate problems related to social isolation.

The Community Health Planning Department at BH committed staff and organizational resources to support the development of a community health needs assessment to guide the development of the hospital's Community Benefits Program. Thus the Community Health Planning Director, in the Division of Strategy and Business Development, provided special planning and program development services in the last year. In FY 2008, the BMLH Community Benefits Advisory Board was presented with the results of the health assessment and supplementary information about children's oral health and health career opportunities for high school students. Several areas of need were identified as having potential for community benefit program development. The BMLH Community Benefits Advisory Board elected to support the launch of the BEST Oral Health Program and an EMT training program.

COMMUNITY BENEFITS PLAN

As a member of a close-knit community, Baystate Mary Lane Hospital understands its responsibility to reach out and involve citizens in the provision of local health services. Baystate Mary Lane Hospital has an active outreach staff and conducts a wide variety of education and outreach activities. In the upcoming fiscal year (FY 2010), the Community Benefits Advisory Council will work with the Quaboag Hills Community Coalition to address the community needs and assets in the 13 towns of the hospital's service area from Worcester, Hampshire and Hampden counties. The aim of this initiative is to use the data gathered to develop infrastructure and a community consensus for taking actions to improve community health.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

Child and Adolescent Health

Baystate Mary Lane Hospital took multiple approaches toward addressing child and adolescent health issues during FY 2009. Ongoing efforts by hospital staff included direct educational intervention with children, parent involvement in health education, and coordination of services within the community, violence prevention and youth development. The WIC caseload was over 862 families this past year. WIC offers nutrition and health education and healthy food to families who qualify.

BMLH staff is a member of the Ware Public School Wellness Advisory Committee. Exergaming equipment (Wii fit exercise and DDR equipment) purchased through grant funds received by Baystate Mary Lane Hospital continue to be a successful activity used in the Ware schools' physical education curriculum to address activity and childhood obesity. In its second year, this unique physical education program continues to engage Ware Middle School students in grades 4-6, (approximately 278 students) as they displayed enthusiasm and eagerness to participate in the

Physical Education Exergaming Project.

Quabbin Pediatric Associates, a member of the Baystate Medical Practices, continues to receive funding to provide "Reach Out and Read," a national program that provides a new book at each well-child visit. The target population is children from age six months to five years old. This is a volunteer program and the seventh year Quabbin Pediatrics Associates offered this program. The WIC program office is located on Baystate Mary Lane Hospital property in space offered to the program well below market rental value.

Baystate Mary Lane and the Quaboag Hills Community Coalition have successfully implemented and sustained the BEST (Bringing early Education, Screening, and Treatment) Oral Health program to help family and center-based child care providers to meet the January 1, 2010 Massachusetts Department of Early Education and Care (DEEC) new regulations requiring providers to implement tooth brushing in all child care settings within the 15 hill towns and villages. An Oral Health Resource Distribution Center has been created which allows early child care sites access to low cost oral health supplies such as toothbrushes, toothpaste, storage racks and various educational materials. Baystate Mary Lane Hospital donated storage cabinets along with oral health supplies and educational materials to the Carson Center at Valley Human Services, a member of the Quaboag Coalition, to sustain the distribution center. Baystate Mary Lane Hospital has hosted several trainings in the past year to over 70 EEC providers representing over 35 early child care sites (impacting over 700 children and families) throughout Hampden, Hampshire, Franklin and Worcester counties. By implementing and sustaining this program the hospital and the coalition have been able to encourage and support Oral Health as part of overall health within 11 early child care sites and to provide through the BEST program full comprehensive dental services, screening, and education to 6 of the 11 sites. In the coming year efforts will continue to train providers and sustain this National Best Practice Program (ASTDD) within the Quaboag Hills Community.

Parents within Baystate Mary Lane Hospital's service area have been engaged through educational activities based in the schools and other community forums with the help of Community Outreach Programs. To reduce risk for community youth, Baystate Mary Lane Hospital staff is active in coalitions and the local systems of care that are designed to enhance community protective factors. Many Baystate Mary Lane Hospital staff members have been involved in school-to-career activities, job shadowing for adolescent students, reading to children in the school system, and participating in career days. The Nutritionist from Baystate Mary Lane Hospital attended health classes and health fairs in several schools within the service area discussing nutrition & healthy eating with youth.

Baystate Mary Lane Hospital participated in its sixth annual Child Safety Fair held in October in conjunction with the Knights of Columbus and Little Voices Matter, Inc. The mission of the Child Safety fair is to raise awareness for children, parents, teachers, child service providers and communities in all areas of child safety. Baystate Mary Lane Hospital joined 30 partnering agencies to offer health and safety information to the over 350 children that attended this Trick or Treat for Safety event. Baystate Mary Lane Hospital staff annually partners with the Warren Fire & Ambulance Squad to educate the fourth grade class at the Warren Community Elementary School about health and safety issues. A No Smoking Education program was offered to over 80 students through an educational yet fun discussion about the risks of smoking and peer pressure as well as ways to approach family members and caregivers who smoke at home.

A representative of the hospital continued to serve on the Board of Directors for the River East School-to-Career, Inc. Program to promote healthcare career education and assist in preparing the student for the workplace. This program provides business and education partnerships for high school students from five local schools and includes ongoing internships, summer MCAS and WIA programs. High school students participate in a Work-Based-Learning Internship for one semester in a clinical and/or non-clinical environment to enhance their work-based readiness skills and gain career information. Baystate Mary Lane Hospital also offers internships/externships/job shadows for high school and college students as they complete their academic requirements. In addition, several professional staff members from Baystate Mary Lane Hospital attended the Quaboag Regional High School Career Day. Physicians, Medical Laboratory Technicians, Radiology Technicians and Nurses all participated in this career day, speaking to hundreds of students about health care careers. Members of Baystate Mary Lane Hospital also participate on the Pathfinder Regional Vocational Technical High School Health Advisory Committee and on the governing board of the Quaboag Valley School to Career Program. Priorities of these groups are prevention and cessation of youth smoking, childhood obesity, violence prevention, and improved vocational outcomes. Other youth-focused community groups the hospital participates in include Junior Achievement, Ware Domestic Violence Task Force, Warren Domestic Violence Task Force, the Western Mass Regional Alliance, the Ware Advisory Council and the After School program steering committee.

Violence Prevention

Collaboration with the community to reduce domestic violence continues to be a priority for Baystate Mary Lane Hospital. Baystate Mary Lane Hospital employees are members of the Ware Domestic Violence Task Force as well as the Warren Domestic Violence Task Force, now in its fifth year. During the past year these Task Forces continued to focus on education for Baystate Mary Lane Hospital nursing staff and on collaboration with the Ware Public Schools. The school programs resulted in a Teen Domestic Violence Task Force being established at the Ware High School, under the direction of one of the teachers and with advisors from the Ware Domestic Violence Task Force. Ware High School also participated in the nation-wide White Ribbon Campaign. The goal of this campaign is to have high school students sign a pledge that they will support healthy relationships and speak up when they see signs of abusive relationships. The support group for Ware residents who are in or have been in abusive relationships is ongoing, and the Task Force has found funding sources through grants to help pay the salary of the group facilitator. This continues to be a very successful collaboration with Carson Center at Valley Human Services. The Warren Domestic Violence Task Force, in collaboration with the Tri-Towns Domestic Violence Task Force, sponsored a talk by nationally-renowned author, Joe Wojcik, at Tantasqua High School in October. This event was attended by educators, nurses, task force members, and parents and children.

Chronic Illness

As a provider of services to those suffering the effects of chronic illness, Baystate Mary Lane Hospital is acutely aware of the benefits that prevention and early detection of disease provide to the consumer. The hospital and its staff have consistently focused over the years on educating the community about the various resources available to them:

- Routine Community Health Screenings are held and include blood pressure, cholesterol and blood glucose testing. These screenings are held at Baystate Mary Lane Hospital in Ware, 95 Sargent Street in Belchertown and the West Brookfield

Senior Center and provide cardiovascular screening for a nominal fee. The results are relayed to the patient and their primary care physician. These screenings often are the first link between a patient and health care and are linked to primary care and health information as necessary.

- Members of the Baystate Mary Lane Hospital Community Relations and nursing staff coordinated, participated in and provided supplies necessary to conduct a Flu Clinic, inoculating over 300 Ware seniors and community members in 2009.

- Hospital professionals hold monthly educational seminars at the Senior Center intended to inform seniors about health topics important to them including arthritis, physical activity for seniors, medication safety, dealing with grief, and stroke awareness and prevention. Baystate Mary Lane Hospital holds a Diabetic Support Group facilitated by a Clinical Dietitian and Nutrition Educator at the Belchertown Senior Center offering monthly meetings and guest speakers. During a special session, a Diabetes Hemoglobin A1C Champion program was held at the Ware Senior Center to educate all area seniors about Diabetes.

- Monthly health education programs are held at the hospital in the evening for community members of all ages addressing health topics including H1N1, Lyme Disease, Nutrition, Osteoporosis, Exercise, Women's health issues including HPV and Cervical Cancer, Men's Health and many other health issues important to families.

- The Annual Health Fair held at the Hospital during April school vacation offered families an opportunity to join Baystate Mary Lane Hospital professionals and community agencies to participate in health screenings as well as a wealth of health and wellness information through interactive sessions with health care providers.

Baystate Mary Lane Hospital hosts a considerable number of support groups that meet weekly or monthly at the hospital. These support groups include Alcoholic Anonymous, Grieving Support Group, Care Givers Support Group, Hepatitis C Support Group and Breast Cancer Support Group. These support groups offer participants information and a chance to be a part of a group of people who have a similar experience, a forum to vent as well as a sense of hope.

Access to Care

Baystate Mary Lane Hospital provides one full-time and one part-time financial counselor to assist those who are uninsured or underinsured and need medical treatment. The financial counselors assisted clients with the *Medical Benefit Request Applications* through the Massachusetts Health Department in their offices as well as in the Emergency Room and in patient care areas as necessary. Clients are screened online by Mass Health for the Health Safety Net (formerly the Uncompensated Care Pool) and other assistance programs. Walk-in appointments are available and hours of operation for Financial Counseling are 8:00 am to 7:30 pm Monday through Friday and 8:30 am to 1:00 pm on Saturday.

Community Leadership

It is a longstanding tradition at Baystate Mary Lane Hospital to take a seat at the community table and share our leadership resources to improve overall community health. Public health and homeland security issues are a focus of the institution. Baystate Mary Lane Hospital, now part of

the Western Massachusetts Regional Network, has an Emergency Preparedness Committee that meets regularly in a continued effort to improve and strengthen our emergency response and crisis management plans for the hospital as well as for the surrounding communities. Hospital employees work closely with the EMS team and its surrounding towns as well as law enforcement agencies and school and town officials in planning and preparing in the event of a disaster. Baystate Mary Lane Hospital has coordinated remote sites within the Town of Ware, where provisions could be made to provide basic urgent medical care in the event the hospital was unusable or at surge capacity. Baystate Mary Lane Hospital worked closely with the Ware TRIAD & S.A.L.T council to continue to distribute an Emergency Preparedness Booklet for Seniors as well as the "File of Life." The Emergency Preparedness plan for the hospital has been expanded to better respond to dependent care needs and sheltering pets to maximize staff response. There has also been significant focus by the Emergency Preparedness Committee to contemplate response to a flu pandemic as well.

Members from the hospital's healthcare team serve on a number of community-based organizations, including the Board of Directors for the United Way of Hampshire County, Board of Directors for the Quaboag Valley Chamber of Commerce and Board of Directors for the Quaboag Hills Community Coalition, the Ware Adult Learning Center Advisory Committee, TRIAD & S.A.L.T Council, and much more.

Baystate Mary Lane Hospital Emergency Physicians offer high–quality, continuing, on-site education to EMS personnel including the OEMS State Mandated DOT training for Basic, Intermediate EMTs and Paramedics. Also offered are on- and off-site quarterly State Mandated M & M reviews for the Belchertown Ambulance Squad. The Baystate Mary Lane Hospital Emergency Department offers preceptor training opportunities to School to Career Program Students and preceptor training to Nurse Practitioner students from The University of Massachusetts Medical Center. Baystate Mary Lane Hospital Emergency Physicians also provide medical direction for Central Mass EMS and a physician representative attends monthly Region 1 EMS meetings in Northampton. A Baystate Mary Lane Emergency Physician is the Medical Director of the New Braintree State Police Academy and reviews medical protocols for the recruits and acts as a liaison between Baystate Mary Lane Hospital, Emergency Services and the Massachusetts State Police. Baystate Mary Lane Hospital Emergency Physicians have offered specialized training to the Massachusetts State Police Academy staff and recruits concerning issues encountered in State Police paramilitary training. The Emergency Department staff is also involved in the "Student Trooper Camp" training offered to adolescents ages 15-18 at the New Braintree State Police Academy.

Baystate Mary Lane Hospital, partnering with Quality EMS Educators of Worcester, MA, offered a Basic EMT Training Program at the hospital which helped local towns provide affordable training to 27 community members to improve and enhance the number of EMTs available to provide essential emergency care in their communities. A second class to be held at the hospital began in September 2009 and will continue to contribute to enhancing the EMS structure in our communities.

The Medical Staff, Nurses and ancillary staff members of the Baystate Mary Lane Hospital work with the Emergency Department and the Ware Police Department to sponsor families in the "Ware Christmas for Kids" program and generously give to help families during the holiday season; this program adopted 344 needy families in Ware in 2009. Working with the Baystate Mary Lane

Hospital Oncology Social Worker, employees provided Thanksgiving Food Baskets to families who are in need as they undergo Chemotherapy. Baystate Mary Lane Hospital employees conducted a Coat & Food Drive on behalf of the Trinity Episcopal Church's Jubilee Cupboard, the only emergency food pantry of its kind in Ware. This event helped to support the Jubilee Cupboard which serves up to 300 local families annually.

Next Reporting Year

In the upcoming fiscal year (FY 2010), Baystate Mary Lane Hospital will continue to work with the Community Benefits Advisory Committee and the Quaboag Hills Community Coalition to address community health needs identified by the risk assessment. Together they will develop community health planning strategies and stimulate collaborative opportunities among public health and community leaders to build a healthier, safer community. Implementation of the BEST Oral Health Program Training for community child care providers and educators and recruitment of a core work group through the Quaboag Hills Community Coalition to promote and support the BEST Oral Health Program will be among this year's initiatives. Baystate Mary Lane Hospital will continue to provide quality services through our Community Outreach Department and will identify and respond to health conditions in the greater Ware area.

Contact Information

Michelle Holmgren
Public Affairs & Community Relations Coordinator
Baystate Mary Lane Hospital, 85 South Street, Ware, MA 01082
413-967-2296

HIGHLIGHT COMMUNITY BENEFIT PROGRAM

PROGRAM OR INITIATIVE	TARGET POPULATION/ OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
Emergency Medical Technician Training	To provide affordable EMT training locally and increase the number of trained personnel to provide emergency care to the population in the communities in the Baystate Mary Lane Hospital Service Area.	Carol Benoit, EMT-P, I/C, Donald Benoit, EMT-P, I/C and Greg Lambert, EMT-P I/C, Quality EMS Educators, Worcester, MA	Michelle Holmgren, Public Affairs & Community Relations Coordinator, EMT Training Coordinator , Baystate Mary Lane Hospital, 85 South Street Ware, MA 01082 413-967-2296
Community Health Screenings	To provide access to Community Health Screenings (including blood pressure, cholesterol , HDL, LDL, Triglyceride & blood glucose testing) to community members at a nominal fee. Screenings are held at three locations, including Baystate Mary Lane Hospital in Ware, 95 Sargent Street in Belchertown, both in Hampshire County and the West Brookfield Senior Center in Worcester County. These screenings can provide the first link between a patient and health care as well as offer a link to primary as needed	Chad Mullin, Director of Diagnostic Services, Baystate Mary Lane Hospital 413-967-2159	Michelle Holmgren, Public Affairs & Community Relations Coordinator, Baystate Mary Lane Hospital, 85 South Street Ware, MA 01082 413-967-2296
BEST Oral Health Program	Population of the Quaboag Hills region: Based on community health assessment that includes locally-generated, community-specific data,	Carl Coniglio, President, Quaboag Hills Community Coalition, Ware Adult Learning Center, 23 West Main Street, Ware 01082	Christine Shirtcliff, President, Baystate Mary Lane Hospital, 85 South Street Ware, MA 01082 413-967-2296

develop action plans that will address oral health issues specific and unique to Quaboag Hills	Joan Lowbridge, Community Health Education Specialist, Partners for a Healthier Community 140 High Street, Rm 110 Springfield, MA 413-794-1455	Michelle Holmgren Public Affairs & Community Relations Coordinator, Baystate Mary Lane Hospital, 85 South Street Ware, MA 01082 413-967-2296

COMMUNITY BENEFIT EXPENDITURES *(related to the whole report)*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2009		APPROVED PROGRAM BUDGET FOR FY 2010
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	**$276,214**	**$325,368**
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**NA**	
	Employee Volunteerism	**$0**	
	Other Leveraged Resources	**$49,154**	
	SUB-TOTAL:	**$325,368**	
COMMUNITY SERVICE PROGRAMS	Direct Expenses	**$97,877**	
	Associated Expenses	**$0**	
	Determination of Need Expenditures	**NA**	
	Employee Volunteerism	**$4,767**	
	Other Leveraged Resources	**$0**	
	SUB-TOTAL:	**$102,644**	
NET CHARITY CARE (Payment to the Health Safety Net)	**$283,565**		
CORPORATE SPONSORSHIPS	**$0**		
TOTAL (Excluding Community Service Programs)	$ 608,933		
BMLH Total Patient Care Related Expenses for 2009			**$32,256,698**

In addition to all of the services that our hospital provides to the community as either a community benefit or a community service program, BMLH also provides the following:

Charity Care (Payment to the Health Safety Net)	**$283,565***
Unreimbursed Health Safety Net Services	**$27,986**
BH Supplemental Financial Assistance Program	**$213,195***
Payment to the Division of Health Care Finance and Policy Assessment	**$21,725**
Total Charity Care:	**$546,471**

*These dollar amounts are also included in TOTAL community benefits $