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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 10-01-2008 and ending 09-30-2009

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 Medical Center Inc

Doing Business As

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

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

D Employer identification number
04-2790311

E Telephone number
(413) 794-0000

G Gross receipts $ 872,031,327

F Name and address of Principal Officer
Dennis W Chalke
759 Chestnut Street
Springfield, MA 01199

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 Web site: ▶ 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 the people in our communities every day, with quality and compassion

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	23
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	7,727
6	Total number of volunteers (estimate if necessary)	6	430
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	7,910,154
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,222,434

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	2,982,591	7,757,228
9	Program service revenue (Part VIII, line 2g)	812,115,371	843,087,342
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,875,265	6,470,559
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,763,992	13,429,559
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	834,737,219	870,744,688
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,710	9,257
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	364,282,256	398,544,343
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	417,810,325	402,878,804
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	782,099,291	801,432,404
19	Revenue less expenses Subtract line 18 from line 12	52,637,928	69,312,284

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	737,948,130	920,121,141
21	Total liabilities (Part X, line 26)	314,124,247	559,180,066
22	Net assets or fund balances Subtract line 21 from line 20	423,823,883	360,941,075

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

Please Sign Here

▶ Signature of officer — Date: 2010-08-11

▶ Dennis W Chalke CFO & Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Ernst Young LLP | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

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

EIN ▶

Phone no ▶ (617) 266-2000

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

Part III Statement of Program Service Accomplishments (See the 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 (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 739,425,316 including grants of $ 9,257) (Revenue $ 870,744,688)

The mission of Baystate is to improve the health of the people in our communities every day, with quality and compassion Patient Days were 186,480, Patient Discharges 38,369 and Ambulatory Visits 564,741 See Schedule O

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 $ 739,425,316 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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	Yes	
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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

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**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	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**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

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	457		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,727		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 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			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*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				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(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 2-7 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 23		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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	Yes	
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		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

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

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

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

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) and key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any 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-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								1,929,713	4,616,705	1,353,464

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 193

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Baystate Administrative Services Inc 759 Chestnut Street Springfield, MA 01199	Management Svcs	69,728,582
Baystate Medical Practices Inc 759 Chestnut Street Springfield, MA 01199	Medical, Educ, Clin	36,867,636
Angelica Textile Service 125 Bath Street Ballston SPA, NY 12020	Linen Services	3,356,193
Laboratory Corp of America 20 Johnson Drive Raritan, NJ 08859	Lab & Clinical Svc	2,275,572
Springfield Anesthesia Service Inc 908 Allen Street Springfield, MA 01118	Anesthesia Services	2,045,043

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 63

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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 2,165,887				
	e	Government grants (contributions) 1e 3,784,567				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,806,774				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	7,757,228			
Program Service Revenue		Business Code				
	2a	Inpatient Revenue	900,099	470,738,400	470,738,400	
	b	Outpatient Revenue	621,400	363,403,396	355,548,049	7,855,347
	c	Sponsored Programs	900,099	6,092,003	6,092,003	
	d	Intercompany Rent	900,099	2,853,543	2,853,543	
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 843,087,342				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	6,763,554			6,763,554
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 813,430				
	b	Less rental expenses: 991,944				
	c	Rental income or (loss): -178,514				
	d	Net rental income or (loss)	-178,514			-178,514
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,700				
	b	Less cost or other basis and sales expenses: 301,898 / -7,203				
	c	Gain or (loss): -301,898 / 8,903				
	d	Net gain or (loss)	-292,995			-292,995
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 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 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	Cafeteria Income 900,099	4,912,626			4,912,626
	b	Intercompany Charges 900,099	2,995,425	2,995,425		
	c	Purchase Rebate & Disc 900,099	1,492,420	1,492,420		
	d	All other revenue _____	4,207,602	3,977,715	54,807	175,080
	e	**Total. Add lines 11a-11d** $ 13,608,073				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	870,744,688	843,697,555	7,910,154	11,379,751

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	9,257	9,257		
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	877,304	877,304		
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	318,791,132	284,306,559		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,699,161	13,985,826	1,713,335	
9	Other employee benefits	38,153,926	34,029,771	4,124,155	
10	Payroll taxes	25,022,820	22,321,579	2,701,241	
11	Fees for services (non-employees)				
a	Management	31,563,587	30,296,072	1,267,515	
b	Legal	1,437,076		1,437,076	
c	Accounting	306,641		306,641	
d	Lobbying	85,934		85,934	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	75,936,356	69,096,692	6,839,664	
12	Advertising and promotion	184,081	136,597	47,484	
13	Office expenses	167,721,823	167,828,688	-106,865	
14	Information technology	38,975,051	38,586,457	388,594	
15	Royalties				
16	Occupancy	16,619,050	13,929,568	2,689,482	
17	Travel	852,455	665,798	186,657	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	970,657	600,767	369,890	
20	Interest	5,885,425	5,885,425		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,826,259	39,732,258	5,094,001	
23	Insurance	5,788,090	5,410,379	377,711	
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	Bad Debt Expense	11,726,319	11,726,319		
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	801,432,404	739,425,316	62,007,088	0
26	**Joint Costs.** Check ☐ 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			1	
	2	Savings and temporary cash investments		8,145,327	2	41,578,847
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		81,983,585	4	80,717,075
	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	32,617,500
	8	Inventories for sale or use		14,021,591	8	14,129,188
	9	Prepaid expenses and deferred charges		4,091,906	9	6,997,075
	10a	Land, buildings, and equipment cost basis	10a 734,666,481			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 474,005,921	274,651,498	10c	260,660,560
	11	Investments—publicly traded securities		248,546,171	11	244,304,202
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		49,436,789	12	49,182,165
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		57,071,263	15	189,934,529
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		737,948,130	16	920,121,141
Liabilities	17	Accounts payable and accrued expenses		74,185,730	17	82,520,982
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		194,692,473	20	321,446,187
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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		3,930,080	23	3,421,831
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		41,315,964	25	151,791,066
	26	**Total liabilities.** *Add lines 17 through 25*		314,124,247	26	559,180,066
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		410,024,686	27	347,112,525
	28	Temporarily restricted net assets		9,906,013	28	9,932,822
	29	Permanently restricted net assets		3,893,184	29	3,895,728
		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		423,823,883	33	360,941,075
	34	Total liabilities and net assets/fund balances		737,948,130	34	920,121,141

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Reason for Public Charity Status (to be completed by all organizations) (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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

h Provide the following information about the 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% 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% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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)

- 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 990EZ, Part VI, line 47 (Lobbying Activities)

- 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)

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

Name of the organization	Employer identification number
Baystate Medical Center Inc	04-2790311

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 in 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 internal funds contributed to other organizations for section 527 exempt funtion 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 own internal 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 internal 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 (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

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		

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 1a through 1f 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 d, 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		85,934
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			85,934
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **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 the instructions for Schedule C 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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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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 Medical Center Inc

Employer identification number
04-2790311

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) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		10,312,835		10,312,835
b Buildings		294,031,689	154,094,847	139,936,842
c Leasehold improvements		964,888	280,692	684,196
d Equipment		385,349,200	303,588,347	81,760,853
e Other		44,007,869	16,042,035	27,965,834
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				260,660,560

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

(a) Description of security or cateory (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	1,374,263	C
Other Investments-securities other less than 5%	47,807,902	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	49,182,165	

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

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

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

(a) Description	(b) Book value
Contractual Adjustment Receivable	21,774,932
Due From Affiliated Companies	18,723,344
Beneficial Interest in Net Assets of BHF	13,828,549
Funds Held - Bond Indenture	134,673,930
Board Designated - Due From Unrestricted Funds	933,774
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	189,934,529

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Contractual Adjustments Payable	30,777,257
Refundable Advances	2,706,788
Due to Affiliated Companies	2,925,319
Line of Credit - Affiliate	4,208,397
Insurance Liability Loss Reserves	5,259,000
Deferred Revenue	579,985
Minimum Pension Liability	98,936,180
Market Value Swap	6,398,140
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	151,791,066

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 XIV, 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

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

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

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 04-2790311
Name: Baystate Medical Center Inc

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Baystate Medical Center Inc 759 Chestnut Street Springfield, MA 01199	X	X	X	X		X	X		
Mason Square Neighborhood Hlth Cntr 11 Wilbraham Road Springfield, MA 01199									Outpatient Clinic
Brightwood Health Center 380 Plainfield Street Springfield, MA 01107									Outpatient Clinic
BMC Transplant Services 300 Birnie Avenue Ste 301 Springfield, MA 01107									Outpatient Facility
BMC Pain Management Center 3400 Main Street 2nd Flr Springfield, MA 01107									Outpatient Facility
BMC Comprehensive Breast Center 3400 Main Street 1st Flr Springfield, MA 01107									Outpatient Facility
Baystate High Street Hlth Cntr 140 High Street Springfield, MA 01105									Outpatient Facility
Central High School Hlth Cntr 1840 Roosevelt Ave 1st Flr Springfield, MA 01109									School based medical services
Rebecca M Johnson School Hlth Cntr 55 Catherine Street Springfield, MA 01109									School based medical services
German Gerena Community Sch Hlth Cntr 200 Birnie Avenue Springfield, MA 01107									School based medical services
Roger L Putnam Vocational Tech HS 1300 State St 3rd Flr Springfield, MA 01109									School based medical services
High School of Commerce Hlth Cntr 415 State St 1st Flr Rm 135 Springfield, MA 01105									School based medical services
Baystate Ambulatory Care Center 3300 Main Street Springfield, MA 01107									Outpatient Physician Offices
D'Amour Center for Cancer Care 3350 Main Street Springfield, MA 01107									Outpatient Cancer Center
My Sister's House 89 Belmont Avenue Springfield, MA 01108									Halfway House
Opportunity House 59-61 St James Avenue Springfield, MA 01109									Halfway House
Sloan Clinic 140 High Street Springfield, MA 01105									Outpatient Substance Abuse
Carlson Recovery Center 471 Chestnut Street Springfield, MA 01107									Dextoxification & Acute Res Svcs
Baystate Orthopedic Surgery Cntr 298 Carew Street Springfield, MA 01104									Outpatient Surgery Center
Baystate Rehabilitation Care 294 North Main Street East Longmeadow, MA 01028									Rehabilitation Clinic
Baystate Rehabilitation Care 360 Birnie Avenue Springfield, MA 01107									Rehabilitation Clinic
Baystate Rehabilitation Care Rymd Cntr 470 Granby Rd Ste 4 South Hadley, MA 01075									Rehabilitation Clinic
Baystate Rehabilitation Care 200 Silver St Ste 101 Agawam, MA 01001									Rehabilitation Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the 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 Medical Center Inc

Employer identification number
04-2790311

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 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

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

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

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
Nurse Midwifery Program-Federal Traineeship Awards 99I3 \M*4,9,S,1	2	9,257			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The vast majority of the funds awarded are applied directly to tuition Specific guidance is given as to appropriate use of the funds Funds may be used for tuition, living expenses and up to $500 in required textbooks They may not be utilized for travel or to defray costs of attending professional meetings

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ 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 Medical Center Inc

Employer identification number
04-2790311

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
Mark R Tolosky	(i)							
	(ii)	646,153	314,010	839,381	167,808	31,520	1,998,872	339,237
Loring S Flint MD	(i)							
	(ii)	431,096	152,944	165,618	103,104	25,670	878,432	48,748
Grace P Makari-Judson MD	(i)							
	(ii)	245,054	60,886	15,451	55,212	20,907	397,510	
Barbara W Stechenberg MD	(i)							
	(ii)	191,286	16,444	3,005	78,322	20,467	309,524	
Heather Z Sankey MD	(i)							
	(ii)	234,662	32,315	1,132	26,797	18,779	313,685	
Keith C McLean-Shinaman	(i)							
	(ii)	353,682	129,241	179,816	152,815	32,353	847,907	48,866
Deborah Morsi	(i)	190,249	33,915	9,161	92,091	18,943	344,359	
	(ii)							
Jonathan Pine	(i)	166,620	34,245	502	10,638	23,650	235,655	
	(ii)							
Deborah A Provost	(i)	176,450	34,314	9,624	69,508	7,394	297,290	
	(ii)							
Evan Benjamin MD	(i)	271,648	69,404	25,015	46,216	15,860	428,143	13,401
	(ii)							
David Y Chin PhD	(i)	206,689	13,131	8,112	18,751	18,883	265,566	
	(ii)							
Michael F Moran	(i)	168,330	31,994	491	15,696	15,627	232,138	
	(ii)							
Randolph Peto MD	(i)	185,939	12,192	1,649	16,461	18,554	234,795	
	(ii)							
Michael R Favreau	(i)	170,096	14,572	12,321	51,377	18,745	267,111	
	(ii)							
Michael J Daly	(i)							
	(ii)			208,474			208,474	
Peter Lindenauer MD	(i)	53,977	28,974	99	24,485	4,065	111,600	
	(ii)	170,352		920	3,148	15,902	190,322	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	David Chin, PhD - Supplemental Retirement of $351 is included in column E This amount was earned in 2008 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 Deborah Morsi - Supplemental Retirement of $1,576 is included in column E This amount was earned in 2008 Heather Sankey, MD - Supplemental Retirement of $15,850 is included in column E This amount was earned in 2008 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 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
Supplemental Information	Part III	Schedule J, Part 1, Line 3 The board of the filing organization has appointed the compensation committee of Baystate Health, Inc , a related organization and the parent organization of the health care system to which the filing organization belongs, as the compensation committee of the filing organization The compensation committee consists entirely of individuals serving on the board of the filing organization The compensation committee uses an independent compensation consultant and appropriate comparability data to establish the compensation of its key officers, directors, and employees, which includes the filing organization's top management official, and approves the compensation of those individuals

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2790311
Name: Baystate Medical Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mark R Tolosky	(I)							
	(II)	646,153	314,010	839,381	167,808	31,520	1,998,872	339,237
Loring S Flint MD	(I)							
	(II)	431,096	152,944	165,618	103,104	25,670	878,432	48,748
Grace P Makari-Judson MD	(I)							
	(II)	245,054	60,886	15,451	55,212	20,907	397,510	
Barbara W Stechenberg MD	(I)							
	(II)	191,286	16,444	3,005	78,322	20,467	309,524	
Heather Z Sankey MD	(I)							
	(II)	234,662	32,315	1,132	26,797	18,779	313,685	
Keith C McLean-Shinaman	(I)							
	(II)	353,682	129,241	179,816	152,815	32,353	847,907	48,866
Deborah Morsi	(I)	190,249	33,915	9,161	92,091	18,943	344,359	
	(II)							
Jonathan Pine	(I)	166,620	34,245	502	10,638	23,650	235,655	
	(II)							
Deborah A Provost	(I)	176,450	34,314	9,624	69,508	7,394	297,290	
	(II)							
Evan Benjamin MD	(I)	271,648	69,404	25,015	46,216	15,860	428,143	13,401
	(II)							
David Y Chin PhD	(I)	206,689	13,131	8,112	18,751	18,883	265,566	
	(II)							
Michael F Moran	(I)	168,330	31,994	491	15,696	15,627	232,138	
	(II)							
Randolph Peto MD	(I)	185,939	12,192	1,649	16,461	18,554	234,795	
	(II)							
Michael R Favreau	(I)	170,096	14,572	12,321	51,377	18,745	267,111	
	(II)							
Michael J Daly	(I)							
	(II)			208,474			208,474	
Peter Lindenauer MD	(I)	53,977	28,974	99	24,485	4,065	111,600	
	(II)	170,352		920	3,148	15,902	190,322	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	MA Health & Education Facil Authority	04-2456011	57586CNHA	10-27-2005	71,740,000	MA HEFA Series G - See Sch O		X		X
B	MA Health & Education Facil Authority	04-2456011		01-08-2007	10,000,000	MA HEFA Series H - See Sch O		X		X
C	MA Health & Education Facil Authority	04-2456011	57586EKC4	06-25-2009	198,611,250	MA HEFA Series I/J/K See Sch O		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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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 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

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

Part III Grants or Assistance Benefitting 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, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 04-2790311
Name: Baystate Medical Center Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
American Excess Insurance Exchange	Board Overlap	2,606,497	Schedule O - Mark Tolosky, President of the filing organization is also Chairman of the Board of Directors of AEIX The filing organization purchases general & professional liability insurance from AEIX		No
Balise Motor Sales Co Balise	Board Overlap	66,785	Schedule O - Steven Mitus, Board Member of the filing organization is also the Executive Vice President & CFO of Balise The filing organization made payments to Balise for the purchase of 3 vehicles		No
Baycare Health Partners Inc (BHP)	Common Board Members or Officers	615,371	Schedule O - The filing organization received payments from BHP of $574,100 for patient care services for which BHP is the intermediary between the filing organization and third party payers and $41,271 for reimbursement of expenses BHP is an affiliate corporation of the filing organization		No
Baycare Health Partners Inc (BHP)	Common Board Members or Officers	1,416,984	Schedule O - The filing organization made payments to BHP for annual support fees BHP is an affiliate corporation of the filing organization		No
Baystate Health System Ambulance Inc (BHSA)	Common Board Members or Officers	6,912	Schedule O - The filing organization received payments from BHSA for an employee benefit program BHSA is an affiliate corporation of the filing organization		No
Baystate Health System Ambulance Inc (BHSA)	Common Board Members or Officers	377,621	Schedule O - The filing organization made payments to BHSA of $217,991 for patient transport services and $159,630 for patient care services BHSA is an affiliate corporation of the filing organization		No
Health New England Inc (HNE)	Common Board Members or Officers	58,228,955	Schedule O - The filing organization received payments from HNE of $152,546 for certain employee benefit programs, $19,196 for reimbursement of expenses and $58,057,213 related to medical claims HNE is an affiliate corporation of the filing organization		No
Ingraham Corporation (IC)	Common Board Members or Officers	89,163	Schedule O - The filing organization received payments from IC for rent IC is an affiliate corporation of the filing organization		No
Ingraham Corporation (IC)	Common Board Members or Officers	52,960	Schedule O - The filing organization made payments to IC of $1,420 for phone services and $51,540 as lease payment IC is an affiliate corporation of the filing organization		No
New England Orthopedic Surgeons In	Corporation owned more than 5% by Dr Steven Wenner, Board Member of BMC	81,260	Schedule O - The filing organization received payments from NEOS of $23,000 for rental of parking spaces and $58,260 for reimbursement of expenses		No
New England Orthopedic Surgeons In	Corporation owned more than 5% by Dr Steven Wenner, Board Member of BMC	1,166,677	Schedule O - The filing organization made payments to NEOS of $377,397 for patient care services, $640,000 for management services and $149,280 for contracted services		No

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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 Medical Center Inc

Employer identification number
04-2790311

Identifier	Return Reference	Explanation
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 Victor Woolridge, (9) David W Townsend and Mark R Tolosky

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

Identifier	Return Reference	Explanation
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, making the annual meeting optional (rather than required)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The filing organization has one member, Baystate Health, Inc ("BH")

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of Trustees of the Organization are the same individuals serving as members of the Board of Trustees of BH, with the addition of the president of the medical staff of the Organization The Board of Trustees of BH are elected annually by the Board of Trustees of BH at their annual meeting

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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, officers, key employees, 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, Lines 13 and 14 Baystate Health, Inc has whistleblower and record retention policies that cover affiliated tax exempt entities including Baystate Medical Center, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation of the President, and all key officers and employees is reviewed and determined annually by the compensation committee of Baystate Health, Inc (the parent organization of the health care system to which the filing organization belongs), which has been appointed as the compensation committee of the filing organization and consists entirely of individuals serving on the board of the filing organization

Identifier	Return Reference	Explanation
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 or organization and bylaws are generally available at the Commonwealth of Massachusetts website

Identifier	Return Reference	Explanation
Schedule K Supplental Information		Part I (f) Description of Purpose A - MHEFA Series Series G The proceeds of the Series G Bonds w ill be used (i) to advance refund $61,930,000 principal amount of the Authority's Revenue Bonds, Baystate Medical Center Issue, Series E (the "Series E Bonds"), w hich w ere issued to finance or refinance the follow ing property ow ned by the Institution (a)construction of a new 104,500 gross square foot Ambulatory Care Center at 3300 Main Street, Springfield, Massachusetts, (b) construction of a new 100,000 gross square foot building to house the Ambulatory Surgery Center, Medical Library and education/conference space on the Institution's North campus located at 759 Chestnut Street, Springfield, Massachusetts, (c) renovation of various existing spaces w ithin the Institution's North campus, (d) acquisition of equipment for the new facilities, (ii) to finance routine capital construction, renovations, and equipping of various facilities of the Institution, and (iii) to pay certain costs of issuance of the Series G Bonds B- MHEFA Series H The project consists of the follow ing (i) the construction, improvement, equipping, and other related capital expenditures of a parking garage w alkw ay, and other related w ork at an existing building at 280 Chestnut Street ow ned and used by the Institution (the "Garage"), and (ii) the acquisition and installation of capital equipment and renovations to existing facilities of the Institution and other routine capital expenditures in connection w ith the Institution's hospital operations C- MHEFA Series I, J-1, J-2, K-1, K-2 The proceeds of the Bonds w ill be used (i) to pay a portion of the costs associated w ith the acquisition of land, site development, construction or alteration of buildings or the acquisition or installation of furnishings and equipment, refinancing of, or any combination of the foregoing, in connection w ith the construction, improvement, equipping, and other related capital expenditures of a seven-story, approximately 599,100 gross square foot primarily inpatient building located at 759 Chestnut Street, Springfield, Massachusetts, including demolition and site w ork, w hich building w ill be constructed by Baystate Total Home Care (BTHC) and leased to Baystate Medical Center by BTHC, (ii)for the acquisition and installation of capital equipment and renovations to existing facilities of the Medical Center and other routine capital expenditures included or to be included in the Medical Center's capital budget over the next three years for use in connection w ith the Medical Center's hospital operations, (iii) for the refinancing of a portion of an outstanding commercial loan in the amount of $65,000,000 made by Bank of America, N A to the Medical Center in connection w ith the defeasance of the Authority's Revenue Bonds, Baystate Medical Center Issue, Series D on October 20, 2008, and (iv) for the financing of costs associated w ith the issuance of bonds (iii) financing of routine capital construction, renovations, and equipping of various facilities of Baystate Medical Center MA Hefa Series H w ere private placement bonds and therefore, there is no CUSIP number associated w ith these bonds

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 16b	Policies	Baystate Health, Inc has a joint venture policy that covers affiliated tax exempt entities including Baystate Medical Center, Inc

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b	Financial Statements and 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 consolidating statements w ith detailed information on each subsidiary including Baystate Medical Center, Inc

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Statement of Program Accomplishments	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, w ith quality and compassion Vision for Community Health Baystate Medical Center, a member hospital of Baystate Health, is committed to meeting the identified health and w ellness 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 w ill focus on prevention and increasing access to health and w ellness 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 w eb-based softw are), 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 grow ing 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 follow ing 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 w ith 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 This planning framew ork w as used to conduct locality-based planning activities and goal-setting for Partners for a Healthier community and Baystate Medical Center's CBAC initiatives w hich w ere developed based on the follow ing 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 w ith person-to-person interview s 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 w ere 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 w ere a major source of information Expert testimony in areas of community health w as 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 w ith 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 w orking w ith 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 w ith 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 w ho 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 w e have been able to increase services to at risk populations by 25% and significantly improve patient satisfaction scores 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 softw are to track and manage Baystate Health community benefits programs, services and activities The balance of this report refers to the w ork 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 w ithin 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 w ay 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 w orks w ith the City of Holyoke and other area agencies and organizations to improve the safety for children w alking to and from school, and provides bicycle safety rodeos, skiing safety programs, and home safety equipment throughout Western Massachusetts Parents and caregivers are w elcome 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 Brightw ood 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-midw ives, and many other health care professionals

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Statement of Program Accomplishments (continued)	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)

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Statement of Program Accomplishments (continued)	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 pre-school 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

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Statement of Program Accomplishments (continued)	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 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

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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 answerd "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 Medical Center Inc

Employer identification number
04-2790311

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
See Additional Data Table					

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) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(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 Monarch Place Suite 1500 Springfield, MA011441500 04-2864973	HMO/Insurance	MA	Baystate Health Inc	C			
HNE Advisory Services Monarch Place Suite 1500 Springfield, MA011441500 04-3012347	Administrative Svs	MA	Health New England Inc	C			
Health New England Insurance Monarch Place Suite 1500 Springfield, MA011441500 04-3183019	Ancilliary Insurance	MA	Health New England Inc	C			
Health New England of Connecticut Monarch Place Suite 1500 Springfield, MA011441500 06-1398662	Dormant	MA	Health New England Inc	C			
Ingraham Corporation 759 Chestnut Street Springfield, MA01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C			
Baystate Health System Ambulance Inc 759 Chestnut Street Springfield, MA01199 04-3018550	Ambulance Svs	MA	Ingraham Corporation	C			

Part V Transactions with Related Organizations

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

		Yes	No
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		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 04-2790311
Name: Baystate Medical Center Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Baystate Health Inc 759 Chestnut Street Springfield, MA01199 04-2105941	Healthcare System Parent	MA	501 (c) (3)	7	Baystate Health Inc
Baystate Franklin Medical Center 164 High Street Greenfield, MA01301 04-2103575	Hospital	MA	501 (c) (3)	3	Baystate Health Inc
Baystate Mary Lane Hospital Corporation 85 South Street Ware, MA01082 04-2103584	Hospital	MA	501 (c) (3)	3	Baystate Health Inc
Baystate Affiliated Practice Organization Inc 759 Chestnut Street Springfield, MA01199 04-3124541	Clinical Services	MA	501 (c) (3)	9	Baystate Health Inc
Baystate Medical Education & Rsch Foundation Inc 759 Chestnut Street Springfield, MA01199 04-2888373	Charitable, Educational and Research Activities	MA	501 (c) (3)	11c, IIIc	Baystate Health Inc
Baystate Vascular Services Inc 759 Chestnut Street Springfield, MA01199 26-0193173	Clinical Services	MA	501 (c) (3)	9	Baystate Health Inc
Visiting Nurse Assn and Hospice of Western New England Inc 50 Maple Street Springfield, MA01199 04-2105803	Homehealth and Hospice care	MA	501 (c) (3)	9	Baystate Health Inc
Baystate Total Home Care Inc 50 Maple Street Springfield, MA01199 20-3260764	Real Estate and Other	MA	501 (c) (3)	11b, II	Baystate Health Inc
Baystate Administrative Services Inc 759 Chestnut Street Springfield, MA01199 22-2747685	Administrative services	MA	501 (c) (3)	11c, IIIc	Baystate Health Inc
Baystate Health Foundation Inc 759 Chestnut Street Springfield, MA01199 04-3549011	Fundraising	MA	501 (c) (3)	7	Baystate Health Inc
Baystate Medical Center Auxiliary Inc 759 Chestnut Street Springfield, MA01199 04-6065279	Supporting organization for Hospital	MA	501 (c) (3)	7	Baystate Health Inc
BH Insurance Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore captive Insurance	CJ			Baystate Health Inc
Baystate Health Systems Inc Health & Welfare Benefits Plan 759 Chestnut Street Springfield, MA01199 22-2531644	Voluntary Employees' Benefit Association	MA	501 (c) (9)		Baystate Health Inc

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Baystate Franklin Medical Center	B	2,600,000
(2)	Visiting Nurse Association and Hospice of Western New England Inc	B	2,600,000
(3)	Baystate Administrative Services Inc	B	305,000
(4)	Baystate Health Inc	B	6,000,000
(5)	Baystate Affiliated Practice Organization Inc	B	5,500,000
(6)	Baystate Medical Practices Inc	B	5,000,000
(7)	Baystate Health Foundation Inc	B	95,000
(8)	Baystate Vascular Services Inc	B	1,000,000
(9)	Baystate Health Inc	E	995,490
(10)	Visiting Nurse Association and Hospice of Western New England Inc	J	105,220
(11)	Baystate Administrative Services Inc	I	1,114,700
(12)	Baystate Health Inc	J	258,019
(13)	Baystate Medical Practices Inc	I	1,535,466
(14)	Ingraham Corporation	I	89,163
(15)	Baystate Total Home Care Inc	I	62,510
(16)	Ingraham Corporation	J	51,540
(17)	Baystate Franklin Medical Center	K	1,024,679
(18)	Baystate Mary Lane Hospital Corporation	K	548,582
(19)	Baystate Administrative Services Inc	K	63,781
(20)	Baystate Affiliated Practice Organization Inc	K	836,968
(21)	Baystate Medical Practices Inc	K	1,263,253
(22)	Baystate Health Foundation Inc	K	141,944
(23)	Baystate Administrative Services Inc	L	67,584,233
(24)	Baystate Affiliated Practice Organization Inc	L	3,065,332
(25)	Baystate Medical Practices Inc	L	38,418,678
(26)	Baystate Vascular Services Inc	L	342,229
(27)	Baystate Health System Ambulance Inc	L	377,621
(28)	Health New England Inc	P	58,209,657
(29)	Baystate Health Inc	R	1,419,839
(30)	Baystate Medical Practices Inc	R	173,432

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	Baystate Health Foundation Inc	R	2,056,209
(32)	Baystate Medical Center Auxiliary Inc	O	268,617

Additional Data

Software ID:
Software Version:
EIN: 04-2790311
Name: Baystate Medical Center Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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 MD , 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
Frances K Stotz CFP , Trustee	10 00	X						0	0	0
David W Townsend , Trustee	10 00	X						0	0	0
Howard G Trietsch MD , Trustee	10 00	X						0	0	0
Steven M Wenner MD , Trustee	10 00	X						0	0	0
Victor Woolridge , Trustee	10 00	X						0	0	0
Alan H Bullock MD , Trustee 10/1/08 - 12/31/	10 00	X						0	0	0
Heather Z Sankey MD , Trustee 1/1/09 - 9/30/09	10 00	X						0	268,109	45,576
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
Deborah Morsi , VP, Patient Care Service	60 00				X			233,325	0	111,034
Jonathan Pine , VP, Med Specialty & Diag	60 00				X			201,367	0	34,288

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Deborah A Provost , VP, Surgery, Anes, Emerg	60 00				X			220,388	0	76,902
Evan Benjamin MD , VP Healthcare Quality	60 00					X		366,067	0	62,076
David Y Chin PhD , Rad Oncology / Physics C	60 00					X		227,932	0	37,634
Michael F Moran , VP, Facilities & Guest S	60 00					X		200,815	0	31,323
Randolph Peto MD , Medical Dir Quality	60 00					X		199,780	0	35,015
Michael R Favreau , Director Radiology Svs	60 00					X		196,989	0	70,122
Michael J Daly , Former Vice Chair							X	0	208,474	0
Peter Lindenauer MD , Med Dir Quality/Safety	60 00						X	83,050	171,272	47,600