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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

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

**B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termin-ated
☐ Amended return
☐ Applica-tion pending

**C** Name of organization
Baystate Health, Inc.

Doing Business As

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

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

**F** Name and address of principal officer: Dennis W. Chalke
same as C above

**D** Employer identification number
04-2105941

**E** Telephone number
(413) 794-0000

**G** Gross receipts $ 36,106,386.

**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) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ www.baystatehealth.org

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: The mission of the organization is to improve the health of people in our communities every day,

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 16 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 236,553. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 207,085. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 2,440,269. | 6,531,372. |
| 9 | Program service revenue (Part VIII, line 2g) | 3,029,289. | 3,051,209. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,257,823. | 1,307,796. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 995,876. | 1,069,297. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,723,257. | 11,959,674. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 565,000. | 315,000. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 680,061. | 931,913. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,913,930. | 13,600,444. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,158,991. | 14,847,357. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,435,734. | -2,887,683. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 148,199,000. | 149,312,000. |
| 21 | Total liabilities (Part X, line 26) | 10,617,000. | 5,547,000. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 137,582,000. | 143,765,000. |

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SEP 19 2013

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer Dennis W Chalke Date 7/22/13

▶ Dennis W. Chalke , SVP Finance & Treasurer
Type or print name and title

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: Ernst & Young, LLP | Preparer's signature | Date 7/10/13 | Check ☐ if self-employed | PTIN P00743154 |
| Firm's name ▶ Ernst & Young, LLP | | | Firm's EIN ▶ 34-6565596 | |
| Firm's address ▶ 200 Clarendon Street Boston, MA 02116-5072 | | | Phone no. 617-266-2000 | |

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



See Schedule O for Organization Mission Statement Continuation

9-18 1

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
The mission of the organization 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ____ ) (Expenses $ 12,980,924. including grants of $ 315,000. ) (Revenue $ 3,487,355. )
Baystate Health, Inc. (Baystate Health or BH) based in Springfield, Massachusetts is the parent corporation of an integrated health care delivery system with the mission "to improve the health of the people in our community every day, with quality and compassion."

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

Baystate Health currently includes the following:

4b (Code ____ ) (Expenses $ ____ including grants of $ ____ ) (Revenue $ ____ )

4c (Code ____ ) (Expenses $ ____ including grants of $ ____ ) (Revenue $ ____ )

4d Other program services (Describe in Schedule O.)
(Expenses $ ____ including grants of $ ____ ) (Revenue $ ____ )

4e **Total program service expenses** ▶ 12,980,924.

**Part IV Checklist of Required Schedules**

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | X | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | X | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 77 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | 3b | | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | |
| b | If "Yes," enter the name of the foreign country: ▶ See Schedule O<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | |
| 9 | **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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 14b | | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 14 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | X |

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

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

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

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

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

Check if Schedule O contains a response to any question in this Part VII ..... X

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Mark R. Tolosky<br>President, CEO & Trustee | 1.00 | X | | X | | | | 0. | 1,536,640. | 99,365. |
| (2) Richard B. Steele, Jr.<br>Chair | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) Victor Woolridge<br>Vice Chair | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) Allan W. Blair<br>Trustee 10/1 - 12/31/11 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) Charles L. D'Amour<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) John H. Davis<br>Trustee 1/1 - 9/30/12 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) John A. Egelhofer, MD<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) John E. Kole<br>Trustee 1/1 - 9/30/12 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Grace P. Makari-Judson, MD<br>Trustee/ Hematologist M. D. | 1.00 | X | | | | | | 320,107. | 0. | 75,990. |
| (10) John F. Maybury<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Steven M. Mitus<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) John M. O'Brien, III<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Anne M. Paradis<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) Katherine E. Putnam<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) Timothy S. Rice<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) James P. Sadowsky<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) David C. Southworth<br>Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Barbara W. Stechenberg, MD Trustee/ Infectious Disease M.D. | 1.00 | X | | | | | | 145,851. | 0. | 36,735. |
| (19) Frances K. Stotz, CFP Trustee 10/1 - 12/31/11 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) Katherine McG. Sullivan Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) Howard G. Trietsch, MD Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) Steven M. Wenner, MD Trustee 10/1 - 12/31/11 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) Dennis W. Chalke Treasurer | 1.00 | | | X | | | | 0. | 672,631. | 92,548. |
| (24) Kristin R. Delaney Clerk | 1.00 | | | X | | | | 0. | 94,511. | 47,834. |
| (25) Frances C. Grabowski Assistant Clerk 10/1 - 12/31/11 | 1.00 | | | X | | | | 0. | 55,522. | 17,868. |
| (26) Patricia A. Sheldon Assistant Clerk 1/1 - 9/30/12 | 1.00 | | | X | | | | 0. | 65,183. | 16,061. |
| 1b Sub-total ▶ | | | | | | | | 465,958. | 2,424,487. | 386,401. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 0. | 802,768. | 36,779. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 465,958. | 3,227,255. | 423,180. |

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

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| Price Waterhouse Coopers, LLP, PO Box 7247-8001, Philadelphia, PA 19170-8001 | Consulting Services | 1,981,425. |
| Baystate Administrative Services, Inc. 759 Chestnut Street, Springfield, MA 01199 | Management Services | 1,853,856. |
| Morrison Mahoney LLP 250 SUMMER STREET, Boston, MA 02210 | Consulting Services | 364,217. |
| Thayer Street Associates 8 Coates Ave, South Deerfield, MA 01373 | Consulting Services | 316,423. |
| Simpler North America P.O. Box 643979, Pittsburgh, PA 15222-1005 | Consulting Services | 292,589. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 9

See Part VII, Section A Continuation sheets

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) Keith C. McLean-Shinaman<br>Former Treasurer | 0.00 | | | | | | X | 0. | 802,768. | 36,779. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | 802,768. | 36,779. |

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a | | | | | |
| | b Membership dues 1b | | | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | 6261084. | | | | |
| | e Government grants (contributions) 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 270,288. | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f | | 6531372. | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a Premier Purchasing Par | 525990 | 1968627. | 1968627. | | |
| | b Miscellaneous | 524298 | 577,689. | 577,689. | | |
| | c Intercompany Rent | 531120 | 268,340. | 268,340. | | |
| | d Ins and Prship UBI | 525990 | 236,553. | | 236,553. | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f | | 3051209. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 881,203. | | | 881,203. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 24,573,305. | | | | |
| | b Less: cost or other basis and sales expenses | 24,146,712. | | | | |
| | c Gain or (loss) | 426593. | | | | |
| | d Net gain or (loss) | | 426,593. | | | 426,593. |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| | b Less: direct expenses b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b Less: direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | | |
| | b Less: cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a Inc f/ BHF TL R RTN | 525990 | 1018133. | | | 1,018,133. |
| | b Reeds Landing Interest | 525990 | 28,882. | | | 28,882. |
| | c Int from Commcl Paper | 525990 | 22,282. | | | 22,282. |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a-11d | | 1069297. | | | |
| | 12 **Total revenue.** See instructions. | | 11,959,674. | 2814656. | 236,553. | 2,377,093. |

## 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).*

Check if Schedule O contains a response to any question in this Part IX ..... X

| | 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 United States. See Part IV, line 21 | 315,000. | 315,000. | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 931,913. | 931,913. | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 56,194. | | 56,194. | |
| c | Accounting | 102,210. | | 102,210. | |
| d | Lobbying | 124,500. | 124,500. | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 95,874. | | 95,874. | |
| g | Other | 2,729,490. | 2,486,543. | 242,947. | |
| 12 | Advertising and promotion | 487,079. | 487,079. | | |
| 13 | Office expenses | 12,775. | | 12,775. | |
| 14 | Information technology | 2,759. | | 2,759. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 86,806. | 86,806. | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 500. | 500. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,782. | 2,782. | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | MISC SEE SCH O | 4,672,986. | 4,298,119. | 374,867. | |
| b | RESEARCH INITIATIVES | 2,979,823. | 2,979,823. | | |
| c | BAS TREASURY ASSESSMENT | 1,100,012. | 749,185. | 350,827. | |
| d | BAS ADMIN CHARGES | 761,558. | 518,674. | 242,884. | |
| e | All other expenses | 385,096. | | 385,096. | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 14,847,357. | 12,980,924. | 1,866,433. | 0. |
| 26 | **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | | 1 | 0. |
| | 2 | Savings and temporary cash investments | | 15,884,863. | 2 | 20,614,492. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 79,835. | 4 | 77,210. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 8,980. | 9 | 9,616. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 332,445. | | | |
| | b | Less: accumulated depreciation | 10b 250,649. | 84,578. | 10c | 81,796. |
| | 11 | Investments - publicly traded securities | | 32,416,813. | 11 | 30,013,125. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 7,023,275. | 12 | 7,853,133. |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 92,700,656. | 15 | 90,662,628. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 148,199,000. | 16 | 149,312,000. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,991,214. | 17 | 2,028,000. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 8,625,786. | 25 | 3,519,000. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 10,617,000. | 26 | 5,547,000. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 119,367,000. | 27 | 123,346,000. |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | 18,215,000. | 29 | 20,419,000. |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 137,582,000. | 33 | 143,765,000. |
| | 34 | Total liabilities and net assets/fund balances | | 148,199,000. | 34 | 149,312,000. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,959,674. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,847,357. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,887,683. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 137,582,000. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 9,070,683. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 143,765,000. |

## Part XII Financial Statements and Reporting

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

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

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 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 supported organization(s).

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,422,627. | 6,497,105. | 2,268,253. | 2,440,269. | 6,531,372. | 21,159,626. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 3,422,627. | 6,497,105. | 2,268,253. | 2,440,269. | 6,531,372. | 21,159,626. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 21,159,626. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 3,422,627. | 6,497,105. | 2,268,253. | 2,440,269. | 6,531,372. | 21,159,626. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,092,901. | 1,380,550. | 1,166,916. | 1,022,969. | 887,897. | 6,551,233. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 577,645. | | 655,465. | 225,336. | 207,085. | 1,665,531. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 403,394. | 1,308,984. | 1,018,209. | 955,876. | 1,069,297. | 4,755,760. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 34,132,150. |

12 Gross receipts from related activities, etc. (see instructions) 12 15,748,128.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 61.99 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 61.25 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Interest Income - Commercial Paper Line of Credit

Loomis Interest Income

Operations from Total Rate of Return

Total Rate of Return Adjustment

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|---|---|---|---|---|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2011

132042
01-27-12

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

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 124,500. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 124,500. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

**Part IV** **Supplemental Information**

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

BH paid 124,500 to Rauschenbach Associates as reported on Massachusetts Public Records Division Lobbyist Disclosures for lobbying activities related to healthcare policy, bills and appropriations-related activities.

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | 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 | 17,468,653. | 18,056,698. | 17,584,865. | 19,047,559. | |
| b Contributions | 79,814. | 70,532. | 60,772. | 80,997. | |
| c Net investment earnings, gains, and losses | 1,169,681. | -658,577. | 411,061. | -1,543,691. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 18,718,148. | 17,468,653. | 18,056,698. | 17,584,865. | |

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

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

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

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 59,124. | | 59,124. |
| b Buildings | | 233,233. | 221,921. | 11,312. |
| c Leasehold improvements | | 18,589. | 7,229. | 11,360. |
| d Equipment | | 21,295. | 21,295. | 0. |
| e Other | | 204. | 204. | 0. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 81,796. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) Investments - Other | | |
| (B) Securities | 7,853,133. | Cost |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 7,853,133. | |

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

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

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

| | (a) Description | (b) Book value |
|---|---|---|
| (1) | Due from Affiliated Companies | 3,498,921. |
| (2) | Investment in Consolidated Affiliate (Health New England, | |
| (3) | Inc.) | 61,783,798. |
| (4) | Equity Investment in For-Profit Subsidiary (Ingraham | |
| (5) | Corporation) | 272,912. |
| (6) | Line of Credit -- Affiliate | 2,039,813. |
| (7) | Interest - Net Assets in BHF | 22,142,937. |
| (8) | Rounding | 1,794. |
| (9) | Deferred Expenses | 922,453. |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | | 90,662,628. |

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

| 1. | (a) Description of liability | (b) Book value |
|---|---|---|
| (1) | Federal income taxes | |
| (2) | Due to Affiliated Companies | 2,536,000. |
| (3) | Due to Board-Designated Funds | 983,000. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | | 3,519,000. |

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

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited 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 must equal Form 990, Part I, line 12.)* | | | 5 | |

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

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

## Part XIV Supplemental Information

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

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

Part X, Line 2: Baystate Health, Inc. did not have a FIN 48 footnote included in the audited financial statements.

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Baystate Health, Inc.

**Employer identification number**

04-2105941

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|
| Caribbean | | | Investments | | 13280631. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 13,280,631. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c **Totals** (add lines 3a and 3b) | 0 | 0 | | | 13,280,631. |

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2011**

132071
01-23-12

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Part IV Foreign Forms

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

**Part V Supplemental Information**

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

Schedule F Line 1

Breakout of Activities in Caribbean

The total expenditures in the Caribbean of $13,280,631 is comprised of Baystate Health's book value of their investment in BHIC of $120,000 plus insurance related cash tranfers of $13,160,631.

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization
Baystate Health, Inc.

**Employer identification number**
04-2105941

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Partner's for a Healthier Community, Inc. - P.O. Box 15769 - Springfield, MA 01115 | 04-3342182 | 501(c)(3) | 250,000. | 0. | | | To assist Partner's for a Healthier Community to narrow the gap in health disparities for some of |
| Baystate Health Foundation, Inc. 759 Chestnut Street Springfield, MA 01199 | 04-3549011 | 501(c)(3) | 65,000. | 0. | | | To provide support for the Health Science Library and Medical Staff Pledge. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

**Schedule I (Form 990) (2011)**

See Part IV for Column (h) descriptions

132101 01-27-12

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

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

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

Part II, line 1, Column (h):

Name of Organization or Government:

Partner's for a Healthier Community, Inc.

(h) Purpose of Grant or Assistance: To assist Partner's for a Healthier Community to narrow the gap in health disparities for some of Springfield's most vulnerable citizens, and to be a source of support for building civic leaders, creating strategies for change, and promoting policy actions to create healthier communities.

**Part IV Supplemental Information**

Baystate Health, Inc. has a close relationship with its grantees, which includes Baystate Health Foundation (BHF). Through this close relationship, management is able to ensure the granted money is used for the intended purposes. For BHF, funds are accounted for and monitored in individual temporarily restricted purpose funds in accordance with the restrictions. Fund administrators of the related entity are assigned responsibility to assure that the fund purpose is met before releasing from restrictions.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Baystate Health, Inc.

**Employer identification number**

04-2105941

## Part II Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | |
| **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? | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.<br>☒ Compensation committee ☒ Written employment contract<br>☒ Independent compensation consultant ☒ Compensation survey or study<br>☐ Form 990 of other organizations ☒ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| **a** | Receive a severance payment or change-of-control payment? | X | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | X | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | X | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| **a** | The organization? | | X |
| **b** | Any related organization? | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| **a** | The organization? | | X |
| **b** | Any related organization? | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | X |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 1 Mark R. Tolosky | (ii) | 696,553. | 315,856. | 524,231. | 58,633. | 40,732. | 1,636,005. | 0. |
| Grace P. | (i) | 277,385. | 20,725. | 21,997. | 49,408. | 26,582. | 396,097. | 0. |
| 2 Makari-Judson, MD | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Barbara W. | (i) | 131,190. | 13,968. | 693. | 22,132. | 14,603. | 182,586. | 0. |
| 3 Stechenberg, MD | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Dennis W. Chalke | (ii) | 363,180. | 131,625. | 177,826. | 58,000. | 34,548. | 765,179. | 0. |
| Keith C. | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 McLean-Shinaman | (ii) | 276,485. | 137,200. | 389,083. | 0. | 36,779. | 839,547. | 0. |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

**Part III Supplemental Information**

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

Part I, Line 3: Baystate Health, Inc uses an independent compensation committee, an independent compensation consultant, and appropriate comparability data and approval by the compensation committee to establish the compensation of its key officers, directors, and employees.

Part I, Lines 4a-c: Line 4a:

Keith McLean-Shinaman terminated employment effective 9/30/2011. The compensation numbers include various one time termination payments.

Line 4b:

Dennis W. Chalke - Supplemental Retirement of $145,066 is included in column E. This amount was earned in 2011.

Grace Makari-Judson, MD- Supplemental Retirement of $7,354 is included in column E. This amount was earned in 2011.

**Part III Supplemental Information**

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

Keith C. McLean Shinaman - Supplemental Retirement of $41,190 is included in column E. This amount was earned in 2011.

Mark R. Tolosky - Supplemental Retirement of $332,054 is included in column E. This amount was earned in 2011.

Line 4c:

The supplemental retirement plan offered to Mr. Tolosky from 1997-2002 provided the right to purchase mutual fund shares at a specified price, with the rights expiring at the end of the 10 years. The 2011 compensation of $130,991 was based on the difference between the fair market value at the date of exercise and the exercise price.

**SCHEDULE L**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open To Public Inspection

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

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

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

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | (c) Corrected? No |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

## Part II Loans to and/or From Interested Persons.

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

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

## Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|---|---|---|
| | | |
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**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | (e) Sharing of organization's revenues? No |
|---|---|---|---|---|---|
| Baycare Health Partners, I | Common Board Member | 8,750. | See Part V | | X |
| Baycare Health Partners, I | Common Board Member | 480,000. | See Part V | | X |
| Baystate OB/GYN Group (BOG | Partnership - Owned | 508,493. | See Part V | | X |
| Ingraham Corporation (IC) | Common Board Member | 156,366. | See Part V | | X |
| Mass Mutual Financial Grou | Board Overlap | 320,581. | See Part V | | X |
| New England Orthopedic Ser | Corporation owned m | 274,752. | See Part V | | X |
| Baystate Health Insurance | Common Board Member | 5,458,616. | See Part V | | X |
| | | | | | |
| | | | | | |
| | | | | | |

**Part V Supplemental Information**

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

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

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

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 8,750.

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

(e) Sharing of Organization Revenues? = No

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

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 480,000.

(d) Description of Transaction: See Part V - The filing organization made payments to BHP for physician membership dues of $180,000 and Patient Centered Medical Home Pilot of $300,000. BHP is an affiliate corporation of the filing organization.

(e) Sharing of Organization Revenues? = No

**Part V Supplemental Information**

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

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

(b) Relationship Between Interested Person and Organization:

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

(c) Amount of Transaction $ 508,493.

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

(e) Sharing of Organization Revenues? = No

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

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(c) Amount of Transaction $ 156,366.

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

(e) Sharing of Organization Revenues? = No

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

(b) Relationship Between Interested Person and Organization:

Board Overlap

(c) Amount of Transaction $ 320,581.

(d) Description of Transaction: See Part V - Allan Blair, Board Member of the filing organization is also a member of the Board of Trustees of several subsidiary companies of MMFG, the parent company of Babson Capital Management (BCM). Victor Woolridge, Board Member of the filing organization is also the Managing Director of Babson Capital Management LLC (BCM), a subsidiary of MMFG. The filing organization purchases

**Part V Supplemental Information**

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

investment management & administrative services from BCM and MMFG.

(e) Sharing of Organization Revenues? = No

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

(b) Relationship Between Interested Person and Organization:

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

(c) Amount of Transaction $ 274,752.

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

(e) Sharing of Organization Revenues? = No

(a) Name of Interested Person:

Baystate Health Insurance Company, Ltd (BHIC)

(b) Relationship Between Interested Person and Organization:

Common Board Members or Officers

(d) Description of Transaction: See Part V - The filing organization made payments to BHIC for Community Physician premium and Indemnity Pass-Through payments.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

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

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

with quality and compassion.

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

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

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

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

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

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

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

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

Ingraham Corporation (IC) is a for-profit, taxable corporation that currently serves as a holding company for Baystate Health Ambulance, Inc.

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

Baystate Administrative Services, Inc. (BAS) is a tax exempt, not-for-profit corporation that provides management support for the BH

subsidiaries, including human resources, marketing, strategic planning, information services and financial services.

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

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

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

Form 990, Part V, Line 4b, List of Foreign Countries:
Cayman Islands, Luxembourg, United Kingdom, Ireland

Form 990, Part VI, Section A, line 2: Allan W. Blair, Dennis W. Chalke, Charles L. D'Amour, John H. Davis, Kristin R. Delaney, John A. Egelhofer, MD, Frances C. Grabowski, John E. Kole, Grace P. Makari-Judson, MD, John E. Maybury, Steven M. Mitus, John M. O'Brien, III, Ann M. Paradis,

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

Katherine E. Putnam, Timothy S. Rice, James P. Sadowsky, Patricia A. Sheldon, David C. Southworth, Barbara W. Stechenberg, MD, Richard B. Steele, Jr., Frances K. Stotz, CFP, Katherine M. Sullivan, Mark R. Tolosky, David W. Townsend, Howard G. Trietsch, MD, Steven M. Wenner, MD and Victor Woolridge are also officers or trustees of 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) Steven M. Mitus, Timothy S. Rice and Richard B. Steele, Jr.; (4) Allan W. Blair, Charles D'Amour, Steven M. Mitus and Mark R. Tolosky; (5) M. Dale Janes and James P. Sadowsky; (6) M. Dale Janes, Allan W. Blair and Victor Woolridge; (7) Mark R. Tolosky and Victor Woolridge; (8) Steven M. Mitus and Victor Woolridge; (9) David W. Townsend and Mark R. Tolosky.

Form 990, Part VI, Section A, Line 1a

The filing organization has a standing executive committee, which is entitled to act between meetings of the Board, on all matters as to which the Board is entitled to act and permitted by law to delegate to a committee.

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

Form 990, Part VI, Section B, line 11: 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., some of whom are officers or trustees of the filing organization and by outside 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 of the filing organization.

Form 990, Part VI, Section B, Line 12c: Baystate Health, Inc. and its affiliated entities have a comprehensive conflict of interest policy applicable to all of the affiliated entities. All directors, trustees, officers, key employees, and highest compensated employees of BH and its affiliates 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 the Tax Department and reviewed by outside counsel. Potential conflict of interest transactions are reviewed as appropriate under the policy, which provides for recusal from discussion and deliberation by any party with a potential conflict of interest.

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

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

committee of Baystate Health, Inc.

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

Form 990, Part VII, Section A, Line 1a, Column (B)

Average hours per week:

All individuals with compensation who have 10 average hours per week listed in Part VII, worked between 40 - 60 hours among all related entities.

Form 990, Part VII, Section A, Line 5

Certain officers or trustees of the filing organization are paid by an entity, Baystate Medical Practices, Inc. (BMP) EIN 04-2888373, who is part of the health care system to which the filing organization belongs but one that does not meet the technical requirements as a "Related Organization" per Schedule R. Compensation from BMP to the officers and trustees of the filing organization therefore, is reported as paid from an unrelated organization in Line 5 and according to the instructions reported as though paid by the filing organization.

Form 990, Part IX, Other Expenses

All Other Expenses

| | |
|---|---|
| INCOME TAXES | 234,619 |

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

| | |
|---|---|
| PROFESSIONAL DEVELOPMENT | 138,634 |
| SPECIAL EVENTS | 383,928 |
| NURSING INITIATIVES | 221,525 |
| RESEARCH EXPENSES | 126,888 |
| MEMBERSHIPS/DUES | 188,265 |
| BANK CHARGES | 1,191 |
| FRINGE ALLOCATION | 56,143 |
| I/S ASSESSMENT CHARGE | 8,212 |
| MEDIA SERVICES | 1,926 |
| INDIRECT COST TRANSFER | 2,851 |
| FOOD SERVICES | 28,842 |
| Premier K-1 expenses | 18 |
| MINOR EQUIP,FURNISHINGS | 39,184 |
| BOOKS/PERIODICALS | 6,279 |
| MISCELLANEOUS EXPENSE | 359,280 |
| SOFTWARE/MAINT | 620 |
| DONATIONS | 25,000 |
| FREIGHT | 505 |
| MEDICAL STAFF STIPENDS | 42,880 |
| CLAIM HISTORY FEES | 1,087 |
| GRANTS & CONTRIBUIONS | 288,016 |
| RECRUITMENT | 3,443 |
| CPIP CLAIMS INVESTIGATION | 1,200 |
| LICENSING FEES | 12,697 |
| BAD DEBT | 2,500,000 |

Form 990, Part XI, line 5, Changes in Net Assets:

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

| | |
|---|---|
| Transfers to Affiliated Companies, Net | 6,958,029. |
| Property, Plant & Equipment Transfers | -2,370,129. |
| Unrealized Gain / (Loss) on Investments | 2,833,532. |
| Equity Gain / (Loss) in Health New England | -349,000. |
| Equity Gain / (Loss) in Ingraham Corporation | 29,683. |
| Unrealized Interest in BHF Perpetual Trusts-Perm Restricted represents the difference between the actual income earned from the endowment funds and the investment income allowed under the total return spending policy. | 2,204,940. |
| Premier Purchasing Partners, L.P. - Unrelated Business Gain/Loss | -27,150. |
| Fidelity Real Estate Growth Fund III LP | 140,699. |
| Fidelity Real Estate Growth Fund III LP (Pension) | 55,154. |
| Harbourvest Partners VI - Buyout Partnership Fund, L.P. | 772. |
| Harbourvest Partners VI - Buyout Partnership Fund, L.P. (Pension) | 2,300. |
| Harbourvest Partners VI - Partnership Fund, L.P. | 167. |
| Harbourvest Partners VI - Partnership Fund, L.P. (Pension) | 504. |
| Mesirow Financial Private Equity Partnership Fund III, L.P. | -2,953. |
| Mesirow Financial Private Equity Partnership Fund III, L.P. (Pension) | -6,887. |
| Metropolitan Real Estate Partners, III-A, L.P. | 30,172. |
| Metropolitan Real Estate Partners, III-B, L.P. (Pension) | 53,353. |
| Metropolitan Real Estate Partners, IV-A, L.P. | 6,785. |
| Metropolitan Real Estate Partners IV-B, L.P. (Pension) | 14,817. |
| Metropolitan Real Estate Partners V, L.P. | 22,351. |
| Metropolitan Real Estate Partners V, L.P. (Pension) | 12,742. |
| Metropolitan Real Estate Partners VI, L.P. (Pension) | 187. |

Name of the organization: Baystate Health, Inc.

Employer identification number: 04-2105941

| | |
|---|---|
| Metroplitan Real Estate Partners International III, L.P. (Pension) | 1,462. |
| Pantheon USA III Fund, L.P. | -1,209. |
| Pantheon USA III Fund, L.P. (Pension) | -2,417. |
| Park Street Capital Private Equity Fund IX, LP | 6,852. |
| Park Street Capital Private Equity Fund IX, LP (Pension) | 5,060. |
| Park Street Capital Natural Resource Fund IV, L.P. | 2,440. |
| Park Street Capital Natural Resource Fund IV, L.P. (Pension) | 3,417. |
| Tower Square Capital Partners III, L.P. | 2,833. |
| Tower Square Capital Partners III, L.P. - Pension | 1,214. |
| Wilshire Asia Private Markets Fund VII, L.P. | -146. |
| Wilshire Asia Private Markets Fund VII, L.P. (Pension) | -307. |
| Wilshire European Private Markets Fund VII, L.P. | 1,633. |
| Wilshire European Private Markets Fund VII, L.P. (Pension) | 3,417. |
| Wilshire U.S. Private Markets Fund VII, L.P. | 20,241. |
| Wilshire U.S. Private Markets Fund VII, L.P. (Pension) | 42,362. |
| BH Insurance Company, Ltd. -- Unrelated Business Gain | -626,418. |
| Rounding | 181. |
| Total to Form 990, Part XI, Line 5 | 9,070,683. |

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

# Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
Baystate Health, Inc.

Employer identification number
04-2105941

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| Baystate Administrative Services, Inc. - 22-2747685, 759 Chestnut Street, Springfield, MA 01199 | Administrative services | Massachusetts | 501 (c ) (3) | 11c, IIIc | Baystate Health, Inc. | | X |
| Baystate Franklin Medical Center - 04-2103575, 164 High Street, Greenfield, MA 01301 | Hospital | Massachusetts | 501 (c ) (3) | 3 | Baystate Health, Inc. | | X |
| Baystate Health Foundation, Inc. - 04-3549011, 759 Chestnut Street, Springfield, MA 01199 | Fundraising | Massachusetts | 501 (c ) (3) | 7 | Baystate Health, Inc. | | X |
| Baystate Health Systems, Inc. Health & Welfare Benefits Plan - 22-2531644, 759 Chestnut Street, Springfield, MA 01199 | Voluntary Employees' Benefit Association | Massachusetts | 501 (c ) (9) | | Baystate Health, Inc. | | X |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? Yes | (g) Section 512(b)(13) controlled organization? No |
|---|---|---|---|---|---|---|---|
| Baystate Mary Lane Hospital Corporation - 04-2103584, 85 South Street, Ware, MA 01082 | Hospital | Massachusetts | 501 (c ) (3) | 3 | Baystate Health, Inc. | | X |
| Baystate Medical Center, Inc. - 04-2790311 759 Chestnut Street Springfield, MA 01199 | Acute Care Teaching Hospital | Massachusetts | 501 (c ) (3) | 3 | Baystate Health, Inc. | | X |
| Baystate Medical Practices, Inc. - 04-2888373, 759 Chestnut Street, Springfield, MA 01199 | Charitable, Educational and Research Activities | Massachusetts | 501 (c ) (3) | 9 | Baystate Health, Inc. | | X |
| Baystate Total Home Care, Inc. - 20-3260764 50 Maple Street Springfield, MA 01199 | Real Estate and Other | Massachusetts | 501 (c ) (3) | 11b, II | Baystate Health, Inc. | | X |
| BH Insurance Company, Ltd. - 98-0421413 North Church Street Georgetown, CAYMAN ISLANDS | Offshore captive Insurance | Cayman Islands | | | Baystate Health, Inc. | | X |
| Visiting Nurse Assn and Hospice of Western New England, Inc. - 04-2105803, 50 Maple Street, Springfield, MA 01199 | Homehealth and Hospice care | Massachusetts | 501 (c ) (3) | 9 | Baystate Health, Inc. | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| Health New England, Inc. - 04-2864973<br>Monarch Place, Suite 1500<br>Springfield, MA 01144-1500 | HMO/Insurance | MA | Baystate Health, Inc. | C CORP | | | 96.60% |
| HNE Advisory Services - 04-3012347<br>Monarch Place, Suite 1500<br>Springfield, MA 01144-1500 | Administrative Svs | MA | Health New England, Inc. | C CORP | | | 96.60% |
| Health New England Insurance - 04-3183019<br>Monarch Place, Suite 1500<br>Springfield, MA 01144-1500 | Ancilliary Insurance | MA | Health New England, Inc. | C CORP | | | 96.60% |
| Health New England of Connecticut - 06-1398662<br>Monarch Place, Suite 1500<br>Springfield, MA 01144-1500 | Dormant | MA | Health New England, Inc. | C CORP | | | 96.60% |
| Ingraham Corporation - 04-3016257<br>759 Chestnut Street<br>Springfield, MA 01199 | Health care and other business activities | MA | Baystate Health, Inc. | C CORP | | | 100.00% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| Baystate Health System Ambulance, Inc. - 04-3018550<br>759 Chestnut Street<br>Springfield, MA 01199 | Ambulance Svs | MA | Ingraham Corporation | C CORP | | | 100.00% |
| Frances Lutolf B/O Wesson Hosp - 04-6019056<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Daniel Wesson T/U/W W Maternity - 04-6019096<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Daniel Wesson T/U/W W Memorial - 04-6019097<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Louise G. Pease B/O Baystate Med - 04-6019113<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Gertrude Hibbard T/U/W W Mem - 04-6019230<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Herbert Thresher U/W W Hosp - 04-6088132<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Tr U/W H. Dexter F/B Wesson M - 04-6018707<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| Tr U/W H. Dexter F/B Wesson W - 04-6018708<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| L. & F. Tifft B/O BSHS Tr U/A - 04-6046282<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| T/W D. B. Wesson F/B W M H - 04-6018682<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |
| T/W D. B. Wesson F/B WWH - 04-6018681<br>Bank of America; 100 Federal St.<br>Boston, MA 02110 | Trust | MA | N/A | TRUST | | | 100.00% |

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

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

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

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

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | Baystate Health Foundation, Inc. | R | 1,325,583. | |
| (2) | Visiting Nurse Assn and Hospice of Western New England, Inc. | O | 56,724. | |
| (3) | Visiting Nurse Assn and Hospice of Western New England, Inc. | Q | 2,225,000. | |
| (4) | Baystate Administrative Services, Inc. | L | 1,869,782. | |
| (5) | Baystate Medical Center, Inc. | Q | 1,948,294. | |
| (6) | Baystate Medical Center, Inc. | C | 33,173,000. | |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (7) Baystate Medical Center, Inc. | D | 3,072,799. | |
| (8) Baystate Health Foundation, Inc. | L | 385,096. | |
| (9) Baystate Health Foundation, Inc. | B | 65,525. | |
| (10) Baystate Medical Center, Inc. | K | 6,005,000. | |
| (11) Ingraham Corporation | D | 144,731. | |
| (12) Visiting Nurse Assn and Hospice of Western New England, Inc. | D | 1,540,623. | |
| (13) BH Insurance Company, Ltd. | O | 3,458,616. | |
| (14) BH Insurance Company, Ltd. | O | 2,000,000. | |
| (15) L. & F. Tifft B/O BSHS Tr U/A | A | 79,814. | |
| (16) Baystate Medical Center, Inc. | L | 229,267. | |
| (17) Baystate Medical Center, Inc. | J | 268,340. | |
| (18) Baystate Franklin Medical Center, Inc | C | 4,255,000. | |
| (19) Baystate Mary Lane | C | 1,548,000. | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

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

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

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

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