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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014

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

C Name of organization: BAYSTATE FRANKLIN AUXILIARY
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 164 HIGH STREET
City or town, state or province, country, and ZIP or foreign postal code: GREENFIELD, MA 01301

D Employer identification number: 22-2992284
E Telephone number: (413) 665-4066
F Group Exemption Number: ☐

G Accounting Method: ☐ Cash ☒ Accrual Other (specify):
I Website: N/A
J Tax-exempt status (check only one): ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 155,200

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	371
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,480
	4	Investment income	4	3,180
	5a	Gross amount from sale of assets other than inventory	5a	12,645
	b	Less cost or other basis and sales expenses	5b	7,646
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,999
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	6,679
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	3,469
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,210
	7a	Gross sales of inventory, less returns and allowances	7a	130,845
	b	Less cost of goods sold	7b	70,576
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	60,269
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,509
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	64,950
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,450
	14	Occupancy, rent, utilities, and maintenance	14	193
	15	Printing, publications, postage, and shipping	15	2
	16	Other expenses (describe in Schedule O)	16	8,742
	17	Total expenses. Add lines 10 through 16	17	75,337
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,828
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	247,190
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,838
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	248,200

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	91,886	22	88,890
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	166,035	24	166,917
25 Total assets	257,921	25	255,807
26 Total liabilities (describe in Schedule O)	10,731	26	7,607
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	247,190	27	248,200

Part III	Statement of Program Service Accomplishments		Expenses
	(see the instructions for Part III)		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
	Check if the organization used Schedule O to respond to any question in this Part III		
What is the organization's primary exempt purpose?			
TO PROVIDE SUPPORT & SERVICES FOR BAYSTATE FRANKLIN MED CTR			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	PROVIDE GRANT TO BAYSTATE FRANKLIN MEDICAL CENTER, A NON-PROFIT 501(C)(3) HOSPITAL, FOR THE PURCHASE OF MEDICAL EQUIPMENT, FURNITURE AND CAPITAL IMPROVEMENTS (Grants \$ 49,293) If this amount includes foreign grants, check here	28a	49,293
29	TO CONTRIBUTE TO THE EDUCATION FUND OF BAYSTATE FRANKLIN MEDICAL CENTER, A NON-PROFIT 501(C)(3) HOSPITAL (Grants \$ 9,900) If this amount includes foreign grants, check here	29a	9,900
30	PROVIDE SUPPORT AND SERVICES TO PATIENTS AND VISITORS AT BAYSTATE FRANKLIN MEDICAL CENTER (Grants \$ 0) If this amount includes foreign grants, check here	30a	5,757
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	64,950

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DIANE GRYBKO PRESIDENT	3 00	0	0	0
DEBORAH SOKOLOSKI TREASURER	1 00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> MA		
42a	The organization's books are in care of <input type="checkbox"/> DEBORAH SOKOLOSKI Telephone no <input type="checkbox"/> (413) 665-4066 Located at <input type="checkbox"/> 208 A NO MAIN ST SO DEERFIELD, MA ZIP + 4 <input type="checkbox"/> 01373		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	*****	2015-02-11			
	Signature of officer	Date			
Paid Preparer Use Only	DEBORAH SOKOLOSKI TREASURER				
	Type or print name and title				
	Print/Type preparer's name KATHRYN A SISSON CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00883078
	Firm's name ▶ MELANSON HEATH & COMPANY PC			Firm's EIN ▶ 02-0354851	
Firm's address ▶ 51 DAVIS STREET SUITE 1 GREENFIELD, MA 01301					Phone no (413) 773-5405

May the IRS discuss this return with the preparer shown above? See instructions	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization BAYSTATE FRANKLIN AUXILIARY	Employer identification number 22-2992284
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,033	3,596	2,748	2,125	371	11,873
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	144,381	151,227	147,742	134,104	130,845	708,299
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	147,414	154,823	150,490	136,229	131,216	720,172
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6.)						720,172

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	147,414	154,823	150,490	136,229	131,216	720,172
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,228	2,575	2,063	2,457	3,180	12,503
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,228	2,575	2,063	2,457	3,180	12,503
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.)	500	211	24	100		835
13 Total support. (Add lines 9, 10c, 11, and 12.)	150,142	157,609	152,577	138,786	134,396	733,510
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.180 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.280 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.700 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.940 %
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

Facts And Circumstances Test

Return Reference	Explanation	
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93492043004025	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> <div>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>			OMB No 1545-0047
					<div>2013</div> <div>Open to Public Inspection</div>
Name of the organization BAYSTATE FRANKLIN AUXILIARY				Employer identification number 22-2992284	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 3,106 DESCRIPTION INTEREST INCOME AMOUNT 74 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 3,180
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 130,845 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 70,57 6 GROSS PROFIT 60,269 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 50,796 MERCH ANDISE PURCHASED 68,307 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INV ENTORY AT END OF YEAR 48,527 COST OF GOODS SOLD 70,576
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EQUIPMENT GRANTEE NAME BAYSTATE FRANKLIN MEDICAL CENTER GRANTEE E ADDRESS 164 HIGH STREET GREENFIELD, MA 01301 GRANTEE RELATIONSHIP NONE PROPERTY DESC RIPTION DONATION OF EQUIPMENT PURCHASE BOOK VALUE OF PROPERTY 49,293 DATE OF GIFT 11/ 08/13 AMOUNT GIVEN 49,293
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CASH GRANTEE NAME BAYSTATE FRANKLIN MEDICAL CENTER GRANTEE ADD RESS 164 HIGH STREET GREENFIELD, MA 01301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTI ON CASH AMOUNT GIVEN 620
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME 15 INDIVIDUAL SCHOLARSHIP RECIPIENTS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION TUITION SCHOLARSHIPS - NURSING FIELD A MOUNT GIVEN 9,900
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME BAYSTATE HEALTH FOUNDATION GRANTEE ADDRE SS 280 CHESTNUT STREET, 6TH FLOOR SPRINGFIELD, MA 01199 GRANTEE RELATIONSHIP NONE PROP ERTY DESCRIPTION DONATION AMOUNT GIVEN 5,137 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6 4,950
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 193
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 3,180 DESCRIPTION INSURANCE - GIFT SHOP AMOUNT 500 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,117 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 64 DESCRIPTION STATE FILING FEES AMOUNT 35 DESCRIPTION LUNCHEONS AMOUNT 926 DESCRIP TION HOSPITALITY AMOUNT 20 DESCRIPTION OPERATIONS - SUPPLIES AMOUNT 22 DESCRIPTION PROGRAMS - PEDI TOUR AMOUNT 120 DESCRIPTION CREDIT CARD PROCESSING FEES AMOUNT 1,5 14 DESCRIPTION MISCELLANEOUS AMOUNT 112 DESCRIPTION BANK SERVICE CHARGES AMOUNT 6 DESCRIPTION PERMITS AMOUNT 20 DESCRIPTION BAD DEBT AMOUNT 106 TOTAL TO FORM 990-E Z, LINE 16 8,742
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN/LOSS ON INVESTMENTS AMOUNT 2,838
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE - EMPLOYEES BEG OF YEAR AMOUNT 1,817 END OF YEAR AMOU NT 2,259 DESCRIPTION INVENTORY - GIFT SHOP BEG OF YEAR AMOUNT 50,796 END OF YEAR AM OUNT 48,527 DESCRIPTION SCHOLARSHIP FUND - MAINSTAY INVESTMENTS BEG OF YEAR AMOUNT 1 13,133 END OF YEAR AMOUNT 116,035 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR A MOUNT 289 END OF YEAR AMOUNT 96
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION SALES TAX PAYABLE BEG OF YEAR AMOUNT 451 END OF YEAR AMOUNT 529 DESCRIP TION VENDOR LIABILITY - FUNDRAISING BEG OF YEAR AMOUNT 890 END OF YEAR AMOUNT 1,741 DESCRIPTION BANK OF AMERICA CREDIT CARD BEG OF YEAR AMOUNT 3,730 END OF YEAR AMOUNT 3,677 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 5,660 END OF YEAR AMOUNT 1,6 60

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: BAYSTATE FRANKLIN AUXILIARY

EIN: 22-2992284

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.