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Form 990  Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Return of Organization Exempt From Income Tax</h2> <p style="margin: 5px 0;">Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p style="margin: 5px 0;">▶ Do not enter social security numbers on this form as it may be made public</p> <p style="margin: 5px 0;">▶ Information about Form 990 and its instructions is at www.irs.gov/form990</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">OMB No 1545-0047</div> <div style="background-color: black; color: white; padding: 10px; text-align: center;"> <h1 style="margin: 0;">2014</h1> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">Open to Public Inspection</p> </div>
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A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015		C Name of organization Baystate Wing Hospital Corporation		D Employer identification number 22-2519813	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing business as		E Telephone number (413) 370-5210	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 40 Wright Street			
		City or town, state or province, country, and ZIP or foreign postal code Palmer, MA 01069		G Gross receipts \$ 74,043,022	
		F Name and address of principal officer Keary Allicon 40 Wright Street Palmer, MA 01069		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ http //www.baystatewinghospital.org		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1984		M State of legal domicile MA	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities The mission of the organization is to improve the health of the people in our communities every day, with quality and compassion		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	875
	6 Total number of volunteers (estimate if necessary)	6	58
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,076,756	196,740
	9 Program service revenue (Part VIII, line 2g)	85,849,673	72,826,030
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	349,334	229,202
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	517,281	693,327
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,793,044	73,945,299
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,400	37,500
	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)	50,507,813	48,600,197
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 167,326		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,096,757	30,556,647
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	85,639,970	79,194,344
	19 Revenue less expenses Subtract line 18 from line 12	2,153,074	-5,249,045
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	77,831,871	73,502,591
	21 Total liabilities (Part X, line 26)	30,764,692	30,737,329
	22 Net assets or fund balances Subtract line 21 from line 20	47,067,179	42,765,262

Part II	Signature Block
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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	Signature of officer			2016-08-11	
	Keary Allicon Chief Financial Officer & Treasurer Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name Christine Kaweckı		Preparer's signature Christine Kaweckı		Date
	Firm's name ▶ Deloitte Tax LLP Firm's address ▶ Two Jercho Plaza Jercho, NY 11753		Check <input type="checkbox"/> if self-employed Firm's EIN ▶ 86-1065772 Phone no (516) 918-7000		PTIN P00743140

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**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 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 \$	22,092,928	including grants of \$) (Revenue \$	21,990,941)
Inpatient healthcare services - Providing inpatient community-based medicine and tertiary care to the surrounding region. Services are available to individuals regardless of their ability to pay. During FY15, Baystate Wing Hospital Corporation provided 16,712 patient days of inpatient services, with 2,887 discharges.						

4b	(Code)	(Expenses \$	44,250,158	including grants of \$	37,500)	(Revenue \$	44,045,948)
Outpatient healthcare services - Providing outpatient clinical services to the surrounding region. Services are available to individuals regardless of their ability to pay. During FY15, Baystate Wing Hospital Corporation had 196,216 outpatient visits.							

4c	(Code)	(Expenses \$	7,047,460	including grants of \$) (Revenue \$	7,014,949)
Emergency department services - Providing emergency department services to the surrounding region. Services are available to individuals regardless of their ability to pay. During FY15, Baystate Wing Hospital Corporation had 22,458 emergency service visits.						





















4d Other program services (Describe in Schedule O)

(Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses	73,390,546
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









Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	No
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, 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	No
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 Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
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? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> 	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i> 	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i> 	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	154	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	875	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒

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	18	
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	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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	No
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	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	No
b	Other officers or key employees of the organization	15b	Yes
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	No
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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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, address, and telephone number of the person who possesses the organization's books and records	Keary Allicon Baystate Health Inc

40 Wright Street
Palmer, MA 01069 (413) 370-5210

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,781,949	2,159,479	945,942

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▶71

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	Yes	

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
WING EMERGENCY SERVICES PO Box 363 Jefferson, MA 01522	EMERGENCY ROOM SERVICES	2,938,460
UMASS MEMORIAL HEALTHCARE INC 306 Belmont Street Worcester, MA 01604	MANAGEMENT FEES	2,247,903
NEW ENGLAND GERIATRICS 101 Myron Street West Springfield, MA 01089	MANAGEMENT FEES	1,132,619
NAVIN HAFFTY ASSOCIATES LLC 1900 West Park DR STE 180 Westborough, MA 01581	PROFESSIONAL FEES	1,036,603
DDM RADIOLOGY PC 27 Woodlot Road Amherst, MA 01002	RADIOLOGY SERVICES	678,275

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 ▶24

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e	181,740				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,000				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			196,740			
Program Service Revenue			Business Code					
	2a	Net Patient Service Revenue-All	900099	71,547,152	71,547,152			
	b	Meaningful Use Revenue	900099	1,202,082	1,202,082			
	c	Other Program Services Revenue	900099	76,796	76,796			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			72,826,030			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		229,202			229,202	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		244,551						
		97,723						
		146,828						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		146,828			146,828	
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	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	Cafeteria Income	900099	320,691				320,691
b	Chg Bina Interest	900099	136,171	136,171				
c	HNE Surplus Sharing	900099	85,369	85,369				
d	All other revenue		4,268	4,268				
e	Total. Add lines 11a-11d			546,499				
12	Total revenue. See Instructions			73,945,299	73,051,838	0	696,721	

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).

Check if Schedule O contains a response or note to any line in this Part IX



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 domestic organizations and domestic governments. See Part IV, line 21	37,500	37,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,767,322	474,763	2,292,559	
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	37,357,107	36,296,089	961,597	99,421
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,890,001	1,732,040	153,278	4,683
9 Other employee benefits	3,936,649	3,596,313	330,784	9,552
10 Payroll taxes	2,649,118	2,427,706	214,848	6,564
11 Fees for services (non-employees)				
a Management	635,176		635,176	
b Legal	160,504		160,504	
c Accounting	89,081		89,081	
d Lobbying	23,947	23,947		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,142,077	12,834,064	304,532	3,481
12 Advertising and promotion	121,476		121,476	
13 Office expenses	1,760,300	1,671,745	80,061	8,494
14 Information technology	513,164	512,465	159	540
15 Royalties				
16 Occupancy	1,965,318	1,911,849	53,336	133
17 Travel	26,689	22,800	2,261	1,628
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,651	100,430	11,411	810
20 Interest	504,870	454,293	50,577	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,809,888	2,784,827	25,061	
23 Insurance	1,117,602	1,038,078	79,524	
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 Medical Supplies Expens	6,733,848	6,733,533	315	0
b Food	516,681	494,289	16,592	5,800
c Membership Dues	222,544	216,363	6,051	130
d Professional Developmen	19,329	18,477	842	10
e All other expenses	81,502	8,975	46,447	26,080
25 Total functional expenses. Add lines 1 through 24e	79,194,344	73,390,546	5,636,472	167,326
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		7,765,778	1	5,587,417	
	2	Savings and temporary cash investments		6,247,712	2	5,518,971	
	3	Pledges and grants receivable, net		397,883	3	254,875	
	4	Accounts receivable, net		8,431,588	4	7,519,784	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		10,304	5	3,593	
	6	Loans and other 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). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		616,370	8	587,552	
	9	Prepaid expenses and deferred charges		186,721	9	228,262	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	42,369,270			
	b	Less: accumulated depreciation	10b	3,134,193	38,267,636	10c	39,235,077
	11	Investments—publicly traded securities		10,880,624	11	11,191,946	
	12	Investments—other securities. See Part IV, line 11		2,174,972	12	1,982,569	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,852,283	15	1,392,545	
16	Total assets. Add lines 1 through 15 (must equal line 34)		77,831,871	16	73,502,591		
Liabilities	17	Accounts payable and accrued expenses		10,285,168	17	9,759,596	
	18	Grants payable			18		
	19	Deferred revenue		22,350	19	104,304	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other 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		4,371	23	94,293	
	24	Unsecured notes and loans payable to unrelated third parties		13,744,674	24	13,429,906	
	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		6,708,129	25	7,349,230	
	26	Total liabilities. Add lines 17 through 25		30,764,692	26	30,737,329	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		43,352,746	27	39,360,001	
	28	Temporarily restricted net assets		1,379,434	28	1,263,864	
	29	Permanently restricted net assets		2,334,999	29	2,141,397	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		47,067,179	33	42,765,262	
	34	Total liabilities and net assets/fund balances		77,831,871	34	73,502,591	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,945,299
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,194,344
3	Revenue less expenses Subtract line 2 from line 1	3	-5,249,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,067,179
5	Net unrealized gains (losses) on investments	5	-71,512
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,018,640
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,765,262

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) Charles E Cavagnaro III MD President & Director	30 00 20 00	X		X				1,168,802	184,426	357,625
(1) Katherine Coolidge Esq MLIS Chairman	1 00 0 00	X		X				0	0	0
(2) Paul Scully Vice Chairman	1 00 0 00	X		X				0	0	0
(3) Elaine Andersen MD Director	1 00 0 00	X						0	0	0
(4) Mark N Borsan Director	1 00 0 00	X						0	0	0
(5) Dennis Chalke Director	1 00 49 00	X						0	929,051	79,645
(6) Ronald Christensen CPA Director	1 00 0 00	X						0	0	0
(7) Robert Haveles AIA Director	1 00 0 00	X						0	0	0
(8) Thea Katsounakis Director	1 00 0 00	X						0	0	0
(9) Todd Keating Director	1 00 0 00	X						0	0	0
(10) Mark Keroack MD Director	1 00 49 00	X						0	980,230	203,356
(11) Steven Lowell Director	1 00 0 00	X						0	0	0
(12) David L Maguire MD Director	50 00 0 00	X						249,965	0	10,480
(13) Edward J Noonan Director	1 00 1 00	X						0	0	0
(14) James R Phaneuf CIC Director	1 00 1 00	X						0	0	0
(15) Lnda J Schoonover MD Director	50 00 0 00	X						175,709	0	38,610
(16) James St Amand Director	1 00 0 00	X						0	0	0
(17) Patnck Turley Director	1 00 0 00	X						0	0	0
(18) Keary T Allicon CFO & Treasurer	50 00			X				144,436	65,772	53,412
(19) Lauren B Miller Secretary	50 00			X				95,810	0	12,169
(20) Janice Kucewicz Regional VP/Quality,Process Improvement & B/H	40 00				X			192,187	0	17,919
(21) Bnan Laliberte MD Physician	40 00					X		386,538	0	37,938
(22) Zachary Zichittella MD Physician	40 00					X		389,124	0	32,578
(23) David Wexler MD Physician	40 00					X		341,934	0	33,940
(24) Thomas Johnson MD Physician	40 00					X		316,706	0	35,908

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(26) Rene Umanzor MD Physician	40 00					X		320,738	0	32,362

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.))						
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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ►		
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No	
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			2a
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			2b
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			3a
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Baystate Wing Hospital Corporation	Employer identification number 22-2519813
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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														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		23,947
j	Total. Add lines 1c through 1i			23,947
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	Baystate Wing Hospital, total dues paid to Massachusetts Hospital Association who in turn lobbies on behalf of Baystate Wing. The amount paid during FY15 was \$88,523 from which 20.09% were expended for specific lobbying purposes. Baystate Wing Hospital, total dues paid to American Hospital Association who in turn lobbies on behalf of Baystate Wing. The amount paid during FY15 was \$26,058 from which 23.65% were expended for specific lobbying purposes.

Part IV

[illegible]

Name of the organization Baystate Wing Hospital Corporation	Employer identification number 22-2519813
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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 value of contributions to (during year)	
3	Aggregate value of 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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 XIII, 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 XIII, 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) Revenue 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 Revenue 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 XIII

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 XIII 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, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,334,999	2,355,313	2,251,117	2,091,088	1,826,675
b Contributions					
c Net investment earnings, gains, and losses	-192,402	-20,314	104,196	160,029	264,413
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,142,597	2,334,999	2,355,313	2,251,117	2,091,088

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		482,334		482,334
b Buildings		32,095,159	3,547,760	28,547,399
c Leasehold improvements		361,966	94,759	267,207
d Equipment		9,003,364	-508,326	9,511,690
e Other		426,447		426,447
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				39,235,077

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	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 XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	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 XIII

Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4	Bank of America holds 3 trust funds for Baystate Wing Hospital: Dornoe Parker Trust, Rathbone 1950 Trust, and Rathbone 1951 Trust. Bank of America also holds 2 trust funds for Baystate Wing Hospital that they have partial interest in: Otilie Brown Trust Fund and Theodore Norman Trust Fund. Interest is paid to Baystate Wing Hospital. Bank of America is an unrelated organization.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,531,818	754,517	777,301	0 980 %
b Medicaid (from Worksheet 3, column a)			13,694,422	9,570,440	4,123,982	5 210 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,317,389	1,046,557	270,832	0 340 %
d Total Financial Assistance and Means-Tested Government Programs			16,543,629	11,371,514	5,172,115	6 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			226,365	0	226,365	0 290 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			226,365		226,365	0 290 %
k Total . Add lines 7d and 7j			16,769,994	11,371,514	5,398,480	6 820 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		1,529		1,529	0 %
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		294,606		294,606	0 370 %
9	Other					
10	Total		296,135		296,135	0 370 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	654,570
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	56,688
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	23,310,675
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	25,630,962
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,320,287
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **1**

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.baystatehealth.org/</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>See Part V, Section C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>See Part V, Section C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 00000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 00000000000000</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input checked="" type="checkbox"/> Other (describe in Section C)	15	Yes
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____ b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____ c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)	16	Yes
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21 Yes	
--	---------------	--

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
	24	No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 Baystate Wing Hospital - MMC 2 Main Street Monson, MA 01057	Outpatient Facility
2 Baystate Wing Hospital - BMC 20 Daniel Shays Highway Belchertown, MA 01007	Outpatient Facility
3 Baystate Wing Hospital - WMC 2344 Boston Road Wilbraham, MA 01095	Outpatient Facility
4 Baystate Wing Hospital - LMC 34 Hubbard Street Ludlow, MA 01056	Outpatient Facility
5 Baystate Wing Hospital - VNA 40 Wright Street Palmer, MA 01069	Outpatient Facility
6 Baystate Wing Hospital - DC 2034-2040 Boston Road Ste 16 Wilbraham, MA 01095	Outpatient Facility
7 Baystate Wing Hospital - Griswold Center 42 Wright Street Palmer, MA 01069	Outpatient Facility
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a	Baystate Wing Hospital files an annual community benefit report electronically with the Massachusetts Attorney General's office via their website at http://www.cbsys.ago.state.ma.us/cbpublic/public/hccbindex.aspx Baystate Wing Hospital's annual community benefit report is available to the public via the Massachusetts Attorney General's website (see above) and via Baystate Health's website http://www.baystatewinghospital.org/sites/default/files/Documents/About/Wing Memorial Hospital CHNA 2013 Final pdf Our community benefit report provides the Attorney General's Office and the general public important information about how Baystate Wing Hospital partners with our communities to identify and address unmet health needs of disadvantaged and vulnerable populations in support of our charitable mission

Form and Line Reference	Explanation
Part I, Line 7	<p>Line 7a (Charity Care) - community benefit expense was calculated by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against total charity care gross patient charges from the audited financial statements</p> <p>Line 7b (Unreimbursed Medicaid) - community benefit expense was derived by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against inpatient and outpatient gross charges for Medicaid and Medicaid managed care plans</p> <p>Line 7c (Other Means-Tested Programs) - community benefit expense was derived by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against inpatient and outpatient gross charges for other means-tested government programs</p> <p>Line 7e Community Health Improvement Services calculations are derived from direct and indirect costs associated with community benefit activities that are aligned with the hospital's 2013 community health needs assessment. These activities are carried out to improve community health and wellness and extend beyond patient care, beyond the walls of the hospital. Community Benefit Operations calculations are derived from costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.</p> <p>Line 7f (Health Professional Education) - no expense to report for this category in 2015</p>

Form and Line Reference	Explanation
Part I, Line 7g	There are no subsidized health services for 2015 to report in Part I, line 7g

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	<p>In fiscal year 2013, the organization adopted the provisions of Accounting Standards Update 2011-07, Health Care Entities (Topic 954), Presentation and disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities on October 1, 2012. The update changed how the provision for bad debts is reported on the audited financial statements. In prior years it was included with total operating expenses, and subtracted from total expenses reported in Part IX, Line 25, column (A) for the purpose of calculating the percentages in Part I, Line 7, column (f). In 2015, the provision for bad debts was reported as a deduction to net patient service revenue. The 2015 provision for bad debts totaled \$2,019,200 and is not included in total expenses reported in Part IX, Line 25, column (A) for the purpose of calculating the percentages in Part 1, Line 7, column (f).</p>

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Part II Specific to Part II Baystate Wing Hospital paid \$1,529 to Springfield Regional Chamber of Commerce and Quaboag Hills Chamber of Commerce BWH participates in the Chamber as we are one of the largest local employers in our service area The Chamber and its membership coordinate activities toward a common purpose of sustainability and economic growth The following description is not quantified specifically in Part II of Schedule H Baystate Wing Hospital is committed to creating healthier communities and understands that many state and federally mandated community benefit programs and services are not sufficient to address ethnic, racial and economic health disparities BWH extends the traditional definition of "health" to include economic opportunity, affordable housing, quality education, safe neighborhoods, food security, arts/culture, and racism and homophobia free communities - all elements that are needed for individuals, families and communities to thrive In keeping with our commitment to improve health, Baystate Wing Hospital provides many valuable services, resources and programs beyond the walls of the hospital and into the communities and homes of the people we serve, including community sponsorships and involvement of hospital employees with not-for-profit boards that align with our mission</p>

Form and Line Reference	Explanation
Part III, Line 3	<p>The cost of bad debts reported in Part III, line 2 was calculated by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against total patient bad debt net of recoveries as reported in the audited financial statements. The portion of bad debt that reasonably could be attributable to patients who may qualify for financial assistance under the hospital's charity care program (reported in Part III line 3) was calculated by applying the percentage of bad debts by zip code (for which the average household income for each zip code is less than 200% of the federal poverty level) to the total cost of bad debt reported in Part III line 2. Since this portion of bad debt is attributable to patients residing in an area where the average income is less than 200% of the Federal poverty level, it is highly likely these patients would have qualified for the organization's charity care program had they applied. For this reason, we believe the amount, totalling \$56,688, should be treated as community benefit expense in Part I. As noted above, the organization adopted Accounting Standards Update 2011-07 effective October 1, 2012, which changed the way entities report and disclose certain financial information including the provision for bad debts. See footnote #2 (Significant Accounting Policies) on page 13 of the audited financial statements under the caption "Allowance for Uncollectible Accounts" for a description of the organization's reporting of its provision for bad debts.</p>

Form and Line Reference	Explanation
Part III, Line 8	Line 6 - included all Medicare allowable costs as calculated in Worksheets D-1 Part II (inpatient) and D Part V (outpatient) of the hospital's 2015 Medicare cost report, based on Medicare costing principles. We believe the shortfall reported on line 20 should be treated as community benefit expense for tax reporting purposes because providing care for the elderly is a key component of our commitment to the community. The unreimbursed expenses should be treated similarly to unreimbursed Medicaid since the majority of the local elderly population is not affluent.

Form and Line Reference	Explanation
Part III, Line 9b	<p>For patients who are known to qualify for Charity Care or Financial Assistance. The patient may have requested assistance up front at time of service with a Financial Counselor or the Patient could have asked for assistance after receiving their bill by contacting our Patient Billing Services Representatives. The Financial Counselor will assist the patient in applying for the appropriate type of assistance based on their income and circumstances. Once approved for a State Medicaid or other program, all billing and collection activity will stop (except for required co-payments or deductibles). For all other patients, our statements contain information regarding how to apply for financial assistance. Notices concerning availability for assistance are also posted at patient care sites.</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Baystate Health's Board of Trustees and the Baystate Wing Hospital Board of Trustees are actively involved in overseeing community benefits programs and expenditures. In July 2010, the Baystate Health Board of Trustees assigned oversight of community benefits to the Board's Governance Committee. Through its regular board meetings, internal hospital meetings and leadership activities, Baystate Health is actively involved in shaping community benefits provided throughout the system. For FY 2015 the system's Vice President for Public Health and Community Relations, under the direction of the Sr. Vice President for Strategy & External Relations, supervised the Manager for Public Health and Community Relations. Additionally, the Manager worked collaboratively with the Public Affairs & Community Relations Manager for the Baystate Eastern Region to oversee the hospitals' community benefits planning, community health needs assessment, annual program data collection, and state and federal reporting of community benefits. The Baystate Health Board Governance Committee meets minimally two times per year and is charged with advocating for community benefits at the Board level and throughout the health system, aligning the five (5) hospital-specific community benefits implementation strategies into the health system's strategic plan, periodic review of community health needs assessment data, approval of a community benefits mission statement and health priorities, review impact of community benefits programs in promoting health of the community, and ensure community benefits programs are in compliance with guidelines established by the MA Attorney General and IRS. Annually, the Office of Public Health and Community Relations provides updates to the Baystate Health Board of Trustees. In 2016, a Baystate Eastern Region Community Benefits Advisory Council (CBAC) will be formed and meet monthly. The CBAC will bring a community lens and filter for the hospital's health priorities. The CBAC will provide a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population, guidance in matching Baystate Wing Hospital's resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life, and policy advocacy to assure and restore health equity by targeting resources for residents. Participants on the CBAC for the Eastern Region will represent the constituencies and communities served by the region's two hospitals, Baystate Wing Hospital and Baystate Mary Lane Hospital. CBAC members will be responsible for reviewing community needs assessment data and use this analysis as a foundation for providing the hospital with input on its community benefits planning process.</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>Baystate Wing Hospital (BWH) is committed to ensuring that patients in its community have access to quality health care services with fairness and respect without regard to the patients' ability to pay. BWH recognizes that the cost of necessary health care services can impose a significant financial burden on patients who are uninsured or underinsured and acts affirmatively to lessen that burden by offering patients in need the opportunity to apply for free or reduced cost services. BWH not only offers free and reduced cost care to the financially needy as required by law, but has also voluntarily established discount and financial assistance programs that provide additional free and reduced cost care to more patients residing within the communities served by BWH. Baystate Wing Hospital recognizes that the billing and collection process can be bewildering and burdensome for patients and has implemented procedures to make the process understandable for patients, to inform patients about discount and financial assistance options, and to ensure that patients are not subject to aggressive collection activities. Consistent with its patient commitment BWH is required to maintain a credit and collection policy that reflects its patient billing and collection procedures and complies with applicable state and federal laws and regulations. Baystate Wing Hospital has Financial Counselors available to help patients apply for available financial assistance programs that may cover unpaid hospital bills, including a variety of federal and state programs as well as financial assistance through Baystate Wing Hospital. BWH Financial Counselors have all been trained and certified by the state as Certified Account Counselors to assist patients in applying for available state and federal programs. BWH is committed to ensuring that patients or prospective patients in the community are aware of financial assistance programs. For uninsured or underinsured patients, BWH will assist in applying for available financial assistance programs. To assist patients the hospital provides all patients with a general notice of the availability of programs in both the initial bill sent to patients as well as in general notices posted throughout the hospital. The goal of these notices is to assist patients in applying for coverage within a financial assistance program. When applicable, BWH also assists patients in applying for coverage of services as a Medical Hardship based on the patient's documented income and allowable medical expenses. BWH provides, upon request, specific information about the eligibility process to be a Low Income Patient under either the Massachusetts Health Safety Net Program or additional assistance for patients who are low income through BWH's own internal financial assistance program. BWH also notifies patients about available payment plans based on their family size and income. Signs are posted around the hospital to notify patients of the availability of financial assistance programs. Signs are clearly visible in the hospital's service area. Notice of availability of financial assistance programs are posted in the following locations, inpatient, clinic, emergency department admissions and/or registration areas, central admission/registration area, patient financial counselor areas and business office areas that are open to patients. Our Credit and Collection Policy is posted on the baystatehealth.org website. The goal of posting the Credit and Collection Policy is to ensure that patients or prospective patients in our community are aware of our financial assistance programs.</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Baystate Wing Hospital, located in Palmer, Massachusetts, is a 74 bed facility with a broad range of emergency, medical, surgical and psychiatric services. Our five medical centers in Belchertown, Ludlow, Monson, Palmer and Wilbraham offer extensive outpatient services to meet the needs of our communities. Our system also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA and Hospice. We are fully accredited by the Joint Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health. The primary community served by the hospital is defined based on the geographic origins of the hospital's discharges. The hospital's primary community is comprised of 33 ZIP codes in 17 cities and towns: Agawam, Belchertown, Brimfield, Chicopee, East Longmeadow, Hampden, Holland, Longmeadow, Ludlow, Monson, Palmer, Springfield, Wales, Ware, Warren, West Brookfield, and Wilbraham. The overall community encompasses parts of Hampden, Hampshire, and Worcester counties. In 2012, about 74.4 percent of the community's population was White. Non-White populations are expected to grow faster than White populations in the community. The Asian, American Indian, Black, and Other are expected to have the fastest growth. The growing diversity of the community is important to recognize, given the presence of health disparities. Community input is needed, in order to enhance the cultural competency of hospital health care providers. For FY 2015 BWH's ethnic mix of inpatient & outpatient patients included 92.8% White, 0% Hispanic, 2.28% Black, 0.41% Asian, 0.06% Native American, 0.02% Native Hawaiian, 0.18% Other, 4.23% Not Specified. BWH's payer mix of patients included 68.48% Medicare, 16.02% Medicaid, 12.10% Managed Care, 1.04% Non-Managed Care, 2.36% Other. In FY 2015 BWH had 2,887 inpatient discharges and 22,458 emergency service visits. Payer mix for ED visits included 22.63% Medicaid, 2.45% Free Care, 4.42% Healthnet, 1.66% Commonwealth Care, 68.85% Other.</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>Baystate Wing Hospital has a responsibility to respond to health care needs unsupported by government programs. In exchange for this responsibility, BWH qualifies for tax-exempt status under 501(c)(3). However, providing hospital care alone is not enough to qualify for tax-exempt status. Hospitals also must operate in the public interest and provide programs that benefit the community. Baystate Wing Hospital is fully committed to its role in the community and serves with pride and compassion for people in need. The charitable mission of Baystate Wing Hospital, a member hospital of Baystate Health (BH), is to improve the health of the people in our communities every day, with quality and compassion. Baystate Wing Hospital's Community Benefits Mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations. BWH is committed to meeting the identified health and wellness needs of constituencies and communities served through the combined efforts of Baystate Health's member organizations, affiliated providers, and community partners. Baystate Wing Hospital meets all of the factors required of medical facilities in order to maintain tax exemption, as first described in Revenue Ruling 69-545. In support of patient care and the medical needs of the communities served by Baystate Wing Hospital, medical staff membership and privileges are extended to all qualified physicians and practitioners in western Massachusetts who meet the requirements for credentialing and clinical privileges, whether employed by a related Baystate entity or community-based. Baystate Wing Hospital's emergency department is open to all in need of care and services, no one requiring emergency care is denied treatment. In addition, surplus funds from operations are generally applied, as permitted, to the following improvements in patient care, expansion and renovation of existing facilities, purchase and replacement of equipment, debt service, expenses associated with training of physicians and other health care professionals, professional development of medical and other clinical staff, and the support of scientific, translational, and clinical research. Baystate Health's volunteer Board of Trustees, the governing body of the organization and its affiliates, is comprised of the President and Chief Executive Officer of Baystate Health and up to twenty-two (22) other elected Trustees who are representative of the broad range of interests which exist in the communities served by Baystate Health and its affiliates. The Governance Committee oversees the nomination of Trustees and submits recommendations to the Board of Trustees for membership on the various Board committees. In considering nominations or recommendations for trustees, directors, committee members or officers the Governance Committee select nominees who are representative of the various and diverse constituencies served by Baystate Health and its affiliates. In particular the Committee nominates persons who are representative of the community consumer interests of the various neighborhoods and localities which are served by Baystate Health and its affiliates in the carrying out of and pursuant to the charitable mission of the Baystate Health and its affiliates. Please refer to the section above in line 2 for additional examples of Baystate Wing Hospital's responsiveness to the community and opportunities for community involvement, including the Board of Trustees' Governance Committee, Community Benefits Advisory Council, and Community Health Needs Assessment. For additional information, please see Line 6 below.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Baystate Health, Inc. is the parent entity of a multi-institutional integrated delivery system composed of five hospitals and other 501(c)(3) organizations. The five hospitals are Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Baystate Noble Hospital, and Baystate Wing Hospital and the other 501(c)(3) organizations include Baystate Medical Practices, Visiting Nurse Association and Hospice of Western New England, Inc., and Baystate Health Foundation. In September 2014 Baystate Wing Hospital became part of the Baystate Health system. Additionally, in July 2015, Baystate Noble Hospital became part of the Baystate Health System. In addition to its nearly 12,500 employees, Baystate Health has 1,504 medical staff, 2,428 nurses and 2,274 new residents and fellows, medical students, nursing students, and allied health students who gained comprehensive medical education during the year. In addition, 541 volunteers donated 48,205 hours to Baystate Medical Center, 320 volunteers and auxiliary members donated over 30,000 hours to Baystate Franklin Medical Center, 32 volunteers donated 3,600 hours to Baystate Mary Lane Hospital, 75 volunteers donated 6,000 hours to Baystate Wing Hospital. Baystate Medical Center (BMC), the flagship 710-bed hospital (including Baystate Children's Hospital) based in Springfield, Massachusetts is Western New England's only tertiary care referral medical center, Level 1 trauma center and neonatal and pediatric intensive care units. BMC serves as a regional resource for specialty medical care and research, while providing comprehensive primary medical services to the community. BMC's community benefit efforts included providing assessment, treatment and crisis support to child abuse victims and their non-offending caretakers affected by child abuse and domestic violence in western Massachusetts, offering enrichment and career development programs for disadvantaged Springfield students, ensuring cohesive health care for school-aged children and the broader community, prevention of accidental childhood injuries and death through public awareness, safety education and distribution of safety devices, coordination of health education focus groups, community health forums and fairs, supporting transgender individuals, their allies and anyone from the broader community who identifies as LGBT through a peer lead and psychosocial support group, providing TB diagnosis and treatment to patients throughout western Massachusetts, and providing financial counseling services to inpatient and outpatient individuals who have concerns about how to pay for care. Baystate Franklin Medical Center (BFMC), a 90-bed facility located in Greenfield, Massachusetts (40 miles north of Springfield near the Vermont border) provides high quality inpatient and outpatient services to residents of rural Franklin County and the North Quabbin region. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/midwifery. Outpatient services include cardiology, emergency medicine, gastroenterology, general surgery, neurology, oncology, ophthalmology, orthopedics, pediatrics, physical medicine & rehabilitation, pulmonology & sleep medicine, sports medicine, vascular surgery, wound care & hyperbaric medicine. BFMC's community benefit efforts included the ongoing support group through the Franklin County Postpartum Partnership - a partnership initiated by BFMC nurses, expanded senior outreach program to focus on persons most at-risk for hospital readmission due to issues with medication management, and continued the regionally recognized Blood & Guts program for youth, including an annual hospital-based event for high school students and three school-based events for elementary school students and their families. In addition, BFMC HealthBeat TV, a monthly 30-minute cable access talk show produced, directed and hosted by Baystate Franklin employees, engages the hospital's physicians, employees, patients and community leaders in discussions of interest to residents of Franklin County. Topics range from heart health, emergency response to senior outreach. The program runs more than 60 times a month on stations throughout the county. Baystate Mary Lane Hospital (BMLH), a 25-bed facility located in rural Ware, Massachusetts (20 miles east of Springfield) provides quality patient care services to communities in Hampshire, Hampden and Worcester counties. Inpatient services include critical care and medical-surgical care. Outpatient services include cancer care, cardiology, children's medicine, emergency medicine, endocrinology and diabetes, gastroenterology, infectious disease, obstetrics and gynecology, orthopedics, physical medicine and rehabilitation, pulmonary medicine, senior care, surgery, urology, and women's health. BMLH's community benefit efforts included a continued partnership with Quality EMT Educators of Worcester to offer Basic EMT Training to</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>ommunity members To date over 100 community members have taken the EMT Basic Course BMLH physicians shared their expertise beyond the walls of the hospital by offering high quality training and continuing education programs at no cost to EMS providers in our communities The close working relationship between Emergency Physicians and EMS providers is essential to ensuring that patients receive the highest quality care in the field BMLH provide d critical support and resources to the community at large through our Support Groups incl uding, Alcoholic Anonymous, Caregivers Support Group, Quilting Support Group for those tou ched by Cancer, Diabetes Support Group, Grieving Support Group, Hepatitis C Support Group & WIC Sponsored Breast Feeding Support Group In addition, BMLH and its staff offered over 100 outreach programs providing a variety of education and wellness seminars to the commu nity at large at no cost These programs were presented by physicians, nurses and staff th at work at the hospital and addressed ways to live healthier by offering a variety of educ ational opportunities and health screening Lectures and screenings were offered at the ho spital and in community settings including area schools and senior centers, and promoted d isease prevention, behavior change, and healthier lifestyles for community members of all ages In addition, BMLH HealthBeat TV, a monthly 30-minute cable access talk show produced , directed and hosted by Baystate Mary Lane Hospital employees, engages the hospital's phy sicians, employees, patients and community leaders in discussions of interest to residents of the 15-town Quaboag Hills region Topics range from winter health safety, cancer, Lyme 's disease to stroke awareness The program runs more than 60 times a month Baystate Noble Hospital (BNH) is a 97-bed acute care community hospital providing a broad range of servi ces to the Greater Westfield community BNH is able to offer direct access to world-class technology, diagnostics, and specialists as a proud member of Baystate Health Together, we passionately work to ensure that our patients have access to exceptional health care, cl ose to home An ideal combination of "high tech and "high touch," a staff of highly traine d and compassionate nurses and medical support personnel complements an outstanding medica l staff Services include intensive care, diagnostic imaging, emergency services, cardiopu lmonary services and rehab, cancer services, lab and behavioral health Baystate Medical P ractices (BMP) is a tax-exempt, not-for-profit corporation organized to support and assist Baystate Health and its affiliate hospitals, including BMC, BFMC, BMLH, BWH and BNH each of which is a Massachusetts not-for-profit corporation, in achieving the fulfillment of th eir clinical, teaching, research, and other missions related to health care Baystate Medi cal Practices, Inc provides physician services, medical education and research programs t o people in the community within its geographic location BMP's policy is to provide care to any patient in need of medical care, regardless of the patient's ability to pay for suc h care Dependent upon the patient's financial capability to pay and consistent with BH an d BMP policy, BMP may provide such care free of charge or at amounts below its normal char ges In FY 2015 BMP provided \$2,373,564 in charity care In addition to the charity care p rovided to patients, BMP's physicians participate in many and varied ongoing community out reach initiatives in the areas of education, employment, safety and health BMP has also t aken a leadership role in strengthening the health of disadvantaged citizens in surroundin g communities including specific focus on AIDS and HIV and by providing physician staffing for three community-based health centers through Baystate Medical Center</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Visiting Nurse Association and Hospice of Western New England, Inc (BVNAH) based in Springfield, Massachusetts is a tax-exempt, not-for-profit corporation organized to support and assist Baystate Health and its affiliate hospitals, including BMC and BMLH, each of which is a Massachusetts not-for-profit corporation, in achieving the fulfillment of their clinical, teaching, research, and other missions related to health care. BVNAH is a comprehensive home health care agency committed to providing the highest quality care to patients and families, primarily in the home setting. BVNAH has the expertise to meet individual needs by bringing experienced nurses, rehabilitation therapists, social workers and home care aides to patients' homes. The Home Care Program of Baystate's Visiting Nurse Association and Hospice serves over 6,950 home health and hospice patients annually of which approximately 995 are on service daily. Home Care services are aimed at allowing patients to recuperate and achieve independence with their own care in the comfort of their homes. The Hospice and Palliative Care Program of Baystate's Visiting Nurse Association and Hospice provides end of life care for patients in the community, assisted living facilities and skilled nursing facilities. Hospice has an interdisciplinary approach using nursing, social work, chaplains, hospice aides and volunteers to provide patients and their families with comfort and symptom management. The Hospice and Palliative Care program coordinates care for an average daily census of about 170 patients of all ages. In FY 2015 there were approximately 110,000 home health, hospice and palliative visits rendered by Baystate Visiting Nurse Association & Hospice staff. Baystate Health Foundation raised \$3.5 million in fiscal year 2015 for the Baystate Franklin Surgery Center Expansion and an additional \$4.0 million through system wide annual fundraising efforts. Along with the Campaign for the Baystate Franklin Surgery Center, the Foundation actively engaged in annual fund, major gift, and event fundraising to ensure ongoing annual support for education, research, programs and capital needs throughout the health system that impact patient care throughout western Massachusetts. In addition to the brief descriptions of the affiliated entities above, this further information speaks to activities of Baystate Health and its affiliates regarding promotion of community health. In FY 2015 Baystate Health's Interpreter and Translation Services provided over 196,684 sessions in 70 languages to help deliver a positive patient care experience. In addition, nearly 4,693 pages of documents, signs and clinical research were translated for providers. Interpreter sessions included in person, telephonic and video interpreting for American Sign Language. Baystate Health has more than 60 staff interpreters throughout our health system for American Sign Language, Arabic, Mandarin, Nepali, Polish, Portuguese, Romanian, Russian, Somali, Spanish, Ukrainian, and Vietnamese. Baystate Health also contracts with local agencies to provide in-person interpreter services as needed for patients who come to Baystate Medical Center for pre-scheduled appointments or for emergencies for languages not covered by staff interpreters, such as Swahili. The health system contracts with a telephonic interpreting company by which any staff member can pick up any house phone, dial an internal extension and be nearly immediately connected to a national telephonic interpreting agency that provides trained and competent interpreters for over 200 languages. BH also subscribes to software called Care Notes by Micromedex that provides information on illnesses for patients or their family members in 15 languages and the documents are written at a 5th grade reading level. Similarly, BH purchased software called Exit Writer from Krames that was integrated into the patient's electronic medical record. Information in five languages about illnesses and aftercare instructions can be provided to patients and their family members and be documented in the patient's electronic medical record as patient education automatically. Baystate Health also added 20 video interpreting units to better assist our Deaf patients and their family members, and also assist patients that speak any of the other 15 languages that are now available at our five (5) hospitals. Baystate Medical Center is recognized as a leading academic medical center. As the Western Campus of Tufts University School of Medicine since 1974, BMC offers clinical training and undergraduate and graduate medical student education across all specialties. In addition to BMC, medical residents and fellows rotate through Baystate Franklin Medical Center and Baystate Mary Lane Hospital. Baystate Health is a nationally accredited provider of continuing education for health care professionals, including physicians, nurses, pharmacists, mental health counselors and psychologists. We also</p>

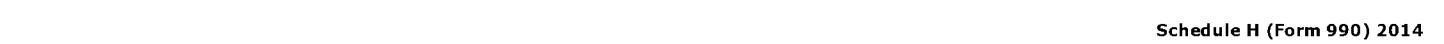
Form and Line Reference	Explanation
Part VI, Line 6	<p>arrange credit for other health care professionals Baystate provides both live and web b ased courses Our educational activities are designed for Baystate staff and non Baystate health care professionals throughout Western New England Our mission is to provide high-q uality, evidence based continuing education to maintain and enhance the knowledge, experti se, and performance of health care professionals, to improve the health of the people in o ur communities every day, with quality and compassion In 2015, Baystate Health provided a total of 440 hours of continuing education instruction Total attendance for credit beari ng activities was 3,292 Our educational activities are a service to the community</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Baystate Medical Center's Midwifery Education Program is offered in collaboration with the Midwifery Institute of Philadelphia University Through our affiliation with the Massachusetts College of Pharmacy and Health Science, we offer a one-year pharmacy residency Baystate Health's educational partnerships allow us to offer allied health programs such as emergency medical technician (EMT), pharmacy technician and surgical technologist For nursing we offer clinical practicums for baccalaureate, masters, or doctoral-level nursing students in affiliation with the University of Massachusetts, University of Connecticut, Yale University, and other schools of nursing Baystate Medical Center's high quality nursing care earned re-designation as a Magnet Hospital for Nursing Excellence by the American Nurses Credentialing Center (ANCC) - one of 170 in the nation and only five in Massachusetts As an academic teaching hospital and the Western Campus of Tufts University School of Medicine, Baystate Medical Center is a center for research Strong partnerships with other research organizations allow BMC to further its institutional commitment to improve the health of the community through research and education Collaborations enable Baystate Health to better support the innovative research of our investigators and to improve the lives of the people in the communities we serve Baystate Medical Center is an active participant in the research communities of Massachusetts and a member institution of the state and regional organizations that also promote the goals of biomedical research Its faculty and research staff are engaged in basic, clinical and biomedical research across a broad spectrum of medical and surgical specialties, with nationally-recognized research programs in quality of care Baystate Medical Center serves as a regional resource for specialty medical care while providing comprehensive primary medical services to its community Baystate Medical Center is also a research partner with University of Massachusetts through the Pioneer Valley Life Sciences Institute Formed in 2003, PVLSI is a research institution which applies its translational research efforts in the areas of cancer, diabetes, obesity, and wound healing Its scientists and technicians are committed to improving human health and reducing suffering from disease through creative strategies for early detection and preventive interventions Other Baystate Health affiliations include Council of Teaching Hospitals and Health Systems (COTH) of the Association of American Medical Colleges (AAMC), Alliance of Independent Academic Medical Centers (AIAMC), and Group on Regional Medical Campuses (GRMC) of the Association of American Medical Colleges (AAMC), Joint Commission and Medical Library Association (MLA) Baystate Health and its affiliates are committed to creating healthier communities and continue to partner with members of the community to ensure we are meeting the diverse needs of the community Baystate Health extends the traditional definition of "health" to include economic opportunity, affordable housing, quality education, safe neighborhoods, food security, arts/culture and racism and homophobia free communities -- all elements that enable families and communities to thrive In keeping with this commitment to improve health Baystate Health and its affiliates provide a range of community benefits including support groups, financial counseling and assistance and other health and wellness programs As an integrated delivery system BH provides further benefits to the hospital's community by coordinating within and among its various entities</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Baystate Health and its affiliates are committed to providing the communities they serve throughout western Massachusetts with the resources necessary to stay informed and healthy by providing both basic and extensive educational opportunities such as parent education classes, including our new program "Baystate's New Beginnings" Also offered are breastfeeding classes, a "Just for Dads" class, Prenatal/Postnatal Yoga and infant/toddler safety classes We also offer Babysitter's Academy, which provides a full day class for teens Some classes are free while others are offered at a reasonable fee No one is turned away due to inability to pay Baystate Health offers many free parenting support groups including breastfeeding gatherings, new parents groups, toddler groups, parents of multiples groups, and a MotherWoman support group Most of these groups meet weekly In addition, Baystate Health has libraries and resource centers at Baystate Medical Center and Baystate Franklin Medical Center staffed by professionals who help patients, families and the general public access reliable health information The Mini-Medical School program is an eight-part health education series offered at Baystate Medical Center featuring a different aspect of medicine each week Designed for an adult audience, each course is taught by an energetic faculty member who will explain the science of medicine without resorting to complex terms Mini-Medical School gives Baystate Health the opportunity to open our doors to the public and share our knowledge of medicine in a comfortable and friendly environment Many of the students participate due to a general interest and later find that many of the things they learned over the semester are relevant to their own lives The goal of this program is to help members of the public make more informed decisions about all aspects of their health care while receiving insight on what it's like to be a medical student Tuition is \$95 per person, \$80 for Senior Class and Spirit of Women members Baystate Health offers 50+ free programs to seniors and women Baystate Health Senior Class is a loyalty program dedicated to health and wellness for men and women ages 55 and over The 23,000 Senior Class members receive a quarterly newsletter with valuable health information, benefits and invitations to special events designed with their interests in mind Baystate Spirit of Women Loyalty Program offers its 15,000 members 50+ monthly seminars with direct access to physicians, nurses and other medical professionals and the latest women's health information The program is designed to increase knowledge of women's health issues so they are well prepared to make the best decisions regarding their health Named in honor of our past President and CEO, the Mark R Tolosky Baystate Neighbors Program provides forgivable loans to Baystate Health employees purchasing their first homes in the communities surrounding our hospitals Qualified employees are granted a forgivable loan up to \$7,500 that may be used towards a down payment or closing costs In FY 2015, Baystate Health granted \$165,000 to 22 employees and their families Since 1999, Baystate Health has invested over \$1 million in the futures of more than 167 employees and their families Since its inception in 1994, Rays of Hope has been helping women and men in the fight against breast cancer by walking alongside them on their cancer journey Through the Baystate Health Breast Network, Rays of Hope cares for the whole person from diagnosis and beyond by supporting research at the Rays of Hope Center for Breast Cancer Research, providing funding for state-of-the-art equipment, breast health programs and outreach and education throughout Baystate Health as well as providing grants for complementary therapies and cancer programs to our community partners throughout western Massachusetts Now in its 23rd year, Rays of Hope has raised over \$13 million- all of which has been awarded locally throughout western Massachusetts</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>The United Way develops and supports programs that directly improve the lives of people in our communities, a mission proudly shared by Baystate Health. Baystate Health is a strong supporter of the United Way, and a major contributor to the organization with three workforce campaigns and thousands of employee donors and volunteers. Baystate Health's contributions help the United Way serve our families, friends, colleagues and others who seek help in different ways and at different times in their lives. Three community campaigns are held annually: Springfield workplace to support the United Way of Pioneer Valley, Greenfield workplace to support the United Way of Franklin County and Ware workplace to support the United Way of Hampshire County. Employees can direct their donations to one or all of the United Way's action areas: Education, Income and Health or designate to a qualified agency with a minimum contribution. Baystate Medical Center and Baystate Wing Hospital employees once again donated generously to the United Way of the Pioneer Valley in 2015, raising a total of \$351,542. Baystate Franklin Medical Center employees raised about \$35,000 for the United Way of Franklin County. Baystate Mary Lane Hospital employees raised \$9,413 for the United Way of Hampshire County. See also additional information regarding Baystate Health, Inc. and its affiliate's promotion of community health above in Line 5.</p>

Form and Line Reference	Explanation
Part VI, Line 7	List of States receiving community benefit report MA



Additional Data

Software ID:
Software Version:
EIN: 22-2519813
Name: Baystate Wing Hospital Corporation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 5 Community input was gathered through interviews, a community survey, and community listening sessions Interviews were conducted with public health experts, representatives of health, social services, or other departments or agencies, community leaders, health care providers, and persons representing the broad interests of the community The interviews were structured to help identify the most pressing health status and access issues in the community BWH also sought input from the public regarding the health of the community through an online and paper-based survey A website link to the survey (in both English and Spanish) was made available from January through February 2013 Paper copies of the survey were distributed at various local organizations and clinics in multiple languages Efforts were made to reach those without internet access as well as vulnerable populations such as racial and ethnic minorities, low-income groups, individuals with low literacy levels, and non-English speakers The survey was publicized via flyers, social media, human services organizations, boards of health, newspapers, email listservs, and other methods A listening session was held during which community members reviewed and discussed preliminary findings from this assessment Discussion at the listening session was helpful in that it validated assessment findings and contributed to the prioritization process The survey consisted of 48 questions about a range of health status and access issues and respondent demographic characteristics 1,277 residents from the Wing community participated in the survey Seventy-five percent of respondents were female and 50 percent were between the ages of 45 and 64 Seventy-six percent were White and 12 percent identified as Hispanic (or Latino) The majority of respondents reported being in good or very good overall health (70 percent), married (53 percent), employed full time (61 percent), privately insured (68 percent), and having an undergraduate degree or higher (51 percent) The majority (87 percent) of respondents speak English in the home Spanish was the top non-English language reported Five percent of respondents reported that they spoke multiple languages at home Survey responses were received from residents of all 33 community ZIP codes Although the survey garnered many respondents, the sample is not representative of the community and the results are not generalizable to the community as a whole Key informant interviews were conducted face-to-face and by telephone by Mark Rukavina, Principal at Community Health Advisors, LLC The interviews were designed to gain perspective into health needs in the community served by Baystate Wing Hospital A total of 28 local key informants, including external and internal stakeholders (those affiliated or employed by Baystate Wing Hospital) were interviewed during December 2012 through February 2013 In addition, 10 staff members from the Massachusetts Department of Public Health regional office in Northampton also were interviewed as a part of this assessment These interviews were conducted using a structured questionnaire Informants were asked to discuss community health issues and encouraged to look broadly at the social determinants of health Interviewees were asked about issues related to health care access, changes in community population, prevalence of chronic health conditions, and health disparities The frequency with which community health issues was mentioned and the interviewee's perceptions of the significance of each concern were assessed The 38 interviewees were comprised of public health experts, individuals from health or other departments and agencies, leaders or representatives of medically underserved, low-income, and minority populations, and other community members In addition, 11 community members participated in the CHNA listening sessions

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 6a Baystate Wing Hospital is a member of the Coalition of Western MA Hospitals The Coalition is a partnership between ten (10) non-profit hospitals/health plan in western Massachusetts, Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Baystate Noble Hospital, Baystate Wing Hospital, Cooley Dickinson Hospital, Holyoke Medical Center, Mercy Medical Center (a member of Sisters of Providence Health System), Shriners Hospitals for Children - Springfield, and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts The Coalition was formed in 2012 to bring hospitals within western Massachusetts together to share resources and work in partnership to identify and address the health needs of their communities through regional community health assessments Baystate Noble Hospital and Health New England were not a part of the Coalition during the initial formation in 2012 Following feedback from key community stakeholders during the community health needs assessment process, the Coalition has taken its unique collaboration to the next level by identifying a shared health priority that it will address in partnership across the region The shared health priority the Coalition selected was behavioral health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 7d Baystate Wing Hospital made its CHNA report widely available to the public via an email distribution, with links to the hospital's website, to all key informant interviewees, listening session participants and an internal communication to hospital employees

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V , Section B, Line 2 Baystate Wing Hospital (formally Wing Memorial Hospital) was acquired by Baystate Health, Inc in September 2014

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Baystate Wing Hospital Corporation</p>	<p>Part V, Section B, Line 11 Community benefit activities in FY 2015 related to the areas being addressed by the 2013-2015 Community Benefits Implementation Strategy included Education on Substance Abuse and Improve Access to Services through community outreach about substance abuse at National Night Out event Promote Healthy Diet & Exercise through community outreach about nutrition and exercise at WAMDA 5K, community outreach about nutrition at annual Stroke Fair, outreach to community and employees during National Nutrition Month, "Eating Well With Diabetes" Community lecture at local senior center, "Marvelous Meals" community lecture at local lecture series, blood pressure screening for local masons group, blood pressure and sugar screening at local senior center Education on Mental Health and Improve Access to Services through a support program for people who struggle with weight loss to discuss the behavioral health components, Wing representative sits on the Palmer Domestic Violence Task Force, which focuses on helping victims of domestic violence seek professional help, maintain domestic violence resource line for community residents Improve Access to Education Services as It Relates to Health Literacy through high school shadow program, where high school students follow a healthcare professional around and learn more about health and health care, a Wing representative sits on the Board of Top Floor Learning, an organization that provides a wide range of adult literacy programs and lifelong learning courses, workshops, and computer classes that include health literacy (medical forms, labels and medication bottles) In partnership with the Coalition of Western MA Hospitals, Baystate Wing Hospital conducted its most recent community health needs assessment (CHNA) in 2013 of the geographic areas served by the hospital pursuant to the requirements of the MA Attorney General's Community Benefit Guidelines and Section 501(r) of the Internal Revenue Code ("Section 501(r)") The CHNA findings were made available on the hospital's web site in September 2013 Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal community health needs assessment (CHNA) every three-years in partnership with community organizations and individuals across the hospital's service area The aim is to identify community assets as well as the critical gaps/needs in public health resources and the weak connections between medical care and community care This "gaps analysis" assists Baystate Health's Board of Trustees and senior managers in developing community benefit policy, which targets our charitable resources in focused areas These areas frame existing community benefit programs, assist in transforming community service activities to comply with the IRS and MA Attorney General's criteria, and set priorities in the design of new programs The CHNA is the basis for developing accountable community benefit programs In an ideal situation, an effective and large scale community benefit program will demonstrate measurable community impacts on the health status and quality of life for residents - effectively closing gaps when current data is compared to initial CHNA baseline indicators At a more practical program level, the CHNA guides a "theory of change" - linking health needs to community benefit efforts to desired program and community outcomes BWH's CHNA began by identifying the communities served by the hospital Findings are based on various quantitative analyses regarding health-related needs in those areas, a review of health assessments conducted by other organizations in recent years, information obtained from interviews, and findings from a community survey Preliminary assessment findings were discussed with community stakeholders during a series of "listening sessions and feedback from participants helped validate findings Finally, The Coalition applied a ranking methodology to help prioritize the community health needs identified by the assessment Including multiple data sources and stakeholder views is important when assessing the level of consensus that exists regarding priority community health needs If alternative data sources including interviews support similar conclusions, then confidence is increased regarding the most problematic health needs in a community Further information about the analytic methods and prioritization process and criteria can be found in the CHNA report The list that follows describes the health needs identified throughout the assessment as priorities in the community served by Baystate Wing Hospital These needs are presented in alphabetical order, by category The prioritized list identifies the 14 most problematic community health needs found by this assessment Needs were determined by synthesizing findings from multiple data sources Access to Care Lack of Affordable and Accessible Medical Care</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	<p>Health Behaviors High Rates of Alcohol (Hampden and Worcester counties) High Rates of Unsafe Sex (Hampden County), Teen Pregnancy, and Chlamydia (Hampden County) Maternal and Child Health Prevalent Infant Health Risk Factors (e.g., smoking during pregnancy, birth to women age 40-54) Pediatric Disability (Hampden County) Mental Health Lack of Access to Mental Health Services and Poor Mental Health Status Morbidity and Mortality High Rates of Diet and Exercise-Related Diseases and Mortality High Rates of Asthma (Hampden County) Racial and Ethnic Disparities in disease Morbidity and Mortality Physical Environment Poor Community Safety (Hampden County) Poor Built Environment and Environmental Quality Social and Economic Factors Basic Needs Insecurity Financial Hardship, Housing, and Food Access Low Educational Achievement Physical and Social Isolation No community hospital facility can address all of the health needs present in its community BWH is committed to adhering to its mission and remaining financially healthy so that it can continue to enhance its clinical excellence and to provide quality community benefit programs The hospital's Implementation Strategy does not address the following priority community health needs identified in the 2013 CHNA due to no new funding or resources, other hospitals or community organizations within service area are already addressing the need or the need falls outside of the hospital's mission or capacity These health priorities include high rates of unsafe sex, teen pregnancy, and chlamydia, prevalent infant health risk factors, pediatric disability, high rates of asthma, poor built environment and environmental quality, low educational achievement, and physical and social isolation</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V , Section B, Line 13b All patients with account balances (other than balances resulting from co-payments or deductibles on insured services) are eligible to receive a prompt pay discount of 20% of the balance for claims paid in full at time of service or within 60 days of the date of the initial bill Patients must request the discount The discount cannot be combined with the Hospital Supplemental Financial Assistance Program Baystate Wing Hospital offer a co-payment discount program for patients receiving services in the emergency departments of the hospital This discount program is available to all hospital emergency department patients with co-payment obligations under private or government health insurance (unless prohibited by law or a Baystate Wing Hospital contract with a private insurer or government authority) These patients may reduce the otherwise applicable emergency department service co-payment by 10% if the patient elects to pay the co-payment at the conclusion of the patient's emergency department visit

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 15e Baystate Wing Hospital provide patients with information about the availability of State Programs, Health Safety Net, or the Hospital Supplemental Financial Assistance Program which may cover all or some of their unpaid Baystate Wing Hospital bill as well as about Baystate Wing Hospital discount programs For those patients who request such assistance, the hospital assists patients by screening them for eligibility in available State Programs and assisting them in applying for such programs When applicable, Baystate Wing Hospital may also assist patients in applying for coverage of services as a Medical Hardship based on the patient's documented income and allowable medical expenses Baystate Wing Hospital have contracted with the Executive Office of Health and Human Services and the Commonwealth Health Insurance Connector Authority to serve as a Certified Application Counselor Organization As a Certified Application Counselor (CAC), appropriate staff will inform a patient of the functions and responsibility of a CAC, seek that the patient sign a Certified Application Counselor Designation Form, and assist the patient in finding applicable financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 7-b	Other website URL http //www cbsys ago state ma us/cbpublic/public/hccbindex aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 10	Website URL http //www baystatehealth org/StaticFiles/Baystate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 16-a	URL for the Finance Assistance Policy for Schedule H https://www.baystatehealth.org/patients/billing-and-insurance

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Baystate Wing Hospital Corporation

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
22-2519813

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
(1) YMCA of Greater Spfld Live Strong Program 275 Chestnut St Springfield, MA 011043498	04-1859893	501 (c)(3)	10,000				Assistance for Livestrong program
(2) Monson Fire Department Association Inc 121 Fenton Rd Monson, MA 01057	46-4263180	501 (c)(3)	20,000				Assistance for outfitting a second ambulance with paramedic equipment
(3) Yellow House Inc 1479 North main Street Palmer, MA 01069	45-3997999	501 (c)(3)	7,500				Assistance for Health & Wellness program

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	Part I, #2 Baystate Wing Hospital's process for monitoring the use of grant funds consists of the following: Grant application requests are accepted on a periodic basis. Applications must include a description of the intended use of Grant funds and the amount requested. A review of the grant requests received is done by the Grant Committee, and decisions are forwarded to the Board of Directors for a final vote. Grant funds are made to the recipient's upon receipt of documentation of expenses.

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization Baystate Wing Hospital Corporation	Employer identification number 22-2519813
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Part I	Questions Regarding Compensation	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax indemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>		
b	If any of the boxes in 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.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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, but explain in Part III. <div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>		
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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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.	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 and Title	(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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.

Return Reference	Explanation
Part I, Line 3	<p>During January 1st through August 31st of calendar year 2014, the process to determine and approve the compensation for Dr. Charles Cavagnaro, CEO of Baystate Wing Hospital, was controlled by UMass Memorial, the former parent of Baystate Wing Hospital. At UMass Memorial, all compensation matters for CEO's throughout the system were governed and overseen by the Board of Trustees of the Parent. The Board approved a compensation philosophy that governed all such decisions. The philosophy included the objectives of the program, components of CEO compensation, the relevant market, positioning in the market, factors considered in setting CEO compensation and the importance of tying such compensation to performance. The Board established a Compensation Committee, made up of disinterested trustees, who were given the authority to establish compensation for all CEO's, within the parameters of the philosophy, and with full and complete reporting to the full Board. The Compensation Committee performed its work pursuant to its charter and a compensation policy that established the process the Committee would follow in reviewing and approving CEO compensation each year. The Committee ensured that its process met the rebuttable presumption of reasonableness established by the IRS. In order to assist the Committee in its responsibilities, the Compensation Committee hired independent, outside compensation consultants to advise the Committee and the Board on the reasonableness of overall executive compensation program, including compensation of the CEO's. These consultants reported directly to the Committee and not to management. The Committee worked with these consultants, and with UMass Legal Counsel, to ensure that all compensation paid, as well as the process followed to determine such compensation, was reasonable, met all regulatory requirements and was competitive with the relevant market. Beginning September 1, 2014 as Baystate Wing Hospital, the compensation committee of Baystate Health, Inc. (the parent organization of the health care system to which the filing organization belongs) has been appointed through board resolution as the compensation committee of the filing organization. The compensation committee reviews and approves the compensation philosophy that is used to administer the specific pay decisions for the President of the filing organization. The compensation committee consists entirely of individuals serving on the board of the filing organization. The compensation of the President of the filing organization is determined by the member of the President's Cabinet (the Health System's senior leadership) responsible for that filing organization, in consultation with Human Resources, based on information provided by independent third party consultants for reasonableness including appropriate comparability data and based on the Executive Compensation Philosophy Statement established by the compensation committee.</p>
Part I, Line 4b	<p>Line 4b Charles E. Cavagnaro III, MD - Supplemental Retirement of \$236,081 is included in column E. This amount was paid in 2014. Dennis W. Chalke - Supplemental Retirement of \$146,489 is included in column E. This amount was earned and paid in 2014. Mark A. Keroack, MD Supplemental Retirement of \$164,550 is included in column E. This amount was earned in 2014. Line 5 Certain officers or trustees of the filing organization are paid by an entity, Baystate Administrative Services, Inc. (BAS) EIN 22-2747685, which is part of the health care system to which the filing organization belongs but does not meet the technical requirements as a "Related Organization" per Schedule R. Compensation from BAS 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.</p>

Additional Data

Software ID:
Software Version:
EIN: 22-2519813
Name: Baystate Wing Hospital Corporation

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

(A) Name and Title	(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Charles E Cavagnaro III MD, President & Director	(i) 233,473	0	935,329	340,358	14,789	1,523,949	935,329
	(ii) 122,347	57,708	4,371	0	2,478	186,904	0
Dennis Chalke, Director	(i) 0	0	0	0	0	0	0
	(ii) 432,876	264,360	231,815	55,591	24,054	1,008,696	0
Mark Keroack MD, Director	(i) 0	0	0	0	0	0	0
	(ii) 658,452	301,313	20,465	185,350	18,006	1,183,586	0
David L Maguire MD, Director	(i) 240,001	9,202	762	9,968	512	260,445	0
	(ii) 0	0	0	0	0	0	0
Linda J Schoonover MD, Director	(i) 115,532	59,919	258	7,437	31,173	214,319	0
	(ii) 0	0	0	0	0	0	0
Keary T Allicon, CFO & Treasurer	(i) 105,284	0	39,152	32,795	15,411	192,642	0
	(ii) 48,388	17,269	115	0	5,206	70,978	0
Janice Kucewicz, Regional VP/Quality,Process Improvem	(i) 177,973	13,956	258	7,838	10,081	210,106	0
	(ii) 0	0	0	0	0	0	0
Brian Laliberte MD, Physician	(i) 386,400	0	138	10,400	27,538	424,476	0
	(ii) 0	0	0	0	0	0	0
Zachary Zichittella MD, Physician	(i) 378,070	11,000	54	10,400	22,178	421,702	0
	(ii) 0	0	0	0	0	0	0
David Wexler MD, Physician	(i) 341,796	0	138	10,400	23,540	375,874	0
	(ii) 0	0	0	0	0	0	0
Thomas Johnson MD, Physician	(i) 218,481	98,165	60	10,400	25,508	352,614	0
	(ii) 0	0	0	0	0	0	0
Rene Umanzor MD, Physician	(i) 190,740	129,938	60	10,400	21,962	353,100	0
	(ii) 0	0	0	0	0	0	0

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, lines 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				Yes No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) RICHARD H SCHEFER		CSV OF LIFE INSURANCE		X	26,660	3,593		No	Yes		Yes	
Total ▶ \$						3,593						

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 of assistance	(d) Type of assistance	(e) Purpose of assistance

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	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Business Transactions Involving Interested Persons	(A) NAME OF PERSON RICHARD H SCHEFFER(B) RELATIONSHIP WITH ORGANIZATION FORMER CEO OF WING MEMORIAL CORP (C) PURPOSE OF LOAN CSV OF LIFE INSURANCERICHARD H SHEFFER, FORMER CEO OF WING MEMORIAL CORP \$26,660, \$3,593AMOUNTS DUE FROM CURRENT AND FORMER OFFICERS PERTAIN TO SPLIT DOLLAR LIFE INSURANCE POLICIES OF THE RESPECTED INDIVIDUALS THESE POLICIES WERE ORIGINATED AT VARIOUS TIMES DURING THE INSURED'S EMPLOYMENT WITH UMASS MEMORIAL HELATH CARE, INC THE CORRESPONDING POLICY PREMIUMS WERE FUNDED BY THE EMPLOYER AS AN EMPLOYEE BENEFIT IN ACCORDANCE WITH IRS NOTICE 2002-8, TREASURY REGULATION 1 61-22 AND TREASURY REGULATION 1 77872-15, THESE PAYMENTS REQUIRE CLASSIFICATION AS LOANS DUE FROM THE INSURED THESE LOAN BALANCES ARE REFLECTED AT THE LOWER OF THE DISCOUNTED CASH SURRENDER VALUE OR DISCOUNTED CUMULATIVE PREMIUMS PAID

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
Baystate Wing Hospital Corporation**Employer identification number**

22-2519813

**Return
Reference****Explanation**

Form 990, Part VI, Section A, line 2	2014 - COOLIDGE, KATHERINE, BOARD MEMEBER, EDWARD NOONAN (Business), JAMES PHANEUF (Business), PAUL SCULLY (Business) 2014 - PHANEUF, JAMES, BOARD MEMBER, CHARLES CAVAGNARO (Business), EDWARD NOONAN (Business), ROBERT S HAVELES (Business), JAMES ST AMAND (Business), PAUL SCULLY (Business), KATHERINE COOLIDGE (Business) 2014 - NOONAN, EDWARD, BOARD MEMBER, CHARLES CAVAGNARO (Business), JAMES PHANEUF (Business), ROBERT S HAVELES (Business), JAMES ST AMAND (Business), PATRICK TURLEY (Business), KATHERINE COOLIDGE (Business), LAUREN MILLER (Business), ELAINE ANDERSON (Business) 2014 - TURLEY, PATRICK, BOARD MEMBER, EDWARD NOONAN (Business), RON CHRISTENSEN (Business), PAUL SCULLY (Business) 2014 - HAVELES, ROBERT, BOARD MEMBER, EDWARD NOONAN (Business), JAMES ST AMAND (Business), PAUL SCULLY (Business), JAMES PHANEUF (Business) 2014 - CHRISTENSEN RON, BOARD MEMBER, PATRICK TURLEY (Business), MARK BORSARI (Business) 2014 - BORSARI MARK, BOARD MEMBER, RON CHRISTENSEN (Business), Lauren Miller (Business) 2014 - SCULLY, PAUL, BOARD MEMBER, CHARLES CAVAGNARO (Business), JAMES PHANEUF (Business), ROBERT S HAVELES (Business), RON CHRISTENSEN (Business), PATRICK TURLEY (Business), KATHERINE COOLIDGE (Business), ELAINE ANDERSON (Business) 2014 - ANDERSON, ELAINE, BOARD MEMBER, EDWARD NOONAN (Business), Paul Scully (Business)
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Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The filing organization has one member, Baystate Health, Inc (BH)

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Four of the directors of the filing organization serve ex officio based on positions they hold with BH or the filing organization and the remaining directors are elected by BH as the organization's sole member. The trustee of a certain trust of which the organization is the beneficiary has the right to designate one individual to serve on the Board of Directors pursuant to the terms of the trust document and the organization's bylaws.

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>The bylaws of the filing organization provide that the following matters are subject to the approval of BH as a member (1) the appointment or removal of the President and the Treasurer of the Corporation, (2) the adoption or amendment of annual operating and capital budgets, (3) approval of any unbudgeted expenditure in excess of \$250,000, (4) the issuance of indebtedness, loans, guarantees or other encumbrances in excess of \$1,000,000, (5) adoption of the organization's Strategic Plan and significant changes thereto, (6) and amendment of the organization's medical staff bylaws, (7) the making of any significant change to clinical services provided by the organization, (8) the filing of a Determination of Need application under Massachusetts law, (9) the creation of a corporate affiliation with a health care provider not affiliated with BH, (10) engaging the services of a certified public accountant or attorney, and (11) any merger, consolidation, change in control, dissolution, liquidation, or transfer of interest in all or substantially all of the organization's assets or operations</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The organizations Management Team works closely with an outside accounting firm, Deloitte Tax LLP, whom it engages to review the return. The final draft of the Form 990 is reviewed by the Management Team and Deloitte Tax LLP. The entire Board receives a copy of the return prior to the filing.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Baystate Health, Inc (BH) has a comprehensive conflict of interest policy which has been adopted by the filing organization. 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 BH Chief Compliance Officer, the BH Chief Legal Counsel, the BH Chief Executive Officer, the Chair of the BH Board of Trustees, and the Chair of the Audit & Compliance Committee of BH. 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. Conflict of Interest Disclosures are also reviewed by the Baystate Wing Hospital Corporation Board of Trustees.</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	<p>During January 1st through August 31st of calendar year 2014, the process to determine and approve the compensation for the CEO and other officers of Baystate Wing Hospital, was controlled by UMass Memorial, the former parent of Baystate Wing Hospital. At UMass Memorial, all compensation matters for CEO's throughout the system were governed and overseen by the Board of Trustees of the Parent. The Board approved a compensation philosophy that governed all such decisions. The philosophy included the objectives of the program, components of CEO compensation, the relevant market, positioning in the market, factors considered in setting CEO compensation and the importance of tying such compensation to performance. The Board established a Compensation Committee, made up of disinterested trustees, who were given the authority to establish compensation for all CEO's, within the parameters of the philosophy, and with full and complete reporting to the full Board. The Compensation Committee performed its work pursuant to its charter and a compensation policy that established the process the Committee would follow in reviewing and approving CEO compensation each year. The Committee ensured that its process met the rebuttable presumption of reasonableness established by the IRS. In order to assist the Committee in its responsibilities, the Compensation Committee hired independent, outside compensation consultants to advise the Committee and the Board on the reasonableness of overall executive compensation program, including compensation of the CEO's. These consultants reported directly to the Committee and not to management. The Committee worked with these consultants, and with UMass Legal Counsel, to ensure that all compensation paid, as well as the process followed to determine such compensation, was reasonable, met all regulatory requirements and was competitive with the relevant market. Beginning September 1, 2014, as Baystate Wing Hospital, the compensation committee of Baystate Health, Inc (the parent organization of the health care system to which the filing organization belongs) has been appointed through board resolution as the compensation committee of the filing organization. The compensation committee reviews and approves the compensation philosophy that is used to administer the specific pay decisions for the President and employees of the filing organization. The compensation committee consists entirely of individuals serving on the board of Baystate Health, Inc. The compensation of the President of the filing organization is determined by the member of the President's Cabinet (the Health System's senior leadership) responsible for that filing organization, in consultation with Human Resources, based on information provided by independent third party consultants for reasonableness including appropriate comparability data and based on the Executive Compensation Philosophy Statement established by the compensation committee. The salaries of other employees of the filing organization are determined by the President of the filing organization in accordance with the Executive Compensation Philosophy Statement or the Baystate Health Board approved budget and wage program for each fiscal year.</p>

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

Return Reference	Explanation
Form 990, Part IX, line 11g	Fees for services Program service expenses 12,834,064 Management and general expenses 304,532 Fundraising expenses 3,481 Total expenses 13,142,077

Return Reference	Explanation
990 Part IX Line 11g	Other Fees Professional Med Services \$2,396,208 Management Services \$ 82,500 Purchased Services \$5,235,999 Purchased Temp Services \$ 819,488 Collection Agency Fees \$ 267,770 Fees, Laboratory & Clinical \$ 200 Recruitment Fees \$ 50,046 Outside Lab Services \$ 10,905 Transcription Services \$ 294,224 ----- Total \$9,157,340

Return Reference	Explanation
990 Part IX Line 24e	Other Expenses Professional Development \$ 19,329 Uniforms \$ 32,860 Other Direct Expenses \$ 13,218 Membership Dues \$ 222,544 Taxes/Fees/Fines and Lic \$ 35,424 ----- Total \$ 323,375

Return Reference	Explanation
Form 990, Part XI, line 9	Current Year Affiliate Assets Transfers 1,211,042 Change in Beneficial Interest and Perpetual Trust -192,402

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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" on 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 No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HNE Advisory Services Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3012347	Administrative Services	MA	Health New England Inc	C					No
(2) HNE Insurance Services Corporation Monarch Place Suite 1500 Spnnghfield, MA 011441500 04-3183019	Ancillary Insurance	MA	Health New England Inc	C					No
(3) HNE Holding Corporation Monarch Place Suite 1500 Springfield, MA 011441500 46-4620480	Holding Shares in subsidiary corporations	MA	Health New England Inc	C					No
(4) Ingraham Corporation 759 Chesnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C					No
(5) Baystate Health System Ambulance Inc 759 Chesnut Street Springfield, MA 01199 04-3018550	Ambulance Svs	MA	Ingraham Corporation	C					No
(6) BH Insurance Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore captive insurance	CJ	Baystate Health Inc	C					No
(7) HNE Insurance Company Inc Monarch Place Suite 1500 Springfield, MA 011441500 45-4462433	Health Services for Massachusetts Medicare Supplement Members	MA	Health New England Inc	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Baystate Administrative Services Inc 759 Chesnut Street Springfield, MA 01199 22-2747685	Administrative services	MA	501 (c) (3)	11c, IIIC	Baystate Health Inc		No
(1) Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 04-2103575	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
(2) Baystate Health Foundation Inc 759 Chesnut Street Springfield, MA 01199 04-3549011	Fundraising	MA	501 (c) (3)	7	Baystate Health Inc		No
(3) Baystate Health Systems Inc Health & Wefare Benefit Plan 759 Chesnut Street Springfield, MA 01199 22-2531644	Voluntary Employees Benefit Association	MA	501 (c) (9)		Baystate Health Inc		No
(4) Baystate Mary Lane Hosptial Corporation 85 South Street Ware, MA 01082 04-2103584	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
(5) Baystate Health Inc 759 Chesnut Street Springfield, MA 01199 04-2105941	Healthcare System Parent	MA	501 (c) (3)	7	Baystate Health Inc		No
(6) Baystate Medical Center Inc 759 Chesnut Street Springfield, MA 01199 04-2790311	Acute Care Teaching Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
(7) Baystate Total Home Care Inc 50 Maple Street Springfield, MA 01199 20-3260764	Real Estate and Other	MA	501 (c) (3)	11c, IIIC	Baystate Health Inc		No
(8) Visiting Nurse Association and Hospice of Western New England Inc 50 Maple Street Springfield, MA 01199 04-2105803	Homehealth and Hospice care	MA	501 (c) (3)	9	Baystate Health Inc		No
(9) Health New England Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-2864973	HMO/Insurance	MA	c Corp		Baystate Health Inc		No
(10) HNE of Connecticut Inc Monarch Place Suite 1500 Springfield, MA 011441500 45-5190134	HMO/Insurance	CT	501 (c) (4)		Health New England Inc		No
(11) Baystate Noble Hospital Corporation 115 West Silver Street PO Box 1634 Westfield, MA 010861634 22-2537423	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
(12) Westfield Medical Corporation 115 West Silver Street PO Box 1634 Westfield, MA 010861634 04-3127730	Physican Services	MA	501 (c) (3)	11a, I	Baystate Noble Hospital Corporation		No
(13) Noble Visiting Nurse and Hospice Services Inc 77 Mill Street Westfield, MA 01085 22-2757446	Home Health Care and Hospice	MA	501 (c) (3)	9	Baystate Noble Hospital Corporation		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
HNE Advisory Services Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3012347	Administrative Services	MA	Health New England Inc	C				No
HNE Insurance Services Corporation Monarch Place Suite 1500 Springfield, MA 011441500 04-3183019	Ancillary Insurance	MA	Health New England Inc	C				No
HNE Holding Corporation Monarch Place Suite 1500 Springfield, MA 011441500 46-4620480	Holding Shares in subsidiary corporations	MA	Health New England Inc	C				No
Ingraham Corporation 759 Chesnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C				No
Baystate Health System Ambulance Inc 759 Chesnut Street Springfield, MA 01199 04-3018550	Ambulance Svs	MA	Ingraham Corporation	C				No
BH Insurance Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore captive insurance	CJ	Baystate Health Inc	C				No
HNE Insurance Company Inc Monarch Place Suite 1500 Springfield, MA 011441500 45-4462433	Health Services for Massachusetts Medicare Supplement Members	MA	Health New England Inc	C				No