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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Baystate Medical Center Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Springfield, MA 01199

D Employer identification number
04-2790311

E Telephone number
(413) 794-0000

G Gross receipts $ 1,892,730,832

F Name and address of principal officer
Dennis W Chalke
759 Chestnut Street
Springfield, MA 01199

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www baystatehealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile MA

Part I Summary

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

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8,252
	6 Total number of volunteers (estimate if necessary)	**6**	446
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,935,059
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,443,131

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,983,165	7,376,278
	9 Program service revenue (Part VIII, line 2g)	1,058,280,813	1,105,390,145
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,795,343	44,858,751
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,029,192	62,528,058
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,185,088,513	1,220,153,232
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,263,000	11,422,627
	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)	495,512,954	518,014,655
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	563,141,629	584,840,103
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,069,917,583	1,114,277,385
	19 Revenue less expenses Subtract line 18 from line 12	115,170,930	105,875,847

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,261,866,305	1,329,927,264
	21 Total liabilities (Part X, line 26)	599,937,016	647,980,519
	22 Net assets or fund balances Subtract line 21 from line 20	661,929,289	681,946,745

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-04

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Christine Kawecki	Christine Kawecki			P00743140

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ Two Jericho Plaza, Jericho, NY 11753 — Phone no (516) 918-7000

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

Part III Statement of Program Service Accomplishments

Check 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 See Additional Data)	(Expenses $	510,445,658	including grants of $	11,422,627)	(Revenue $	572,442,421)
4b	(Code See Additional Data)	(Expenses $	376,260,197	including grants of $	)	(Revenue $	365,944,847)
4c	(Code See Additional Data)	(Expenses $	41,220,616	including grants of $	)	(Revenue $	38,581,269)

See Additional Data

4d	Other program services (Describe in Schedule O)						
	(Expenses $	109,023,415	including grants of $	)	(Revenue $	177,459,950)	
4e	**Total program service expenses ▶**	1,036,949,886					

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	Yes	
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	Yes	
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	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		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 . .	1a	567		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,252		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** 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	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3 Yes	
4	Did the organization make any significant changes to its 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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
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		No
	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	Yes	
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	Yes	

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.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶ Peter Lyons Baystate Health Inc 759 Chestnut Street Springfield, MA 01199 (413) 794-0000

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

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

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

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

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

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								3,507,966	3,949,203	1,202,574

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 ▶ 470

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**	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
Baystate Administrative Services Inc 759 Chestnut Street Springfield, MA 01199	Management Svcs	84,649,907
Baystate Medical Practices Inc 759 Chestnut Street Springfield, MA 01199	Medical, Educ, Clin	59,891,391
Baystate Health Inc 759 Chestnut Street Springfield, MA 01199	Strategic Initiatives	11,263,000
Shields Specialty Pharmacy of Springfiel 1200 Hancock St 300 Quincy, MA 02169	Management Svcs	3,888,811
Sound Physicians 1123 Pacific Avenue Tacoma, WA 98402	Management Svcs	2,350,781

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 ▶ 5

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	5,224,724			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,151,554			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	7,376,278			
Program Service Revenue		Business Code				
	2a	Inpatient Revenue	900099	604,991,541	604,991,541	
	b	Outpatient Revenue	621400	490,711,854	485,878,507	4,833,347
	c	Sponsored Programs	900099	7,777,519	7,777,519	
	d	Intercompany Rent	900099	1,909,231	1,909,231	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶		1,105,390,145		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,412,957		9,412,957
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 1,012,224				
	b	Less rental expenses: 473,479				
	c	Rental income or (loss): 538,745				
	d	Net rental income or (loss) . . . . . ▶		538,745		538,745
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 707,467,754 / 82,161				
	b	Less cost or other basis and sales expenses: 672,045,996 / 58,125				
	c	Gain or (loss): 35,421,758 / 24,036				
	d	Net gain or (loss) . . . . . ▶		35,445,794		35,445,794
	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	Intercompany Charges: 900099		23,418,046	23,418,046	
	b	Pharmacy Service: 900099		18,731,548	18,731,548	
	c	Cafeteria Income: 900099		6,619,160		6,619,160
	d	All other revenue		13,220,559	11,722,095	101,712 1,396,752
	e	**Total.** Add lines 11a-11d . . . . . ▶		61,989,313		
	12	**Total revenue.** See Instructions . . . . . ▶		1,220,153,232	1,154,428,487	4,935,059 53,413,408

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	11,388,273	11,388,273		
2 Grants and other assistance to domestic individuals See Part IV, line 22	34,354	34,354		
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	766,162		766,162	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	310,536	310,536		
7 Other salaries and wages	418,232,506	382,238,673	35,993,833	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,653,107	16,303,813	1,349,294	
9 Other employee benefits	49,002,711	44,788,362	4,214,349	
10 Payroll taxes	32,049,633	29,258,368	2,791,265	
11 Fees for services (non-employees)				
a Management	43,854,414	40,504,703	3,349,711	
b Legal	1,363,395		1,363,395	
c Accounting	586,109		586,109	
d Lobbying	85,947		85,947	
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)	111,887,658	104,620,821	7,266,837	
12 Advertising and promotion	310,845	304,442	6,403	
13 Office expenses	273,301,443	264,066,373	9,235,070	
14 Information technology	58,948,522	58,381,463	567,059	
15 Royalties				
16 Occupancy	31,265,669	29,225,285	2,040,384	
17 Travel	1,410,774	1,212,196	198,578	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,891,183	1,699,882	191,301	
20 Interest	8,074,891	8,074,891		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,450,987	43,189,252	6,261,735	
23 Insurance	2,401,029	1,340,962	1,060,067	
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 Bad Debt Expense	7,237	7,237		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,114,277,385	1,036,949,886	77,327,499	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		82,882,571	2	83,626,766
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		108,012,112	4	115,397,066
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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		194,580,561	7	192,566,171
	8	Inventories for sale or use		23,416,617	8	25,078,010
	9	Prepaid expenses and deferred charges		13,113,792	9	18,494,260
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,121,575,622			
	b	Less accumulated depreciation	10b 767,971,491	349,443,493	10c	353,604,131
	11	Investments—publicly traded securities		279,421,681	11	297,344,100
	12	Investments—other securities See Part IV, line 11		94,285,592	12	126,663,114
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,550,827	14	1,551,527
	15	Other assets See Part IV, line 11		115,159,059	15	115,602,119
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,261,866,305	16	1,329,927,264
Liabilities	17	Accounts payable and accrued expenses		101,607,373	17	116,311,186
	18	Grants payable			18	
	19	Deferred revenue		987,606	19	774,412
	20	Tax-exempt bond liabilities		372,914,819	20	385,906,539
	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		10,381,610	23	21,170,869
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		114,045,608	25	123,817,513
	26	**Total liabilities.** Add lines 17 through 25		599,937,016	26	647,980,519
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		646,414,982	27	666,777,448
	28	Temporarily restricted net assets		11,287,449	28	10,889,020
	29	Permanently restricted net assets		4,226,858	29	4,280,277
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		661,929,289	33	681,946,745
	34	Total liabilities and net assets/fund balances		1,261,866,305	34	1,329,927,264

Part XI Reconcilliation 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	1,220,153,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,114,277,385
3	Revenue less expenses Subtract line 2 from line 1	3	105,875,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	661,929,289
5	Net unrealized gains (losses) on investments	5	-576,949
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	-85,281,442
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	681,946,745

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code	) (Expenses $	510,445,658	including grants of $	11,422,627) (Revenue $	572,442,421)	

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 FY16, Baystate Medical Center, Inc provided 197,609 patient days of inpatient services, with 41,142 discharges

Form 990, Part III, Line 4b

4b	(Code	) (Expenses $	376,260,197	including grants of $		) (Revenue $	365,944,847)

Outpatient healthcare services - Providing outpatient clinical services to the surrounding region Services are available to individuals regardless of their ability to pay During FY16, Baystate Medical Center, Inc had 421,059 outpatient visits

Form 990, Part III, Line 4c

4c	(Code	) (Expenses $	41,220,616	including grants of $		) (Revenue $	38,581,269)

Emergency department services - Providing emergency department services to the surrounding region Services are available to individuals regardless of their ability to pay During FY16, Baystate Medical Center, Inc had 114,774 emergency department visits

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	109,023,415	including grants of $		) (Revenue $	177,459,950)	

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			
Adnan J Levsky Trustee (as of 1/1/16)	1 00 1 00	X						0	0	0
Anne M Paradis Vice Chair	1 00 2 00	X						0	0	0
David C Southworth Trustee	1 00 1 00	X						0	0	0
Edward J Noonan Trustee	1 00 1 00	X						0	0	0
Grace Makari-Judson MD Trustee / Hematologist	1 00 40 00	X						395,012	0	91,314
Gregory L Braden MD Trustee	1 00 1 00	X						0	0	0
Harriet A DeVerry Trustee	1 00 1 00	X						0	0	0
Hector Toledo Trustee	1 00 1 00	X						0	0	0
James P Sadowsky Chair	1 00 2 00	X						0	0	0
James R Phaneuf Trustee	1 00 1 00	X						0	0	0

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			
John A Egelhofer MD Trustee	1 00 1 00	X						0	0	0
John F Maybury Trustee	1 00 1 00	X						0	0	0
John H Davis Trustee	1 00 1 00	X						0	0	0
John M O'Brien III Trustee (Through 12/31/15)	1 00 1 00	X						0	0	0
Katherine McG Sullivan Trustee (Through 12/31/15)	1 00 1 00	X						0	0	0
Kathleen B Scoble Trustee	1 00 1 00	X						0	0	0
Kevin P Monarty MD Trustee/Chief Ped Surg	1 00 40 00	X						634,583	0	46,896
Mark A Keroack MD Trustee	1 00 40 00	X						0	1,258,998	213,008
Paul R Murphy Trustee	1 00 1 00	X						0	0	0
Richard B Steele Jr Trustee (Through 12/31/15)	1 00 1 00	X						0	0	0

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			
Robert J Bacon Trustee	1 00 1 00	X						0	0	0
Robert L Pura PhD Trustee	1 00 1 00	X						0	0	0
Steven M Mitus Trustee	1 00 1 00	X						0	0	0
Victor Woolridge Trustee	1 00 1 00	X						0	0	0
William McGee MD Trustee	50 00 0 00	X						366,050	0	60,325
Dennis Chalke Treasurer	10 00 40 00			X				0	1,085,400	89,529
Kristin R Delaney Clerk	1 00 39 00			X				0	109,755	31,677
Madeline Torres Assistant Clerk	1 00 40 00			X				0	53,103	16,597
Nancy Shendell-Falik President	40 00 10 00			X				0	582,157	151,908
Betty K Larue VP Heart& Vascular (thru 11/15)	40 00 10 00				X			202,991	63,257	50,216

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			
Christine Klucznik VP/ CNO (As of 11/2015)	50 00 1 00				X			178,339	51,349	27,294
Michael F Moran VP Facilities (Thru 1/29/16)	10 00 40 00				X			260,746	0	48,415
David Y Chin Rad Oncology Med Physics	50 00 0 00					X		269,309	0	42,537
Deborah A Provost VP Surg,Anesth/ Neuro	50 00 0 00					X		259,249	0	83,219
Douglas Salvador MD VP Medical Affairs	50 00 0 00					X		337,959	0	32,663
Michael Albert MD Mdir OR & Surgical Units	50 00 0 00					X		290,419	0	75,959
Peter Lindenauer MD Med Dir & Qual & Safety	50 00 0 00					X		313,309	0	60,498
Mark R Tolosky President Emeritus, BH	0 00 0 00						X	0	745,184	80,519

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

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 (Form 990 or 990-EZ))

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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	Parent of Supported Organizations. **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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
Baystate Medical Center Inc	04-2790311

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-
2				
3				
4				
5				
6				

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		85,947
j	Total Add lines 1c through 1i			85,947
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-i	Baystate Medical Center, Inc pays membership dues to the Massachusetts Hospital Association (MHA) and the American Hospital Association (AHA) These organizations have advised us that portions of these dues are used for lobbying purposes for various healthcare matters at the state level The portion of dues listed as lobbying expenses for the year ending September 30, 2016 is $85,947

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land		12,369,482		12,369,482
b Buildings		461,925,185	246,053,132	215,872,053
c Leasehold improvements		6,540,781	2,138,313	4,402,468
d Equipment		606,242,482	496,736,716	109,505,766
e Other		34,497,692	23,043,330	11,454,362
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				353,604,131

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,061,323	C
(3) Other		
(A) Securities other	121,052,423	C
(B) Securities real estate	3,549,368	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	126,663,114	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Contractual Adjustment Receivable	16,374,328
(2) Due From Affiliated Companies	67,930,965
(3) Beneficial Interest in Net Assets of BHF	15,169,297
(4) Funds Held - Bond Indenture	15,108,960
(5) Board Designated - Due From Unrestricted Funds	1,018,569
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	115,602,119

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Contractual Adjustments Payable	29,874,401
Due to Affiliated Companies	8,383,621
Insurance Liability Loss Reserves	8,489,450
Minimum Pension Liability	71,756,536
Market Value Swap	5,156,431
Refundable Advances	157,074
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	123,817,513

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part V	Certain endowments are held at Baystate Health Foundation (BHF), an affiliate, and are reported as temporarily restricted and permanently restricted but Part V has not been completed as it is already addressed on BHF's Form 990 (EIN 04-3549011)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
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)			16,153,658	5,722,169	10,431,489	0 940 %
b Medicaid (from Worksheet 3, column a)			231,717,282	203,581,981	28,135,301	2 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,479,714	1,457,011	22,703	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			249,350,654	210,761,161	38,589,493	3 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,408,905	0	2,408,905	0 220 %
f Health professions education (from Worksheet 5)			57,465,412	16,937,745	40,527,667	3 640 %
g Subsidized health services (from Worksheet 6)			18,599,510	10,826,752	7,772,758	0 700 %
h Research (from Worksheet 7)			21,269,774	14,061,200	7,208,574	0 650 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			458,251	0	458,251	0 040 %
j **Total.** Other Benefits			100,201,852	41,825,697	58,376,155	5 250 %
k **Total.** Add lines 7d and 7j			349,552,506	252,586,858	96,965,648	8 710 %

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						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare 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	5,711,304		
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	1,942,384		
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	260,251,458
6	Enter Medicare allowable costs of care relating to payments on line 5	6	220,564,528
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	39,686,930
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		

☐ Cost accounting system ☐ Cost to charge ratio ☑ 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)

Name of hospital facility or letter of facility reporting group Baystate Medical Center Inc

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

			Yes	No
Community Health Needs Assessment				
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		No
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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Part V			
b	☑ Other website (list url) See Part V			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ 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 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Baystate Medical Center Inc

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www baystatehealth org/patients/billing-and-financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www baystatehealth org/patients/billing-and-financial-assistance			
c	☐ A plain language summary of the FAP was widely available on a website (list url) https //www baystatehealth org/patients/billing-and-financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Baystate Medical Center Inc

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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

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? **23**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
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	The hospital facility files an annual community benefit report electronically with the Massachusetts Office of the Attorney General's via their website at http //www cbsys ago state ma us/cbpublic/public/annual_reports_start aspx The hospital facility's annual community benefit report is also published on the Baystate Health website at https //www baystatehealth org/about-us/community-programs/community-benefits/community-health-needs-assessment The hospital's community benefits report provides the Office of the Attorney General and the general public important information about how the hospital partners with the community to identify and address health needs

Form and Line Reference	Explanation
Part I, Line 7	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 Line 7b (Unreimbursed Medicaid) - community benefit expense was derived using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under Medicaid and Medicaid managed care plans Line 7c (Other Means-Tested Programs) - community benefit expense was derived using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under other means-tested government programs Line 7e (Community Health Improvement Services & Benefit Operations) - Community Health Improvement Services calculations are derived from direct and indirect costs associated with community benefit activities that are aligned with the hopital'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 Line 7f (Health Professional Education) - community benefit expense was derived using the organization's cost accounting system Line 7g (Subsidized Programs) - community benefit expense was derived using the organization's cost accounting system The expense relates to specific outpatient programs There are no costs attributable to physician clinics reported as subsidized health services in Part I, line 7g Line 7h (Research) - community benefit expense was derived using the organization's cost accounting system In addition to the research costs reported on line 7h, there was $1,061,432 of expenses related to Industry-sponsored grants that we believe should be treated as community benefit expense because they were incurred to promote the health and well-being of the local population and are a key component of our commitment to the community

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	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) The 2016 provision for bad debts totaled $15,121,791 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)

Form and Line Reference	Explanation
Part II, Community Building Activities	The following description is not quantified specifically in Part II of Schedule H The hospital facility is committed to creating healthier communities and understands that many state and federal mandated community benefit programs and services are not sufficent to address ethnic, racial and economic health disparities and inequities The hospital embraces the traditional definition of "health" to include economic opportunity, affordable hoousing, quality education, safe neighborhoods, food security, social and racial justice, and the arts/culture - all elements that are needed for individuals, families and communities to thrive The hospital provides many valuable services, resources, programs and financial support - beyond the walls of the hospital and into the communities and and homes of the people we serve, including grants and sponsorship of local community-based organizations and the involvement of Baystate leadership with various community boards that align with our mission The hospital facility provided $116,974 as a Payment in Lieu of Taxes (PILOT) to the City of Springfield for our outpatient facility at 3300 Main Street and $204,662 as a Payment in Lieu of Taxes (PILOT) to the City of Springfield for our facilities at 3400 Main Street & 11 Wilbraham Road Baystate Medical Center provided $37,564 as a Payment in Lieu of Taxes (PILOT) to the City of Chicopee for our employee parking lot located at Center Street, Chicopee The hospital facility is a dues paying member of the Economic Development Council of Western Massachusetts (EDC) and the Springfield Regional Chamber of Commerce The hospital participates in the EDC and local Chamber as we are the largest employer in our region The Chamber and its membership coordinate activities toward a common purpose of sustainability and economic growth for the region

Form and Line Reference	Explanation
Part III, Line 4	The cost of bad debts reported in Part III, line 2 was calculated by applying a ratio of cost to charges (based on the organization's cost accounting system including all hospital inpatients and outpatients) 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 $1,942,384, 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 If a patient is determined eligible for financial assistance, the appropriate adjustment is made to the patient account based on their income level Once the necessary approvals are obtained, it then flows to the general ledger Patients applying for a prompt payment discount will have this allowance entered after agreed upon payment is received

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 inpatient psych), D Part V (outpatient) and E Part A (organ acquisition) of the hospital's 2016 Medicare cost report, net of Medicare costs reported in Part 1, line 7g, and based on Medicare costing principles There is no shortfall reported on line 7

Form and Line Reference	Explanation
Part III, Line 9b	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

Form and Line Reference	Explanation
Part VI, Line 2	The Baystate Board Governance Committee meets twice a year and is charged with advocating for community benefits at the Board level and throughout the health system and community, aligning the system's four (4) hospital-specific community benefits implementation strategies into the health system's strategic plan, periodic review of CHNA data, approval of a community benefits mission statement and health priorities, review impacts of community benefits activities and investments, and ensure Baystate's community benefits 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, Baystate President's Cabinet, and other Baystate leadership teams, as requested In 2016, through the community benefits grant investments and the community health needs assessment, the hospital engaged more internal and community stakeholders in its community benefits planning efforts The CBAC continues to bring a community lens and filter for the hospital's health priorities The CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population, guidance in matching hospital resources to community resources in meeting its 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 hospital CBAC represent constituencies and communities served by the hospital CBAC members are 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

Form and Line Reference	Explanation
Part VI, Line 3	Baystate Medical Center (BMC) 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 BMC 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 BMC 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 BMC Baystate Medical Center 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 BMC 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 Medical Center has Financial Counselors available to help patients apply for financial assistance programs that may cover unpaid hospital bills, including a variety of federal and state programs as well as financial assistance through Baystate Medical Center BMC 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 BMC is committed to ensuring that patients or prospective patients in the community are aware of financial assistance programs For uninsured or underinsured patients, BMC will assist in applying for available financial assistance programs BMC notifies patients of the availability of assistance in both the initial bill sent to patients as well as in general notices posted throughout the hospital When applicable, BMC also assists patients in applying for coverage of services as a Medical Hardship based on the patient's documented income and allowable medical expenses BMC 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 BMC's own internal financial assistance program BMC also notifies patients about available payment plans based on their family size and income 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 Baystate Medical Center's Credit and Collection Policy was developed in partnership with Health Care For All, a Massachusetts non-profit organization dedicated to making adequate and affordable health care accessible to everyone, regardless of income, social or economic status Signs about the availability of financial assistance programs at the hospital are translated into Spanish, because Spanish is primarily spoken by 10% or more of the residents in the hospital's service area Signs are large enough to be clearly visible Hospital signs are 8 5 x 11 inches and the header print font is 24 pts 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

Form and Line Reference	Explanation
Part VI, Line 4	Baystate Medical is a 716-bed academic medical center (including Baystate Children's Hospital) based in Springfield, Massachusetts and is Western New England's only tertiary care referral medical center, Level 1 trauma center, and neonatal and pediatric intensive care units Baystate Medical serves as a regional resource for specialty medical care and research, while providing comprehensive primary medical services to the community The service area for Baystate Medical includes all 23 communities within Hampden County, including the third largest city in Massachusetts -- Springfield (population over 150,000) Three adjacent cities (Holyoke, Chicopee and West Springfield) create a densely-populated urban core that includes over half of the population of the service area (around 270,000 people) Smaller, suburban communities exist to the east and west of this central core area Many of these communities have populations under 20,000 people Urban areas, as defined by the U S Census Bureau consist of census tracts and/or blocks meeting the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or are adjacent and meet additional criteria The service area has more racial and ethnic diversity than many other parts of western Massachusetts County-wide, 22% of the population identifies as Hispanic or Latino, 9% Black or African American, and 2% as Asian (ACS, 2010-2014) However, this diversity is not equally spread throughout the region and tends to be concentrated in the urban core The Pioneer Valley Transit Authority, the second largest public transit system in the state, serves 11 communities in the service area and connects suburban areas to the core cities and services Paratransit service is also available for people with disabilities within 3/4 mile of a fixed route to facilitate access to medical care Economically, the Baystate Medical service area is home to many of the largest employers in the region as well as numerous colleges and universities, and provides a strong economic engine for the broader region The largest industries and employers include health care, service and wholesale trade and manufacturing At the same time, the county struggles with higher rates of unemployment and poverty, lower household incomes and lower rates of educational attainment as compared to the state The median household income in the service area is about $50,000 ($17,000 less than the state) (ACS 2010-2014) The poverty rate is more than 5% higher than that statewide, and the child poverty rate is an alarming 27%, more than 10% higher than the state rate (ACS, 2010-2014) Despite being at the core of the Knowledge Corridor region, only 26% of the population age 25 and over has a bachelor's degree Unemployment is somewhat higher than the state average The unemployment rate is based on the number of people who are either working or actively seeking work The median age for the service area is similar to that of Massachusetts, though the population over 45 years old is growing as a percentage of the total population

Form and Line Reference	Explanation
Part VI, Line 5	The hospital facility has a responsibility to respond to health care needs unsupported by government programs In exchange for this responsibility, the hospital 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 The hospital is fully committed to its role in the community and serves with pride and compassion for people in need The charitable mission of the hospital facility, a member hospital of Baystate Health (BH), is to improve the health of the people in our communities every day, with quality and compassion The hospital's Community Benefits Mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations The hospital 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 The hospital facility 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 the 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 The 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 The hospital's Patient and Family Advisory Council facilitate patients and families to share information and advise the hospital regarding policies and programs Information from the Council provides hospital leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, patient and family satisfaction, and loyalty Please refer to the section above in line 2 for additional examples of the 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

Form and Line Reference	Explanation
Part VI, Line 6	Baystate Health, Inc is the parent entity of a multi-institutional integrated delivery sy stem composed of four hospitals and other 501(c)(3) organizations The four hospitals incl ude Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, an d Baystate Wing Hospital (and Baystate Mary Lane Outpatient Center) 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 2016, the Mass achusetts Public Health Council approved Baystate Wing Hospital's application to merge Bay state Mary Lane Hospital and Baystate Wing Hospital and their respective satellite facilit ies under one hospital license Baystate Mary Lane Hospital, now referred to as Baystate M ary Lane Outpatient Center, is a satellite of Baystate Wing Inpatient care at Baystate Ma ry Lane transitioned to Baystate Wing, while all outpatient services continue at Baystate Mary Lane Outpatient Center The Emergency Department at Baystate Mary Lane Outpatient Cen ter operates as a satellite emergency facility of Baystate Wing Hospital In July 2015, Ba ystate Noble Hospital became part of the Baystate Health System In addition to its nearly 12,000 employees, Baystate Health has medical staff, nurses and residents and fellows, me dical students, nursing students, and allied health students who gain comprehensive medica l education during the year Volunteers enhance the work of our employees and interactions with our patients and families In 2016, more than 1,200 volunteers donated over 104,000 hours showing their belief in the care we provide to our community Baystate Medical Center (BMC), the flagship 716-bed hospital (including Baystate Children's Hospital) based in Sp ringfield, Massachusetts is Western New England's only tertiary care referral medical cent er, 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 Baystate Franklin Medical Center (BFMC), a 90-b ed facility located in Greenfield, Massachusetts (40 miles north of Springfield near the V ermont border) provides high quality inpatient and outpatient services to residents of rur al Franklin county and the North Quabbin region Inpatient services include behavioral hea lth, intensive care, medical-surgical care, and obstetrics/midwifery Outpatient services include cardiology, emergency medicine, gastroenterology, general surgery, neurology, onco logy, ophthalmology, orthopedics, pediatrics, physical medicine & rehabilitation, pulmonol ogy & sleep medicine, sports medicine, vascular surgery, wound care & hyperbaric medicine Baystate Wing Hospital (BWH), a 74-bed facility located in Palmer, Massachusetts (18 mile s east of Springfield) provides a broad range of emergency, medical, surgical and psychiat ric services Our five medical centers in Belchertown, Ludlow, Monson, Palmer and Wilbraha m offer extensive outpatient services to meet the needs of our communities BWH also inclu des the Griswold Behavioral Health Center, providing comprehensive behavioral health and a ddiction recovery services and the Wing VNA and Hospice We are fully accredited by the Jo int Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health Baystate Mary Lane serves the residents of Ware and surrounding communi ties offering a variety of primary and specialty health care including cancer, cardiology, surgery, and imaging services The Satellite Emergency Facility at Baystate Mary Lane pro vides care for emergency injuries or illness, with highly skilled emergency medicine physi cians, nurses and staff Baystate Noble Hospital (BNH) is a 97-bed acute care community ho spital providing a broad range of services 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 hav e access to exceptional health care, close to home An ideal combination of "high tech and "high touch," a staff of highly trained and compassionate nurses and medical support pers onnel complements an outstanding medical staff Services include intensive care, diagnosti c imaging, emergency services, cardiopulmonary services and rehab, cancer services, lab an d behavioral health Baystate Medical Practices (BMP) is a tax-exempt, not-for-profit corp oration organized to support and assist Baystate Health and its affiliate hospitals, inclu ding BMC, BFMC, BWH, and BNH, each of which is a Massachusetts not-for-profit corporation, in achieving the fulfillment of their clinical, teaching, research, and other missions re lated to health care Baystate Medical Practices, Inc provides physician services, medica l education and research programs to people in the

Form and Line Reference	Explanation
Part VI, Line 6	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 such care Depende nt upon the patient's financial capability to pay and consistent with BH and BMP policy, B MP may provide such care free of charge or at amounts below its normal charges In FY 2016 BMP provided $2,782,513 in charity care In addition to the charity care provided to pati ents, BMP's physicians participate in many and varied ongoing community outreach initiativ es in the areas of education, employment, safety and health BMP has also taken a leadersh ip role in strengthening the health of disadvantaged citizens in surrounding communities i ncluding specific focus on AIDS and HIV and by providing physician staffing for three comm unity-based health centers through Baystate Medical Center Visiting Nurse Association and Hospice of Western New England, Inc provides high quality care, expressly tailored to mee t each patients' needs Our home health team works together to ensure a safe and swift rec overy from illness, accident, or surgery in the comfort of home Baystate Hospice offers m edical expertise through our extensive network of caregivers to support patients facing a serious or life limiting illness Each patient and family is cared for by our certified an d experienced nurses, therapists, social workers, hospice aides, spiritual and bereavement counselors, and volunteers This care team works together, with both the patient and fami ly, to bring understanding, comfort, dignity and a sense of peace, as each patient journey towards the final stage of life The Baystate Health Foundation's Keeping Care Local campa ign raised $5 million for Baystate Franklin Medical Center's new $26 million, 55,000 squar e-foot surgical facility which proudly opened its doors in the Spring of 2016, helping to enhance surgical services to the people in Franklin County In addition, the Baystate Heal th 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 th e brief descriptions of the affiliated entities above, this further information speaks to activities of Baystate Health and its affiliates regarding promotion of community health O ver 195,000 language interpreter sessions helped patients and families better understand t heir care in person, over the phone or via video Staff interpreted in about 70 languages such as Spanish, American Sign Language, Arabic, Mandarin Chinese, Nepali, Portuguese, Rus sian, Somali, Ukrainian, and Vietnamese New languages interpreted this year were Gujarati (India), Fukienese (China), and Mon - an ancient language spoken in Burma and Thailand U Mass Medical School (UMMS) established a regional medical school campus in Springfield, UM MS-Baystate The new medical school will enroll 25 students in its first class beginning i n 2017 in a unique tract called PURCH (Population-based Urban and Rural Community Health) The goals of the program are to increase access to students in Massachusetts seeking an a ffordable medical education, to respond to the health care needs of the Commonwealth by in creasing the number of Massachusetts physicians trained in urban and rural primary care, a nd to apply proven academic research methods to improve population health, reduce health d isparities, and make health care better integrated, more efficient, and more effective

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	The Nurse Residency Program expanded to all Baystate Health hospitals In partnership with Vizient and American Association of Colleges of Nursing, Baystate welcomed 57 nurse resid ents this year, providing both advanced curricular activities and fellowship activities to ease the transition from school to practice Baystate's Nurse Residency Program is a one- year curriculum for newly graduated registered nurses, offering hands-on clinical experien ce, in-depth learning through monthly seminars, participation in evidence-based projects, and ongoing professional development Baystate Health is committed to continuing education programs in 30 different professional areas through partnerships with Elms College, Spring field College, Western New England University, STCC, Greenfield Community College, Holyoke Community College, Westfield State University, and many others Our post graduate program s expanded to 10 medical residencies and 20 fellowships, including new fellowship training programs in hospital medicine and gastroenterology In addition, Baystate Medical Center welcomed 1,770 new residents, fellows, medical students, nursing students, and allied heal th students Research at Baystate Health continued to grow Baystate Medical Practice facul ty members received $7 41M in external funding Baystate Health researchers received 41 ne w research awards valued at over $4 4M Noteworthy new grant activity occurred in the foll owing areas -Assessing the impact of early pulmonary rehabilitation for chronic obstructiv e pulmonary disease-Improving antibiotic prescribing for patients with community-acquired pneumonia-Studying the environmental determinants of breast cancer-Advancing the care of n eonates born with opioid dependency-Training primary care providers in principles of geria tric medicine-Using evidence-based psychotherapy in the care of pediatric victims of psych ological trauma-Coordinating the care of complex illness in pediatricsBaystate Health and its affiliates are committed to providing the communities they serve throughout western Ma ssachusetts with the resources necessary to stay informed and healthy by providing both ba sic and extensive educational opportunities such as parent education classes, including "B aystate'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 Ac ademy, which provides a full day class for teens Some classes are free while others are o ffered 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 Mos t of these groups meet weekly In addition, Baystate Health has a health science library s taffed 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 seri es 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 w ill explain the science of medicine without resorting to complex terms Mini-Medical Schoo l gives Baystate Health the opportunity to open our doors to the public and share our know ledge of medicine in a comfortable and friendly environment Many of the students partici pate 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 recei ving 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 sen iors 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 qua rterly newsletter with valuable health information, benefits and invitations to special ev ents designed with their interests in mind Baystate Spirit of Women Loyalty Program offer s its 15,000 members 50+ monthly seminars with direct access to physicians, nurses and oth er medical professionals and the latest women's health information The program is designe d to increase knowledge of women's health issues so they are well prepared to make the bes t decisions regarding their health The Mark R Tolosky Baystate Neighbors Program, named i n honor of our past President and CEO, provides forgivable loans to Baystate Health employ ees purchasing their first homes in the communities surrounding our hospitals Qualified e mployees are granted a forgivable loan up to $7,500 that may be used towards a down paymen t or closing costs In 2016, Baystate Health grant

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	ed 50 loans to employees Since 1999, Baystate Health has invested over $1 6 million in th e futures of more than 220 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 along side them on their cancer journey Through the Baystate Health Breast Network, Rays of Hop e 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 equipmen t, breast health programs and outreach and education throughout Baystate Health as well as providing grants for complementary therapies and cancer programs to our community partner s throughout western Massachusetts Now in its 24th year, Rays of Hope has raised over $13 7 million - all of which has been awarded locally throughout western Massachusetts The Un ited Way develops and supports programs that directly improve the lives of people in our c ommunities, a mission proudly shared by Baystate Health Baystate Health is a strong suppo rter of the United Way, and a major contributor to the organization with workforce campaig ns and thousands of employee donors and volunteers Baystate Health's contributions help t he United Way serve our families, friends, colleagues and others who seek help in differen t ways and at different times in their lives Three community campaigns are held annually Springfield, Westfield, and Palmer workplace to support the United Way of Pioneer Valley, Greenfield workplace to support the United Way of Franklin County and Ware workplace to s upport 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 quali fied agency with a minimum contribution See also additional information regarding Baystat e Health, Inc and its affiliates promotion of community health above in Line 5

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 7	List of States Receiving Community Benefit Report MA

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	Baystate Medical Center Inc 759 Chestnut Street Springfield, MA 01199 2339	X	X	X	X		X	X			

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

	Name and address	Type of Facility (describe)
1	1 - Baystate Reference Laboratories 361 Whitney Avenue Holyoke, MA 01040	Outpatient Laboratory Services
1	2 - Baystate High Street Hlth Cntr 140 High Street Springfield, MA 01105	Outpatient Facility
2	3 - Baystate Ambulatory Care Center 3300 Main Street Springfield, MA 01107	Outpatient Physician Offices
3	4 - Baystate Mason Sq Neighborhood Hlth Ctr 11 Wilbraham Road Springfield, MA 01199	Outpatient Clinic
4	5 - Baystate Breast and Wellness Center 100 Wason Avenue Suite 300 Springfield, MA 01107	Outpatient Facility
5	6 - Baystate Brightwood Health Center 380 Plainfield Street Springfield, MA 01107	Outpatient Clinic
6	7 - D'Amour Center for Cancer Care 3350 Main Street Springfield, MA 01199	Outpatient Cancer Center
7	8 - Baystate Rehabilitation Care at Spfld 360 Birnie Avenue Springfield, MA 01107	Rehabilitation Clinic
8	9 - BMC Pain Management Center 3400 Main Street 2nd Flr Springfield, MA 01107	Outpatient Facility
9	10 - Baystate Orthopedic Surgery Cntr 50 Wason Avenue 2nd Floor Springfield, MA 01107	Outpatient Surgery Center
10	11 - Baystate Vascular Services 3500 Main Street 2nd Floor Springfield, MA 01107	Outpatient Facility
11	12 - Baystate Heart & Vascular ProgImaging 10 Main Street Basement Level Florence, MA 01060	Outpatient Facility
12	13 - Baystate Rehabilitation Care 294 North Main Street East Longmeadow, MA 01028	Rehabilitation Clinic
13	14 - Baystate Rehabilitation Care Rymd Ctr 470 Granby Rd Ste 4 South Hadley, MA 01075	Rehabilitation Clinic
14	15 - Baystate Rehabilitation Care 200 Silver St Ste 101 Agawam, MA 01001	Rehabilitation Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

_____

	Name and address	Type of Facility (describe)
16	16 - Baystate Regional Cancer Program Davis Bldng 85 South St 4th Fl Ware, MA 01082	Outpatient Cancer Center
1	18 - Baystate Home Infusion & Resp Svcs 211 Carando Drive Springfield, MA 01004	Home infusion & resp srvcs & durable medical goods
2	19 - Baystate Home Infusion & Resp Svcs 489 Bernardston Road Suite C Greenfield, MA 01301	Home infusion & resp srvcs & durable medical goods
3	20 - Baystate Home Infusion & Resp Svcs 85 South Street D101 Ware, MA 01082	Home infusion & resp srvcs & durable medical goods
4	21 - Baystate Children's Specialty Center 50 Wason Avenue 1st Floor Springfield, MA 01107	Outpatient Facility
5	22 - Baystate Specialty Pharmacy 298 Carew Street Springfield, MA 01104	Outpatient Facility
6	23 - Baystate Child Hospitalziation Prog 150 Lower Westfield Road Suite 3 Holyoke, MA 01040	Outpatient Facility
7	24 - Baystate Imaging & Transplant Services 100 Wason Avenue Ground Floor Suite 21 Springfield, MA 01107	Outpatient Facility

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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" on 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
(1) Art therapy workshops for breast cancer survivors	1	11,340			
(2) Reiki for breast cancer patients and survivors in Franklin County	1	8,175			
(3) Yoga and water dance for breast cancer survivors	1	8,130			
(4) Water fitness classes for women with breast cancer	1	5,009			
(5) Provide comfort pillows to help women after a surgical procedure	1	1,700			

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	Explanation The Rays of Hope grants that are awarded are reviewed and approved by the Rays of Hope Community Advisory Board Recipients are required to submit a Community Program Grant Application As part of the application process the recipient is required to provide their SS# or T I N Once the grant is awarded by the Advisory Board quarterly reports are submitted by the recipient to monitor the grant A final report of the grant program and budget summary is due upon completion of the program

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cancer Connection Inc 41 Locust Street Northampton, MA 01060	04-3493483	501(c)(3)	41,075				Support groups, complementary therapies, workshops and classes for women living with breast cancer and their families and caregivers
La Experanza The Hope of the Pioneer Valley Inc PO Box 6820 Holyoke, MA 010416820	27-2760538	501(c)(3)	31,818				Latino breast cancer support program
Baystate Health Inc 759 Chestnut Street Springfield, MA 01199	04-2105941	501(C)(3)	11,263,000				Strategic initiatives

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Pioneer Valley Riverfront Club 121 West Street Springfield, MA 01104	26-0251831	501(c)(3)	17,000				Breast cancer survivors dragon boat team
YMCA of Greater Springfield 275 Chestnut Street Springfield, MA 01104	04-1859893	501(c)(3)	15,635				Breast cancer survivors excercise program
CHD Cancer House of Hope Inc 1999 Westfield Street West Springfield, MA 01089	04-2503926	501(C)(3)	19,745				Funding expenses of the most well-attended CHH programming utilized by women with breast cancer

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on 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**	Yes	
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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured 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" on 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 on 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 on 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	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 This committee consists entirely of individuals serving on the board of Baystate Health, Inc The individuals responsible for deliberating the compensation arrangement for the President and CEO would be those individuals who do not have a conflict of interest with respect to the compensation arrangement and would be considered independent for compensation deliberation purposes The compensation of the President and CEO is established based on information provided by independent third party consultants for reasonableness and appropriate comparability data The compensation is then established, reviewed and approved by the duly authorized compensation committee of Baystate Health, Inc and all such deliberations and decisions are documented contemporaneously
Part I, Lines 4a-b	4a Mark R Tolosky received $138,300 4b Dennis W Chalke - Supplemental Retirement of $171,159 is included in column E This amount was earned and paid in 2015 Mark A Keroack, MD - Supplemental Retirement of $328,081 is included in column E This amount consists of $237,315 earned and paid in 2015 and $90,766 that was previously reported as deferred compensation in prior years Forms 990, and that is currently reported as taxable income The amount is listed in Column F in accordance with reporting requirements Peter Lindenauer, MD - Supplemental Retirement of $6,383 is included in column E This amount was earned and paid in 2015 Grace Makari-Judson, MD- Supplemental Retirement of $14,673 is included in column E This amount was earned in 2015 William T McGee, MD - Supplemental Retirement of $13,828 is included in column E This amount was earned and paid in 2015 Michael F Moran - Supplemental Retirement of $3,989 is included in column E This amount was earned and paid in 2015 Kevin P Moriarty, MD - Supplemental Retirement of $32,279 is included in column E This amount was earned and paid in 2015 Douglas Salvador, MD- Supplemental Retirement of $4,122 is included in column E This amount was earned in 2015 Nancy Shendell-Falik- Supplemental Retirement of $107,783 is included in column E This amount was earned in 2015 Mark R Tolosky - Supplemental Retirement of $101,139 is included in column E This amount was earned and paid in 2015

Additional Data

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

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Grace Makari-Judson MD Trustee / Hematologist	(I)	299,974	64,558	30,480	56,254	35,060	486,326	0
	(II)	0	0	0	0	0	0	0
1Kevin P Moriarty MD Trustee/Chief Ped Surg	(I)	502,996	96,018	35,569	27,825	19,071	681,479	0
	(II)	0	0	0	0	0	0	0
2Mark A Keroack MDTrustee	(I)	0	0	0	0	0	0	0
	(II)	760,075	310,077	188,846	192,620	-20,388	-1,472,006	90,766
3William McGee MDTrustee	(I)	324,787	12,905	28,358	57,919	2,406	426,375	0
	(II)	0	0	0	0	0	0	0
4Dennis ChalkeTreasurer	(I)	0	0	0	0	0	0	0
	(II)	466,083	357,889	261,428	64,000	-25,529	-1,174,929	0
5Nancy Shendell-Falik President	(I)	0	0	0	0	0	0	0
	(II)	436,797	116,688	28,672	125,008	-26,900	-734,065	0
6Betty K Larue VP Heart& Vascular (thru 11/15)	(I)	193,320	0	9,671	33,399	15,352	251,742	0
	(II)	24,538	37,398	1,321	0	-1,465	-64,722	0
7Christine Klucznik VP/ CNO (As of 11/2015)	(I)	176,715	0	1,624	18,691	8,229	205,259	0
	(II)	21,070	30,079	200	0	-374	-51,723	0
8Michael F Moran VP Facilities (Thru 1/29/16)	(I)	223,365	32,663	4,718	33,520	14,895	309,161	0
	(II)	0	0	0	0	0	0	0
9David Y Chin Rad Oncology Med Physics	(I)	243,062	12,577	13,670	27,825	14,712	311,846	0
	(II)	0	0	0	0	0	0	0
10Deborah A Provost VP Surg,Anesth/ Neuro	(I)	209,256	36,444	13,549	74,718	8,501	342,468	0
	(II)	0	0	0	0	0	0	0
11Douglas Salvador MD VP Medical Affairs	(I)	278,609	58,718	632	17,372	15,291	370,622	0
	(II)	0	0	0	0	0	0	0
12Michael Albert MD Mdir OR & Surgical Units	(I)	265,806	22,188	2,425	57,088	18,871	366,378	0
	(II)	0	0	0	0	0	0	0
13Peter Lindenauer MD Med Dir & Qual & Safety	(I)	260,205	31,851	21,253	37,368	23,130	373,807	0
	(II)	0	0	0	0	0	0	0
14Mark R Tolosky President Emeritus, BH	(I)	0	0	0	0	0	0	0
	(II)	263,594	150,000	331,590	66,319	-14,200	-825,703	138,300

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Baystate Medical Center Inc

Employer identification number

04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Health & Educ Facil Authority - Ser G	04-2456011	57586CNHA	10-27-2005	71,740,000	MA HEFA Series G - See Part VI		X		X		X
B	MA Health & Educ Facil Authority - Ser H	04-2456011		01-18-2007	10,000,000	MA HEFA Series H - See Part VI		X		X		X
C	MA Health & Educ Facil Authority - Ser M2	04-2456011		06-30-2008	10,157,671	MA HEFA Series M2 - See Part VI		X		X	X	
D	MA Health & Educ Facil Authority - Ser IJK	04-2456011	57586EKC4	06-25-2009	198,611,250	MA HEFA Series IJK - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	31,775,000	6,444,445	4,294,471	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	71,740,000	10,000,000	10,157,671	199,122,425
4	Gross proceeds in reserve funds			57,800	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	735,004	72,250		1,845,403
8	Credit enhancement from proceeds				93,479
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,990,000	9,927,750		132,183,543
11	Other spent proceeds	64,014,996		10,099,871	65,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2005	2006	1999	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 010 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 010 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X	X			X		X
c	No rebate due?	X			X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	Citibank							
c	Term of hedge	2070 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name MA Health & Educ Facil Authority - Ser G Date the Rebate Computation was Performed 09/27/2006 Issuer Name MA Health & Educ Facil Authority - Ser M2 Date the Rebate Computation was Performed 06/18/2013 Issuer Name MA Health & Educ Facil Authority - Ser IJK Date the Rebate Computation was Performed 08/24/2012

Return Reference	Explanation
Bond Issues Supplemental Information	A - MHEFA Series G Bonds Part I - Per the Official Statement, the purpose of the bond proc eeds is (i) to advance refund $61,930,000 principal amount of the Authority's Revenue Bon ds, Baystate Medical Center (the Institution) Issue, Series E (the "Series E Bonds"), whic h were issued July 11, 1996 to finance or refinance the following property owned by the In stitution (a) construction of a new 104,500 gross square foot Ambulatory Care Center at 3 300 Main Street, Springfield, Massachusetts, (b) construction of a new 100,000 gross squar e foot building to house the Ambulatory Surgery Center, Medical Library and education/conf erence space on the Institution's North campus located at 759 Chestnut Street, Springfield , Massachusetts, (c) renovation of various existing spaces within the Institution's North campus, and (d) acquisition of equipment for the new facilities, (ii) to finance routine c apital construction, renovations, and equipping of various facilities of the Institution, and (iii) to pay certain costs of issuance of the Series G Bonds B- MHEFA Series H Bonds Part I - Per the Official Statement, the purpose of the bond proceeds is (i) the construc tion, improvement, equipping, and other related capital expenditures of a parking garage w alkway, and other related work at an existing building at 280 Chestnut Street owned and us ed by the Institution, and (ii) the acquisition and installation of capital equipment and renovations to existing facilities of the Institution and other routine capital expenditur es in connection with the Institution's hospital operations C- MHEFA Series M-2, Pool 2 P art I - Per the Loan Document the purpose of the bond is to refinance Baystate Medical Cen ter's MHEFA Pool J-2 Loan, which was issued February 2, 1999 to finance the acquisition an d equipping of the property located at 280 Chestnut Street, Springfield, Massachusetts (th e "Property"), and the renovation of the Property and existing facilities of the Instituti on and the acquisition of capital equipment for the Institution's existing facilities The MHEFA indebtedness listed is a pool loan, therefore the issue price, Parts I, II, III, an d IV (Lines 5-7) are being answered with respect to the Baystate Medical Center loan alone rather than with respect to proceeds loaned to other conduit borrowers The actual date o f issue of the MHEFA Series M2 Bonds was 5/30/2002, and the CUSIP number shown on Form 803 8 was 57585KA57 While that issue was not a refunding issue, the purpose of the loan taken by BMC was to refund prior debt, as reflected in our response to Part II, Line 14 Accord ingly, Part III has not been completed, as the original project was financed with bonds is sued prior to 2003 D- MHEFA Series I, J-1, J-2, K-1, K-2 Part I - Per the Official Statem ent, the purpose of the bond proceeds is (i) to pay a portion of the costs associated wit h the acquisition of land, site development, construction or alteration of buildings or th e acquisition or installation

Return Reference	Explanation
Bond Issues Supplemental Information	of furnishings and equipment, refinancing of, or any combination of the foregoing, in conn ection with the construction, improvement, equipping, and other related capital expenditur es of a seven-story, approximately 599,100 gross square foot primarily inpatient building located at 759 Chestnut Street, Springfield, Massachusetts, including demolition and site work, which building will be constructed by Baystate Total Home Care (BTHC) and leased to Baystate Medical Center by BTHC, (ii) for the acquisition and installation of capital equi pment and renovations to existing facilities of the Medical Center and other routine capit al expenditures included or to be included in the Medical Center's capital budget over the next three years for use in connection with the Medical Center's hospital operations, (ii i) for the refinancing of a portion of an outstanding commercial loan in the amount of $65 ,000,000 made by Bank of America, N A on October 20, 2008 to the Medical Center in connec tion with the defeasance of the Authority's Revenue Bonds, Baystate Medical Center Issue, Series D, issued September 16, 1993, (iv) for the financing of costs associated with the i ssuance of bonds and, (v) financing of routine capital construction, renovations, and equi pping of various facilities of Baystate Medical Center E - MDFA Revenue Bonds, Series L P art I - Per the Official Statement, the purpose of the bond proceeds is for the constructi on, improvement, and other capital expenditures relating to the build-out of an equipping of certain interior space within a seven-story approximately 599,100 gross square foot pri marily inpatient building owned by Baystate Total Home Care, Inc and leased to the Instit ution located at 759 Chestnut Street, Springfield, Massachusetts, such build-out to consis t of space to be used for the Emergency Department of the Institution and ancillary suppor t areas and the financing costs associated with the issuance of the bonds F - MDFA Tax Ex empt Capital Lease Part I - Per the Master Lease and Sublease Agreement, the purpose of th e Tax Exempt Capital Lease is for the Acquisition of Equipment "Equipment" means the fixe d and moveable personal property to be used in connection with the Sub-Lessee's health car e operations identified in a Schedule executed by or pursuant to the Agency of the Lessee and the Sub-Lessee, accepted by the Lessor and acknowledged by the Escrow Agent in writing and identified as part of this Master Lease (including certain items originally financed through internal advances of the Sub-Lessee in anticipation of obtaining permanent financi ng through the Lessee), together with all replacement parts, additions, repairs, accession s, and accessories incorporated therein and/or affixed to such personal property and repla cements and substitutions therefor and proceeds and products thereof G - MDFA Revenue Bon ds Series M - Part I - The purpose of the bond proceeds is (i) to advance refund $39,907, 339 principal amount of Massac

Return Reference	Explanation
Bond Issues Supplemental Information	husetts Health and Education Facilities Authority's Revenue Bonds, Baystate Medical Center (the Institution) Issue, Series F (the "Series F Bonds"), issued June 12, 2002 the proceeds of which financed the Construction of a new Cancer Center with a partial third floor medical record and support area, acquisition of a surgery center facility, certain renovations and equipment acquisitions, and (ii) finance costs of issuance relating to the Bond H - MDFA Revenue Bonds Series N - Part I - The purpose of the bond proceeds is (i) capital expenditures, including capitalized interest, in connection with the following projects (the "Project"), a) the build-out of and equipping of certain interior space within a seven- story, approximately 599,100 gross square foot primarily inpatient building owned by BTHC and leased to Baystate Medical Center located at 759 Chestnut Street, Springfield, Massachusetts, such build-out to include inpatient rooms, operating rooms, and inpatient pharmacy , and b) the acquisition of medical equipment, information technology equipment, and other equipment and assets to be owned or leased and used by the Medical Center at the Medical Center's health care facilities located at 759 Chestnut Street, Springfield, Massachusetts , 3300,3350,3400 and 3601 Main Street, Springfield, Massachusetts and 50, 80, and 100 Wason Avenue, Springfield, Massachusetts, and (ii) costs of issuance relating to the Bonds Part I and Part II, Differences between the issue price (Part I) and total proceeds (Part II , Line 3) are due to investment earnings Part III, Lines 4 and 5, Column D (Series IJK) As the refunded bonds were issued prior to January 1, 2003, this question is being answered solely with respect to the new money portion of the bonds Part III, Column G (Series M) As these bonds refunded debt issued prior to January 1, 2003, the organization is availing itself of the Part III reporting exemption available for such bonds Part IV, Line 2c, Column C (Series M-2) The Issuing Authority engages an outside consultant to prepare rebate computations As of the most recent computation period, May 29, 2012 no rebate was owed The cumulative rebate amount is zero as of the outside consultant's most recent report Part IV, Line 6, Column A (Series G) This question is being answered without regard to yield-restricted advance funding escrow financed with proceeds of the bonds

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Baystate Medical Center Inc

Employer identification number

04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Development Finance Agency - Ser L	04-3431814		11-02-2011	25,000,000	MA DFA Series L - See Part VI		X		X		X
B	MA Development Finance Agency - Cap Lease	04-3431814		11-02-2011	20,000,000	MA DFA Cap Lease - See Part VI		X		X		X
C	MA Development Finance Agency - Ser M	04-3431814		08-09-2012	40,137,000	MA DFA Series M - See Part VI		X		X		X
D	MA Development Finance Agency - Ser N	04-3431814	57583UN79	11-06-2014	60,742,119	MA DFA Series N - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,640,900	13,478,767	4,535,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,022,063	20,013,326	40,137,000	60,786,025
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	168,438		229,661	753,513
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	24,853,625	20,013,326		59,953,438
11	Other spent proceeds			39,907,339	
12	Other unspent proceeds				18,872,920
13	Year of substantial completion	2012	2012	2004	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X	X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?	X		X		X			X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Baystate Medical Center Inc

Employer identification number

04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Development Finance Agency - Ser O	04-3431814	000000000	05-12-2016	20,000,000	MDFA Series O-see Part VI		X		X		X
B	MA Development Finance Agency - Cap Lease	04-3431814	000000000	09-22-2016	14,062,890	MDFA CoGen Lease - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	280,987			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,000,000	14,062,924		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,000,000			
11	Other spent proceeds				
12	Other unspent proceeds		14,062,924		
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Excess Benefit Transactions (section 501(c)(3), 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount 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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) John M O'Brien III	Family member of John M O'Brien	45,014	See Part V - Family member of John M O'Brien employed by the filing organization		No
(1) James R Phaneuf CIC	Family member of James R Phaneuf, CIC	53,940	See Part V - Family member of James R Phaneuf CIC is employed by the filing organization		No
(2) Dennis W Chalke	Family member of Dennis W Chalke	12,911	See Part V - Family member of Dennis W Chalke employed by the filing organization		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) Hector Toledo	Family member of Hector Toledo	106,643	See Part V - Family member of Hector Toledo employed by the filing organization		No

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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.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	The filing organization has a standing executive committee, which is entitled to act between meetings of the Board, on all matters as to which the Board is entitled to act and permitted by law to delegate to a committee The members of the executive committee are the same individuals serving on the executive committee of Baystate Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Robert J Bacon, Gregory L Braden, MD, Dennis W Chalke, John H Davis, Kristin R Delaney , Harriet A Deverry, John A Egelhofer, MD, Tejas Gandhi, Mark A Keroack, MD, Christine Kluczniк, Adrian Levsky, Grace P Makari-Judson, MD, John F Maybury, William Mcgee, MD, B etty K Larue, Steven M Mitus, Michael Moran, Kevin P Moriarty, MD, Paul R Murphy, Edw a rd Noonan, John M O'Brien, III, Anne M Paradis, James Phaneuf, CIC, Donald F Pion, Robe rt L Pura, PhD, Timothy S Rice, James P Sadow sky, Kathleen B Scoble, David C Southw or th, Richard B Steele, Jr , Katherine McG Sullivan, Hector Toledo, Mark R Tolosky, Madel ine Torres, How ard G Trietsch, MD, and Victor Woolridge are also officers or trustees of its affiliated entities The follow ing trustees, officers, or key employees serve on a com mon board of a non-affiliated entity (1)Richard B Steele, Jr , James P Sadow sky, John H Davis, (2)Robert L Pura, PhD, Richard B Steele, Jr , (3)John F Maybury, Mark A Keroack MD, (4)John M O'Brien, III, Victor Woolridge, (5)John M O'Brien, III, Victor Woolridge, (6)John F Maybury, Michael F Moran, Anne M Paradis

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Baystate Medical Center, Inc is affiliated with Baystate Administrative Services, Inc (BAS) which is a 501(c) (3) organization Information Technology, Human Resources, Finance, Treasury, Accounting and other management and support functions are delegated to BAS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Prior to the filing of this return appropriate parts of this Form 990 were reviewed by representatives from the Tax, Finance, and Human Resources Departments of Baystate Health, Inc (the parent organization of the health care system to which the filing organization belongs), some of whom are officers or trustees of the filing organization and by outside legal counsel The entire return was reviewed by a tax expert from an outside accounting firm The entire return was also reviewed prior to filing by the Audit and Compliance Committee of Baystate Health, Inc , which also includes some of the officers and trustees of the filing organization The Form 990 was provided to all members of the Board of Trustees prior to filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Baystate Health, Inc (BH) and its affiliated entities have a comprehensive conflict of in terest policy applicable to all of the affiliated entities All directors, trustees, offic ers, key employees, and highest compensated employees of BH and its affiliates are asked t o complete an annual "conflict of interest" form We utilize an electronic database to rec eive and manage all conflict of interest submissions This information is reviewed by the Chief Compliance Officer, Chief Executive Officer, Chair of the Board of Trustees, and the Chair of the Audit & Compliance Committee A summary of the conflict of interest disclosu res is provided to the Baystate Health Board of Trustees and the Tax Department and review ed by outside counsel Potential conflict of interest transactions are reviewed as appropr iate under the policy, which provides for recusal from discussion and deliberation by any party with a potential conflict of interest

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The compensation of the President and CEO is reviewed and determined annually by the compensation committee of Baystate Health, Inc (The parent organization of the health care system to which the filing organization belongs), which has been appointed through board resolution as the compensation committee of the filing organization This committee consists entirely of individuals serving on the board of the filing organization The individuals responsible for deliberating the compensation arrangement for the President and CEO would be those individuals who do not have a conflict of interest with respect to the compensation arrangement and would be considered independent for compensation deliberation purposes The compensation of the President and CEO is established based on information provided by independent third party consultants for reasonableness and appropriate comparability data The compensation is then established, reviewed and approved by the duly authorized compensation committee of Baystate Health, Inc The compensation of other officers and key employees is administered under the Executive Compensation Philosophy Statement or the Baystate Health Board approved budget and wage program for each fiscal year Line 15a has been answered No because the President and CEO is paid by Baystate Administrative Services, Inc , an affiliate and related organization of the filing organization Form 990, Part VI, Section B, Line 16b Baystate Health, Inc has a joint venture policy that covers affiliated tax exempt entities including Baystate Medical Center, Inc

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 5	Certain officers or trustees of the filing organization are paid by an entity, Baystate Medical Practices, Inc (BMP) EIN 04-2888373, 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 BMP to the officers and trustees of the filing organization therefore, is reported as paid from an unrelated organization in Line 5 and according to the instructions reported as though paid by the filing organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	BMP Support Program service expenses 54,764,621 Management and general expenses 0 Fundr aising expenses 0 Total expenses 54,764,621 Fees, Physicians Program service expenses 7 ,743,587 Management and general expenses 0 Fundraising expenses 0 Total expenses 7,743, 587 Fees, Laboratory & Clinical Program service expenses 7,695,865 Management and gener al expenses 0 Fundraising expenses 0 Total expenses 7,695,865 Other Program service ex penses 34,416,748 Management and general expenses 7,266,837 Fundraising expenses 0 Tota l expenses 41,683,585

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer from affiliate for land, buildings and equipment 1,269,896 Transfer of funds for strategic initiative to affiliated companies -53,543,000 Transfer of funds for land, bld g & equip to affiliated companies 1,602,652 Minimum pension liability adjustment -34,66 0,414 Equity gain to unconsolidated affiliates -7,220 Change in value of interest in BHF -Temporarily Restricted -398,429 Change in value of interest in BHF-Permanently Restricte d 53,419 Funds utilized for property and equipment 401,654

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

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
(1) Pioneer Valley Information Exchange LLC 101 Wason Avenue Suite 200 Springfield, MA 01107 04-2790311	Operation of a health information exchange and related activities	MA			Baystate Medical Center Inc

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	(g) 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) Disproprtionate 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 Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3183019	Ancilliary Insurance	MA	Health New England Inc	C					No
(3) Ingraham Corporation 759 Chestnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C					No
Baystate Health Insurance **(4)** Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore captive Insurance	CJ	Baystate Health Inc	C					No
(5) 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
(6) HNE Holding Corporation Monarch Place Suite 1500 Springfield, MA 011441500 46-4620480	Holding shares in subsidiary corporation	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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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
(1) Baystate Total Home Care Inc	J	10,595,282	
(2) Baystate Total Home Care Inc	I	100,010	

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) Disproprtionate 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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Baystate Administrative Services Inc 759 Chestnut Street Springfield, MA 01199 22-2747685	Administrative services	MA	501 (c) (3)	11c, IIIc	Baystate Health Inc		No
Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 04-2103575	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
Baystate Health Foundation Inc 759 Chestnut Street Springfield, MA 01199 04-3549011	Fundraising	MA	501 (c) (3)	7	Baystate Health Inc		No
Baystate Health Systems Inc Health & Welfare Benefits Plan 759 Chestnut Street Springfield, MA 01199 22-2531644	Voluntary Employees' Benefit Association	MA	501 (c) (9)		Baystate Health Inc		No
Baystate Health Inc 759 Chestnut Street Springfield, MA 01199 04-2105941	Healthcare System Parent	MA	501 (c) (3)	7	Baystate Health Inc		No
Baystate Mary Lane Hospital Corporation 85 South Street Ware, MA 01082 04-2103584	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
Baystate Total Home Care Inc 280 Chestnut Street Springfield, MA 01199 20-3260764	Real Estate and Other	MA	501 (c) (3)	11b, II	Baystate Medical Center Inc	Yes	
Visiting Nurse Assn 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
Health New England Inc Monarch Place Suite 1500 Springfield, MA 011441590 04-2864973	HMO/Insurance	MA	501 (c) (4)		Baystate Health Inc		No
Baystate Wing Hospital Corporation 40 Wright Street Palmer, MA 01069 22-2519813	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
HNE of Connecticut Inc Monarch Place Suite 1500 Springfield, MA 011441590 45-5190134	HMO/Insurance	CT	501 (c) (4)		Health New England Inc		No
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
Westfield Medical Corporation 115 West Silver Street PO Box 1634 Westfield, MA 010861634 04-3127730	Physician Services	MA	501 (c) (3)	11a, I	Baystate Noble Hospital Corporation		No
Noble Visiting Nurse 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