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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 Wing Hospital Corporation

Doing business as

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

40 Wright Street

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

Palmer, MA 01069

F Name and address of principal officer

Dennis W Chalke

40 Wright Street

Palmer, MA 01069

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 ▶

D Employer identification number

22-2519813

E Telephone number

(413) 794-3290

G Gross receipts \$ 83,437,538

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ http //www baystatewinghospital org

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1984

M State of legal domicile MA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities The mission of the organization is to improve the health of the people in our communities every day, with quality and compassion		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	810
Revenue	6 Total number of volunteers (estimate if necessary)	6	43
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		196,740	127,094
		72,826,030	74,241,953
		229,202	363,976
		693,327	604,518
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,945,299	75,337,541
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,500	30,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,600,197	46,751,209
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶142,009		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,556,647	35,121,264
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	79,194,344	81,902,473
	19 Revenue less expenses Subtract line 18 from line 12	-5,249,045	-6,564,932
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		73,502,591	89,795,036
		30,737,329	37,286,646
		42,765,262	52,508,390

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

2017-08-04

Dennis W Chalke SVP Finance, CFO & Treasurer

Type or print name and title

Preparer's signature

Christine Kaweckı

Date

Check ☐ if self-employed

PTIN P00743140

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ Two Jencho Plaza

Jencho, NY 11753

Phone no (516) 918-7000

Paid Preparer Use Only

Pnnt/Type preparer's name

Christine Kaweckı

Preparer's signature

Christine Kaweckı

Date

Check ☐ if self-employed

PTIN P00743140

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ Two Jencho Plaza

Jencho, NY 11753

Phone no (516) 918-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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) (Expenses \$ 22,113,847 including grants of \$) (Revenue \$ 21,750,670) See Additional Data
4b	(Code) (Expenses \$ 46,384,909 including grants of \$ 30,000) (Revenue \$ 45,593,701) See Additional Data
4c	(Code) (Expenses \$ 7,060,805 including grants of \$) (Revenue \$ 6,944,840) See Additional Data
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 75,559,561

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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	25a		No
		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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		No
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		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	16	
	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	11	
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Dennis W Chalke Baystate Health Inc 40 Wright Street Palmer, MA 01069 (413) 370-5210

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

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

Form **990** (2015)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,457,842	3,717,041	881,701

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 ► 57

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
BAYSTATE MEDICAL PRACTICES 759 Chestnut Street Springfield, MA 011990001	MANAGEMENT FEES	4,646,411
NEW ENGLAND GERIATRICS 101 Myron Street West Springfield, MA 01089	MANAGEMENT FEES	851,210
NEW CLEAN LLC 366 ROCKWOOD DRIVE SOUTHLINGTON, CT 06489	HOUSEKEEPING	349,075
WING EMERGENCY SERVICES PO Box 363 Jefferson, MA 01522	EMERGENCY ROOM SERVICES	318,557
UMASS MEMORIAL HEALTHCARE INC 306 Belmont Street Worcester, MA 01604	MANAGEMENT FEES	314,557

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 ▶ 26

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	127,094			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		127,094			
Program Service Revenue	2a	Net Patient Service Revenue-All	Business Code 900099	71,913,317	71,913,317		
	b	Other Program Revenue	900099	1,894,972	1,894,972		
	c	Meaningful Use Revenue	900099	433,664	433,664		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		74,241,953			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		114,918		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 304,867	(ii) Personal			
b		Less rental expenses	98,055				
c		Rental income or (loss)	206,812				
d		Net rental income or (loss)		206,812			206,812
7a		Gross amount from sales of assets other than inventory	(i) Securities 8,251,000	(ii) Other			
b		Less cost or other basis and sales expenses	8,001,942				
c		Gain or (loss)	249,058				
d		Net gain or (loss)		249,058			249,058
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	Cafeteria Income	900099	350,448			350,448	
b	HNE Surplus Sharing	900099	23,321	23,321			
c	Other Revenue	900099	11,875	11,875			
d	All other revenue		12,062	12,062			
e	Total. Add lines 11a-11d		397,706				
12	Total revenue. See Instructions		75,337,541	74,289,211	0	921,236	

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	30,000	30,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,303,850	1,303,850		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,361,956	32,684,600	3,673,042	4,314
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,262,121	2,076,491	185,355	275
9	Other employee benefits	4,005,789	3,603,199	402,124	466
10	Payroll taxes	2,817,493	2,490,748	326,421	324
11	Fees for services (non-employees)				
a	Management	908,005	33,870	874,135	
b	Legal	96,046		96,046	
c	Accounting	22,847		22,847	
d	Lobbying	22,175	22,175		
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)	17,772,410	17,454,196	204,214	114,000
12	Advertising and promotion	83,989	528	73,470	9,991
13	Office expenses	1,499,787	1,455,950	42,824	1,013
14	Information technology	1,781,327	1,780,749	578	
15	Royalties				
16	Occupancy	1,864,367	1,811,956	52,411	
17	Travel	4,750	158	796	3,796
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	117,340	96,521	20,819	
20	Interest	531,187	478,081	53,106	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,440,360	3,415,299	25,061	
23	Insurance	301,019	224,982	76,037	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Medical Supplies Expens	5,769,430	5,769,060	370	
b	Food - Cafeteria	527,422	498,614	21,003	7,805
c	Bank Fees	176,757	159,593	17,164	
d	Membership Dues	133,891	125,332	8,534	25
e	All other expenses	68,155	43,609	24,546	
25	Total functional expenses. Add lines 1 through 24e	81,902,473	75,559,561	6,200,903	142,009
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		5,587,417	1	3,496,764	
	2	Savings and temporary cash investments		5,518,971	2	8,601,725	
	3	Pledges and grants receivable, net		254,875	3	163,954	
	4	Accounts receivable, net		7,519,784	4	10,844,555	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		3,593	5	13,819	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		587,552	8	1,173,754	
	9	Prepaid expenses and deferred charges		228,262	9	399,460	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	82,615,828			
	b	Less: accumulated depreciation	10b	36,885,575	39,235,077	10c	45,730,253
	11	Investments—publicly traded securities		11,191,946	11	7,587,628	
	12	Investments—other securities. See Part IV, line 11		1,982,569	12	2,078,742	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,392,545	15	9,704,382	
16	Total assets. Add lines 1 through 15 (must equal line 34)		73,502,591	16	89,795,036		
Liabilities	17	Accounts payable and accrued expenses		9,759,596	17	12,174,291	
	18	Grants payable			18		
	19	Deferred revenue		104,304	19	223,856	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		94,293	23	63,173	
	24	Unsecured notes and loans payable to unrelated third parties		13,429,906	24	13,073,683	
	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		7,349,230	25	11,751,643	
	26	Total liabilities. Add lines 17 through 25		30,737,329	26	37,286,646	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		39,360,001	27	40,346,492	
	28	Temporarily restricted net assets		1,263,864	28	3,107,306	
	29	Permanently restricted net assets		2,141,397	29	9,054,592	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		42,765,262	33	52,508,390	
	34	Total liabilities and net assets/fund balances		73,502,591	34	89,795,036	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,337,541
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,902,473
3	Revenue less expenses Subtract line 2 from line 1	3	-6,564,932
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,765,262
5	Net unrealized gains (losses) on investments	5	374,680
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	15,933,380
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,508,390

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 22,113,847 including grants of \$) (Revenue \$ 21,750,670)

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 Wing Hospital Corporation provided 15,701 patient days of inpatient services, with 2,812 discharges.

Form 990, Part III, Line 4b

4b	(Code) (Expenses \$ 46,384,909 including grants of \$ 30,000) (Revenue \$ 45,593,701)
	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 Wing Hospital Corporation had 186,089 outpatient visits.

Form 990, Part III, Line 4c

4c	(Code) (Expenses \$ 7,060,805 including grants of \$) (Revenue \$ 6,944,840)
	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 Wing Hospital Corporation had 21,409 emergency service visits.

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			
Charles Cavagnaro III MD President, CEO (Thru 1/29/16)	25 00	X		X				179,263	529,740	62,989
Michael F Moran President, CAO (As of 1/29/16)	26 00 20 00	X		X				0	260,746	48,415
David Maguire MD Director	30 00 1 00	X						256,661	0	29,790
Dennis Chalke Director (Through 11/10/15)	40 00 1 00	X						0	1,085,400	89,529
Edward J Noonan Director	50 00 1 00	X						0	0	0
Elaine Andersen MD Director (Through 1/19/16)	1 00 1 00	X						0	0	0
James R Phaneuf Director	0 00 1 00	X						0	0	0
James St Amand Director (Through 3/3/16)	1 00 1 00	X						0	0	0
Katherine Coolidge Esq MLIS Chairman	0 00 1 00	X						0	0	0
Linda J Schoonover MD Director	0 00 50 00	X						199,748	0	36,833

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			
Mark A Keroack MD Director	1 00 40 00	X						0	1,258,998	213,008
Mark N Borsari Director	1 00 0 00	X						0	0	0
Nancy Shendell-Falik Director	2 00 48 00	X						0	582,157	151,908
Patnck Turley Director	1 00 0 00	X						0	0	0
Paul Scully Vice Chairman	1 00 0 00	X						0	0	0
Robert Haveles AIA Director	1 00 0 00	X						0	0	0
Ronald Christensen CPA Director	1 00 0 00	X						0	0	0
Steven Lowell Director	1 00 0 00	X						0	0	0
Thea Katsounakis Director	1 00 0 00	X						0	0	0
Todd Keating Director	1 00 0 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			
Keary T Allicon Vice President Finance & CFO	50 00 0 00			X				177,169	0	55,722
Lauren B Miller Secretary	50 00 0 00			X				86,776	0	13,163
Janice Kucewicz VP Qual Imprv(Through 1/30/16)	50 00 0 00				X			205,363	0	31,241
Amelia M Jaworek MD Internist Comm Practice	50 00 0 00					X		216,002	0	32,462
David B Wexler MD Otolaryngologist/Allergist	50 00 0 00					X		359,513	0	23,709
Kirby N Juengst MD Urologist	50 00 0 00					X		248,542	0	27,782
Louis Velazquez MD Med Dir Behavioral Health	50 00 0 00					X		278,168	0	33,207
Richard M Kane MD Orthopedist	50 00 0 00					X		250,637	0	31,943

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Baystate Wing Hospital Corporation	Employer identification number 22-2519813
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete line 2 below.</div></div><div><div><input type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div><div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div><div>2a</div><div>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? <i>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.</i></div></div><div><div>2b</div><div>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? <i>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.</i></div></div></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div><div>3a</div><div>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? <i>Provide details in Part VI.</i></div></div><div><div>3b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div></div>		

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). <input type="checkbox"/>		

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

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 Baystate Wing Hospital Corporation	Employer identification number 22-2519813
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?	Yes	22,175
j	Total. Add lines 1c through 1i.		22,175
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912.		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Baystate Wing Hospital, total dues paid to Massachusetts Hospital Association who in turn lobbies on behalf of Baystate Wing. The amount paid during FY16 was \$84,087 from which 20.00% were expended for specific lobbying purposes. Baystate Wing Hospital, total dues paid to American Hospital Association who in turn lobbies on behalf of Baystate Wing. The amount paid during FY16 was \$22,652 from which 23.65% were expended for specific lobbying purposes.

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 Wing Hospital Corporation

Employer identification number
22-2519813

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.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

Amount

1c

1d

1e

1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,142,597	2,334,999	2,355,313	2,251,117	2,091,088
b Contributions					
c Net investment earnings, gains, and losses	6,911,995	-192,402	-20,314	104,196	160,029
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,054,591	2,142,597	2,334,999	2,355,313	2,251,117

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

The percentages 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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i) Yes

3a(ii) No

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		498,255		498,255
b Buildings		48,377,145	15,537,837	32,839,308
c Leasehold improvements		7,636,001	6,834,859	801,142
d Equipment		24,833,755	14,512,879	10,320,876
e Other		1,270,672		1,270,672
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				45,730,253

Schedule D (Form 990) 2015

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: 22-2519813
Name: Baystate Wing Hospital Corporation

Supplemental Information

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

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 Wing Hospital Corporation	Employer identification number 22-2519813
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Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligible 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)			1,550,369	510,355	1,040,014	1 270 %
b Medicaid (from Worksheet 3, column a)			13,856,902	10,636,206	3,220,696	3 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,057,766	731,632	326,134	0 400 %
d Total Financial Assistance and Means-Tested Government Programs			16,465,037	11,878,193	4,586,844	5 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			173,354		173,354	0 210 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			173,354		173,354	0 210 %
k Total. Add lines 7d and 7j			16,638,391	11,878,193	4,760,198	5 810 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		1,600		1,600	0 %
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		1,600		1,600	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

766,917

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

60,383

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

23,352,345

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

26,016,300

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-2,663,955

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 IVManagement 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				

Section A. Hospital Facilities

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)

[illegible]

Section B. Facility Policies and Practices

Name of hospital facility or letter of facility reporting group

1

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Baystate Wing Hospital Corporation			
Name of hospital facility or letter of facility reporting group			
		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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.baystatehealth.org/patients/billing-and-financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.baystatehealth.org/patients/billing-and-financial-assistance</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.baystatehealth.org/patients/billing-and-financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

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? 6

Name and address		Type of Facility (describe)
1	1 - Baystate Wing Hospital - MMC 2 Main Street Monson, MA 01057	Outpatient Facility
2	3 - Baystate Wing Hospital - WMC 2344 Boston Road Wilbraham, MA 01095	Outpatient Facility
3	4 - Baystate Wing Hospital - LMC 34 Hubbard Street Ludlow, MA 01056	Outpatient Facility
4	5 - Baystate Wing Hospital - VNA 40 Wright Street Palmer, MA 01069	Outpatient Facility
5	6 - Baystate Wing Hospital - DC 2034-2040 Boston Road Ste 16 Wilbraham, MA 01095	Outpatient Facility
6	7 - Baystate Wing Hospital - Griswold Center 42 Wright Street Palmer, MA 01069	Outpatient Facility
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 benefits 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 benefits 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	<p>Line 7a (Charity Care) - community benefit expense was calculated by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against total charity care gross patient charges from the audited financial statements</p> <p>Line 7b (Unreimbursed Medicaid) - community benefit expense was derived by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against inpatient and outpatient gross charges for Medicaid and Medicaid managed care plans</p> <p>Line 7c (Other Means-Tested Programs) - community benefit expense was derived by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against inpatient and outpatient gross charges for other means-tested government programs</p> <p>Line 7e Community Health Improvement Services calculations are derived from direct and indirect costs associated with community benefit activities that are aligned with the hospital's 2015 community health needs assessment. These activities are carried out to improve community health and wellness and extend beyond patient care, beyond the walls of the hospital. Community Benefit Operations calculations are derived from costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.</p> <p>Line 7f (Health Professional Education) - no expense to report for this category in 2015</p>

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

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	<p>In fiscal year 2013, the organization adopted the provisions of Accounting Standards Update 2011-07, Health Care Entities (Topic 954), Presentation and disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities on October 1, 2012. The update changed how the provision for bad debts is reported on the audited financial statements. In prior years it was included with total operating expenses, and subtracted from total expenses reported in Part IX, Line 25, column (A) for the purpose of calculating the percentages in Part I, Line 7, column (f). In 2016, the provision for bad debts was reported as a deduction to net patient service revenue. The 2016 provision for bad debts totaled \$2,427,481 and is not included in total expenses reported in Part IX, Line 25, column (A) for the purpose of calculating the percentages in Part 1, Line 7, column (f).</p>

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>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 federally mandated community benefit programs and services are not sufficient to address ethnic, racial and economic health disparities and inequities. The hospital embraces the traditional definition of "health" to include economic opportunity, affordable housing, 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 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 paid dues to the Quaboag Hills Chamber of Commerce totaling \$1,600 in 2016. The hospital participates in the Chamber as we are one of the largest local employers in our service area. The Chamber and its membership coordinate activities toward a common purpose of sustainability and economic growth for the region.</p>

Form and Line Reference	Explanation
Part III, Line 4	<p>The cost of bad debts reported in Part III, line 2 was calculated by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against total patient bad debt net of recoveries as reported in the audited financial statements. The portion of bad debt that reasonably could be attributable to patients who may qualify for financial assistance under the hospital's charity care program (reported in Part III line 3) was calculated by applying the percentage of bad debts by zip code (for which the average household income for each zip code is less than 200% of the federal poverty level) to the total cost of bad debt reported in Part III line 2. Since this portion of bad debt is attributable to patients residing in an area where the average income is less than 200% of the Federal poverty level, it is highly likely these patients would have qualified for the organization's charity care program had they applied. For this reason, we believe the amount, totalling \$60,383, 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.</p>

Form and Line Reference	Explanation
Part III, Line 8	Line 6 - included all Medicare allowable costs as calculated in Worksheets D-1 Part II (inpatient) and D Part V (outpatient) of the hospital's 2016 Medicare cost report, based on Medicare costing principles. We believe the shortfall of \$2,663,955 reported should be treated as community benefit expense for tax reporting purposes because providing care for the elderly is a key component of our commitment to the community. The unreimbursed expenses should be treated similarly to unreimbursed Medicaid since the majority of the local elderly population is not affluent.

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

Form and Line Reference	Explanation
Part VI, Line 2	<p>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.</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>The hospital 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. The hospital recognizes 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. The hospital 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 the hospital. The hospital recognizes 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 the hospital 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. The hospital 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 the hospital. Hospital 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. The hospital is committed to ensuring that patients or prospective patients in the community are aware of financial assistance programs. For uninsured or underinsured patients, the hospital will assist in applying for available financial assistance programs. The hospital 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, the hospital also assists patients in applying for coverage of services as a Medical Hardship based on the patient's documented income and allowable medical expenses. The hospital 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 Baystate's own internal financial assistance program. The hospital 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'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 are posted around the hospital to notify patients of the availability of financial assistance programs. Signs are clearly visible in the hospital's service area. Notice of availability of financial assistance programs are posted in the following locations, inpatient, clinic, emergency department admissions and/or registration areas, central admission/registration area, patient financial counselor areas and business office areas that are open to patients.</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Baystate Wing is a 74-bed acute care community hospital facility located in Palmer, Massachusetts (18 miles east of Springfield) that provides a broad range of emergency, medical, surgical and psychiatric services. Our top priority is giving the Baystate Eastern Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Baystate Wing's medical centers located in Belchertown, Ludlow, Monson, Palmer and Wilbraham offer extensive outpatient services to meet the needs of our communities. Baystate Wing also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA and Hospice. We are fully accredited by the Joint Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health. The service area for the Baystate Eastern Region is situated halfway between the cities of Worcester and Springfield, MA, and straddles three counties - Worcester, Hampden and Hampshire. The hospital serves approximately 120,000 residents in seventeen towns, with over half this population living in the towns of Belchertown, Ludlow, Palmer, Wilbraham and Ware. Other towns in the service area range in size from 1,000 to 8,500 residents, and are fairly rural in character. There is a mix of rural and urban populations as defined by the U.S. Census Bureau. Urban areas consist of census tracts and/or blocks that meets the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or is adjacent and meet additional criteria. While the median age across the three counties is in the mid-to-upper 30's, the median ages in the service area's largest towns are over 40, ranging from Belchertown at 42 to Wilbraham at 48 years old. Fewer than 6% of residents in these service areas identify as Black or African American, Asian, Native Hawaiian, American Indian, or Hispanic or Latino. In the Baystate Eastern Region service area, per capita income exceeds the averages in Hampden and Hampshire counties at \$31,761. Housing costs are relatively low, and the proportion of housing cost burdened households where people pay more than 30% of their income towards housing is lower than the state (37%) and county rates, though still impacting nearly a third of the population (31%). Poverty rates throughout the service area are also comparatively low at about 8% for the overall population and 9% for children. These rates are well below both the state and county rates. Over 90% of the population in the service area has a high school diploma -- comparable to the statewide rate. Unemployment is somewhat higher than the state rate at 6%. The unemployment rate is based on the number of people who are either working or actively seeking work. A large portion of existing jobs are within the service, transportation, utility and wholesale-retail industries.</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>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.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Baystate Health, Inc. is the parent entity of a multi-institutional integrated delivery system composed of four hospitals and other 501(c)(3) organizations. The four hospitals include Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, and 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, Inc. In September 2016, the Massachusetts Public Health Council approved Baystate Wing Hospital's application to merge Baystate Mary Lane Hospital and Baystate Wing Hospital and their respective satellite facilities under one hospital license. Baystate Mary Lane Hospital, now referred to as Baystate Mary Lane Outpatient Center, is a satellite of Baystate Wing. Inpatient care at Baystate Mary Lane transitioned to Baystate Wing, while all outpatient services continue at Baystate Mary Lane Outpatient Center. The Emergency Department at Baystate Mary Lane Outpatient Center operates as a satellite emergency facility of Baystate Wing Hospital. In July 2015, Baystate 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, medical students, nursing students, and allied health students who gain comprehensive medical 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 Springfield, Massachusetts is Western New England's only tertiary care referral medical center, Level 1 trauma center and neonatal and pediatric intensive care units. BMC serves as a regional resource for specialty medical care and research, while providing comprehensive primary medical services to the community. Baystate Franklin Medical Center (BFMC), a 90-bed facility located in Greenfield, Massachusetts (40 miles north of Springfield near the Vermont border) provides high quality inpatient and outpatient services to residents of rural Franklin County and the North Quabbin region. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/midwifery. Outpatient services include cardiology, emergency medicine, gastroenterology, general surgery, neurology, oncology, ophthalmology, orthopedics, pediatrics, physical medicine & rehabilitation, pulmonology & sleep medicine, sports medicine, vascular surgery, wound care & hyperbaric medicine. Baystate Wing Hospital (BWH), a 74-bed facility located in Palmer, Massachusetts (18 miles east of Springfield) provides a broad range of emergency, medical, surgical and psychiatric services. Our five medical centers in Belchertown, Ludlow, Monson, Palmer and Wilbraham offer extensive outpatient services to meet the needs of our communities. BWH also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA and Hospice. We are fully accredited by the Joint Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health. Baystate Mary Lane serves the residents of Ware and surrounding communities offering a variety of primary and specialty health care including cancer, cardiology, surgery, and imaging services. The Satellite Emergency Facility at Baystate Mary Lane provides care for emergency injuries or illness, with highly skilled emergency medicine physicians, nurses and staff. Baystate Noble Hospital (BNH) is a 97-bed acute care community hospital 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 have 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 personnel complements an outstanding medical staff. Services include intensive care, diagnostic imaging, emergency services, cardiopulmonary services and rehab, cancer services, lab and behavioral health. Baystate Medical Practices (BMP) is a tax-exempt, not-for-profit corporation organized to support and assist Baystate Health and its affiliate hospitals, including BMC, BFMC and BMLH, each of which is a Massachusetts not-for-profit corporation, in achieving the fulfillment of their clinical, teaching, research, and other missions related to health care. Baystate Medical Practices, Inc. provides physician services, medical education and research programs to people in the community.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>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 Dependent upon the patient's financial capability to pay and consistent with BH and BMP policy, BMP 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 patients, BMP's physicians participate in many and varied ongoing community outreach initiatives in the areas of education, employment, safety and health BMP has also taken a leadership role in strengthening the health of disadvantaged citizens in surrounding communities including specific focus on AIDS and HIV and by providing physician staffing for three community-based health centers through Baystate Medical Center Visiting Nurse Association and Hospice of Western New England, Inc provides high quality care, expressly tailored to meet each patients' needs Our home health team works together to ensure a safe and swift recovery from illness, accident, or surgery in the comfort of home Baystate Hospice offers medical 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 and experienced nurses, therapists, social workers, hospice aides, spiritual and bereavement counselors, and volunteers This care team works together, with both the patient and family, to bring understanding, comfort, dignity and a sense of peace, as each patient journeys towards the final stage of life The Baystate Health Foundation's Keeping Care Local campaign raised \$5 million for Baystate Franklin Medical Center's new \$26 million, 55,000 square-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 Health Foundation actively engaged in annual fund, major gift, and event fundraising to ensure ongoing annual support for education, research, programs and capital needs throughout the health system that impact patient care throughout western Massachusetts In addition to the brief descriptions of the affiliated entities above, this further information speaks to activities of Baystate Health and its affiliates regarding promotion of community health Over 195,000 language interpreter sessions helped patients and families better understand their 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, Russian, Somali, Ukrainian, and Vietnamese New languages interpreted this year were Gujarati (India), Fokienese (China), and Mon - an ancient language spoken in Burma and Thailand UMASS Medical School (UMMS) established a regional medical school campus in Springfield, UMMS -Baystate The new medical school will enroll 25 students in its first class beginning in 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 affordable medical education, to respond to the health care needs of the Commonwealth by increasing the number of Massachusetts physicians trained in urban and rural primary care, and to apply proven academic research methods to improve population health, reduce health disparities, and make health care better integrated, more efficient, and more effective</p>

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	<p>The Nurse Residency Program expanded to all Baystate Health hospitals. In partnership with Vizion and American Association of Colleges of Nursing, Baystate welcomed 57 nurse residents 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 experience, 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, Springfield College, Western New England University, STCC, Greenfield Community College, Holyoke Community College, Westfield State University, and many others. Our postgraduate programs 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 health students. Research at Baystate Health continued to grow. Baystate Medical Practice faculty members received \$7.41M in external funding. Baystate Health researchers received 41 new research awards valued at over \$4.4M. Noteworthy new grant activity occurred in the following areas: -Assessing the impact of early pulmonary rehabilitation for chronic obstructive pulmonary disease-Improving antibiotic prescribing for patients with community-acquired pneumonia-Studying the environmental determinants of breast cancer-Advancing the care of neonates born with opioid dependency-Training primary care providers in principles of geriatric medicine-Using evidence-based psychotherapy in the care of pediatric victims of psychological trauma-Coordinating the care of complex illness in pediatrics. Baystate Health and its affiliates are committed to providing the communities they serve throughout western Massachusetts with the resources necessary to stay informed and healthy by providing both basic and extensive educational opportunities such as parent education classes, including "Baystate's New Beginnings." Also offered are breastfeeding classes, a "Just for Dads" class, Prenatal/Postnatal Yoga and infant/toddler safety classes. We also offer Babysitter's Academy, which provides a full day class for teens. Some classes are free while others are offered at a reasonable fee. No one is turned away due to inability to pay. Baystate Health offers many free parenting support groups including breastfeeding gatherings, new parents groups, toddler groups, parents of multiples groups, and a MotherWoman support group. Most of these groups meet weekly. In addition, Baystate Health has a health science library staffed by professionals who help patients, families and the general public access reliable health information. The Mini-Medical School program is an eight-part health education series offered at Baystate Medical Center featuring a different aspect of medicine each week. Designed for an adult audience, each course is taught by an energetic faculty member who will explain the science of medicine without resorting to complex terms. Mini-Medical School gives Baystate Health the opportunity to open our doors to the public and share our knowledge of medicine in a comfortable and friendly environment. Many of the students participate due to a general interest and later find that many of the things they learned over the semester are relevant to their own lives. The goal of this program is to help members of the public make more informed decisions about all aspects of their health care while receiving insight on what it's like to be a medical student. Tuition is \$95 per person, \$80 for Senior Class and Spirit of Women members. Baystate Health offers 50+ free programs to seniors and women. Baystate Health Senior Class is a loyalty program dedicated to health and wellness for men and women ages 55 and over. The 23,000 Senior Class members receive a quarterly newsletter with valuable health information, benefits and invitations to special events designed with their interests in mind. Baystate Spirit of Women Loyalty Program offers its 15,000 members 50+ monthly seminars with direct access to physicians, nurses and other medical professionals and the latest women's health information. The program is designed to increase knowledge of women's health issues so they are well prepared to make the best decisions regarding their health. The Mark R. Tolosky Baystate Neighbors Program, named in honor of our past President and CEO, provides forgivable loans to Baystate Health employees purchasing their first homes in the communities surrounding our hospitals. Qualified employees are granted a forgivable loan up to \$7,500 that may be used towards a down payment or closing costs. In 2016, Baystate Health grant</p>

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	<p>ed 50 loans to employees Since 1999, Baystate Health has invested over \$1.6 million in the 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 Hope cares for the whole person from diagnosis and beyond by supporting research at the Rays of Hope Center for Breast Cancer Research, providing funding for state-of-the-art equipment, breast health programs and outreach and education throughout Baystate Health as well as providing grants for complementary therapies and cancer programs to our community partners throughout western Massachusetts Now in its 24th year, Rays of Hope has raised over \$13.7 million - all of which has been awarded locally throughout western Massachusetts The United Way develops and supports programs that directly improve the lives of people in our communities, a mission proudly shared by Baystate Health Baystate Health is a strong supporter of the United Way, and a major contributor to the organization with workforce campaigns and thousands of employee donors and volunteers Baystate Health's contributions help the United Way serve our families, friends, colleagues and others who seek help in different ways and at different times in their lives Three community campaigns are held annually Springfield, 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 support the United Way of Hampshire County Employees can direct their donations to one or all of the United Way's action areas Education, Income and Health or designate to a qualified agency with a minimum contribution See also additional information regarding Baystate Health, Inc and its affiliates promotion of community health above in Line 5</p>

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 7	List of States receiving community benefit report MA

Schedule H (Form 990) 2015

Additional Data

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

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 Wing Hospital Corporation 40 Wright Street Palmer, MA 01069 License #2181	X	X					X			

2015

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

Baystate Wing Hospital Corporation

22-2519813

☒ Yes ☐ No

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.

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

Part IIIGrants 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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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 Wing Hospital Corporation

Employer identification number
22-2519813

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" 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) reviews and approves the compensation philosophy that is used to administer the specific pay decisions for the President of the filing organization. The compensation committee consists entirely of individuals serving on the board of the filing organization. The compensation of the President of the filing organization is determined by the member of the President's Cabinet (the Health System's senior leadership) responsible for that filing organization, in consultation with Human Resources, based on information provided by independent third party consultants for reasonableness including appropriate comparability data and based on the Executive Compensation Philosophy Statement established by the compensation committee.
Part I, Line 4b	Line 4a Charles Cavagnaro, III, MD received \$150,385. Line 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 in 2015 and \$90,766 non-vested amounts that were earned in previous years and previously reported each year as deferred compensation, and now included again in accordance with reporting requirements. Michael F Moran - Supplemental Retirement of \$3,989 is included in column E. This amount was earned and paid in 2015.

Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Charles Cavagnaro III MD President, CEO (Thru 1/29/16)	(i)	0	0	179,263	6,657	25,464	211,384	0
	(ii)	373,861	135,277	20,602	17,225	-	-	0
1Michael F Moran President, CAO (As of 1/29/16)	(i)	0	0	0	0	0	0	0
	(ii)	223,365	32,663	4,718	33,520	-	-	0
2David Maguire MDDirector	(i)	240,001	12,501	4,159	28,233	1,557	286,451	0
	(ii)	0	0	0	0	-	-	0
3Dennis Chalke Director (Through 11/10/15)	(i)	0	0	0	0	0	0	0
	(ii)	466,083	357,889	261,428	64,000	-	-	0
4Linda J Schoonover MD Director	(i)	199,608	0	140	23,119	13,714	236,581	0
	(ii)	0	0	0	0	-	-	0
5Mark A Keroack MDDirector	(i)	0	0	0	0	0	0	0
	(ii)	760,075	310,077	188,846	192,620	-	-	90,766
6Nancy Shendell-Falik Director	(i)	0	0	0	0	0	0	0
	(ii)	436,797	116,688	28,672	125,008	-	-	0
7Keary T Allicon Vice President Finance & CFO	(i)	156,985	19,673	511	28,290	27,432	232,891	0
	(ii)	0	0	0	0	-	-	0
8Janice Kucewicz VP Qual Imprv(Through 1/30/16)	(i)	184,334	19,349	1,680	23,902	7,339	236,604	0
	(ii)	0	0	0	0	-	-	0
9Amelia M Jaworek MD Internist Comm Practice	(i)	159,588	55,634	780	26,221	6,241	248,464	0
	(ii)	0	0	0	0	-	-	0
10David B Wexler MD Otolaryngologist/Allergist	(i)	348,949	0	10,564	21,200	2,509	383,222	0
	(ii)	0	0	0	0	-	-	0
11Kirby N Juengst MD Urologist	(i)	245,200	0	3,342	26,097	1,685	276,324	0
	(ii)	0	0	0	0	-	-	0
12Louis Velazquez MD Med Dir Behavioral Health	(i)	267,818	9,167	1,183	17,225	15,982	311,375	0
	(ii)	0	0	0	0	-	-	0
13Richard M Kane MD Orthopedist	(i)	246,355	0	4,282	27,845	4,098	282,580	0
	(ii)	0	0	0	0	-	-	0

OMB No 1545-0047

Open to Public Inspection

22-2519813

[illegible]

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 **▶** \$ _____

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Richard H (1) Scheffer		CSV of Life Insurance		X	26,660	13,819		No	Yes		Yes	
Total		▶ \$				13,819						

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
Business Transactions Involving Interested Persons	(A) NAME OF PERSON RICHARD H SCHEFFER(B) RELATIONSHIP WITH ORGANIZATION FORMER CEO OF WING MEMORIAL CORP (C) PURPOSE OF LOAN CSV OF LIFE INSURANCERICHARD H SCHEFFER, FORMER CEO OF WING MEMORIAL CORP \$26,660, \$13,819AMOUNTS DUE FROM FORMER OFFICERS PERTAIN TO SPLIT DOLLAR LIFE INSURANCE POLICIES OF THE RESPECTED INDIVIDUALS THESE POLICIES WERE ORIGINATED AT VARIOUS TIMES DURING THE INSURED'S EMPLOYMENT WITH UMASS MEMORIAL HEALTH CARE, INC THE CORRESPONDING POLICY PREMIUMS WERE FUNDED BY THE EMPLOYER AS AN EMPLOYEE BENEFIT IN ACCORDANCE WITH IRS NOTICE 2002-8, TREASURY REGULATION 1 61-22 AND TREASURY REGULATION 1 77872-15, THESE PAYMENTS REQUIRE CLASSIFICATION AS LOANS DUE FROM THE INSURED THESE LOAN BALANCES ARE REFLECTED AT THE LOWER OF THE DISCOUNTED CASH SURRENDER VALUE OR DISCOUNTED CUMULATIVE PREMIUMS PAID

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization Baystate Wing Hospital Corporation	Employer identification number 22-2519813
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Keary T Allicon, Elaine Anderson, Mark Borsari, Charles E Cavagnaro III, MD, Dennis Chalke, Ronald Christensen, CPA, Katherine Coolidge, Esq , MLIS, Robert Haveles, AIA, Thea Katsounakis, Todd Keating, Mark Keroack, MD, Steven Lowell, David L Maguire, MD, Lauren B Miller, Michael F Moran, Edward J Noonan, James R Phaneuf, CIC, Linda J Schoonover, Paul Scully, Nancy Shendell-Falk, James St Amand and Patrick Turley are also officers and trustees of its affiliated entities The following trustees, officers, or key employees serve on a common board of a non-affiliated entity Charles E Cavagnaro III, MD, Ronald Christensen, James Phaneuf, CIC, Paul Scully, Robert Haveles, AIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Baystate Wing Hospital Corporation 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 4	The filing organization amended its bylaws to change the composition of its Board of Directors by replacing two directors serving on the board ex officio based on specified positions held at BH with two governance representatives appointed by BH

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	<p>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 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 Finance Committee of Baystate Wing Hospital. The Form 990 was provided to all members of the Board of Trustees prior to filing.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Baystate Health, Inc (BH) has a comprehensive conflict of interest policy which has been adopted by the filing organization. All directors, trustees, officers, key employees, and highest compensated employees of BH and its affiliates are asked to complete an annual conflict of interest form. We utilize an electronic database to receive and manage all conflict of interest submissions. This information is reviewed by the BH Chief Compliance Officer, the BH Chief Legal Counsel, the BH Chief Executive Officer, the Chair of the BH Board of Trustees, and the Chair of the Audit & Compliance Committee of BH. A summary of the conflict of interest disclosures is provided to the Baystate Health Board of Trustees and the Tax Department and reviewed by outside counsel. Potential conflict of interest transactions are reviewed as appropriate under the policy, which provides for recusal from discussion and deliberation by any party with a potential conflict of interest. Conflict of Interest Disclosures are also reviewed by the Baystate Wing Hospital Corporation Board of Trustees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The compensation committee of Baystate Health, Inc (the parent organization of the health care system to which the filing organization belongs) reviews and approves the compensation philosophy that is used to administer the specific pay decisions for the President and employees of the filing organization. The compensation committee consists entirely of individuals serving on the board of Baystate Health. The compensation of the President of the filing organization is determined by the member of the President's Cabinet (the Health System's senior leadership) responsible for that filing organization, in consultation with Human Resources, based on information provided by independent third party consultants for reasonableness including appropriate comparability data and based on the Executive Compensation Philosophy Statement established by the compensation committee. The salaries of other employees of the filing organization are determined by the President of the filing organization in accordance with the Executive Compensation Philosophy Statement or the Baystate Health Board approved budget and wage program for each fiscal year.</p>

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	An Officer of the filing organization is paid by an entity, which is an unrelated entity, University of Massachusetts Memorial Health Care, Inc (91-2155626) during 2015

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Fees for services Program service expenses 17,454,196 Management and general expenses 20 4,214 Fundraising expenses 114,000 Total expenses 17,772,410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer from affiliate for land, buildings and equipment 272,046 Transfer of funds for s trategic initiative from affiliated companies 8,150,959 Net assets released from restrict ions 4,128 Minimum pension liability adjustment -1,250,389 Change in value of interest i n-Temporarily Restricted 1,843,442 Change in value of interest in-Permanently Restricted 6,913,194

SCHEDULE R
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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	Ancillary Insurance	MA	Health New England Inc	C					No
(3) HNE Holding Corporation Monarch Place Suite 1500 Sprrngfield, MA 011441500 46-4620480	Holding Shares in subsidiary corporations	MA	Health New England Inc	C					No
(4) Ingraham Corporation 759 Chesnut Street Sprrngfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C					No
(5) Baystate Health Insurance Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore captive insurance	CJ	Baystate Health Inc	C					No
(6) HNE Insurance Company Inc Monarch Place Suite 1500 Sprrngfield, MA 011441500 45-4462433	Health Services for Mass Medicare Supplement Members	MA	Health New England Inc	C					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
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	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
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		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
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	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 Benefit Plan 759 Chestnut Street Springfield, MA 01199 22-2531644	Voluntary Employees Benefit Association	MA	501 (c) (9)		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 Health Inc 759 Chestnut Street Springfield, MA 01199 04-2105941	Healthcare System Parent	MA	501 (c) (3)	7	Baystate Health Inc		No
Baystate Medical Center Inc 759 Chestnut Street Springfield, MA 01199 04-2790311	Acute Care Teaching 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)	11 b, II	Baystate Medical Center Inc		No
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 011441500 04-2864973	HMO/Insurance	MA	501 (c) (4)		Baystate Health Inc		No
HNE of Connecticut Inc Monarch Place Suite 1500 Springfield, MA 011441500 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	Physican Services	MA	501 (c) (3)	11 a, 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