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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

759 Chestnut Street

Springfield, MA 01199

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

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 ☐ 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)

12

4

Number of independent voting members of the governing body (Part VI, line 1b)

7

5

Total number of individuals employed in calendar year 2017 (Part V, line 2a)

843

6

Total number of volunteers (estimate if necessary)

48

7a

Total unrelated business revenue from Part VIII, column (C), line 12

0

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

468,653

9 Program service revenue (Part VIII, line 2g)

82,290,193

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

840,525

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,210,932

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

84,810,303

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

44,767,699

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶215,591

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

49,691,990

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

94,459,689

19 Revenue less expenses Subtract line 18 from line 12

-9,649,386

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

106,740,848

21 Total liabilities (Part X, line 26)

55,953,773

22 Net assets or fund balances Subtract line 21 from line 20

50,787,075

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2019-08-09

Date

Dennis W Chalke SVP Finance, CFO & Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Jeanne Fahrenbach

Jeanne Fahrenbach

P01365953

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ Two Jericho Plaza

Phone no (516) 918-7000

Jericho, NY 11753

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

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

The mission of the organization is to improve the health of the people in our communities every day, with quality and compassion

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	28,634,367	including grants of \$	(Revenue \$	29,137,214)
	See Additional Data					

4b	(Code)	(Expenses \$	33,276,420	including grants of \$	(Revenue \$	33,059,183)
	See Additional Data					

4c	(Code)	(Expenses \$	17,001,906	including grants of \$	(Revenue \$	17,253,288)
	See Additional Data					

	(Code)	(Expenses \$	3,385,390	including grants of \$	(Revenue \$	3,109,738)
	Other Program services - Providing pharmacy services to the surrounding region Services are available to individuals regardless of their ability to pay					

4d	Other program services (Describe in Schedule O)	(Expenses \$	3,385,390	including grants of \$	(Revenue \$	3,109,738)
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4e	Total program service expenses ►	82,298,083
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	85	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	843	
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).		No
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	12	
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	7	
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?	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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization		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?		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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► Paul Shafer Baystate Wing Hospital Corporation 40 Wright Street Palmer, MA 01069 (413) 284-5210

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

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

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

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

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

[illegible]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,523,467	3,206,227	679,871

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 ▶ 36

		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 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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) Name and business address	(B) Description of services	(C) Compensation
Baystate Medical Practices 759 Chestnut Street Springfield, MA 01199	Physician Services	10,161,483
Baystate Administrative Serv 759 Chestnut Street Springfield, MA 01199	Management Services	5,500,173
Baystate Medical Center 759 Chestnut Street Springfield, MA 01199	Laboratory, & Adm Services	1,693,790
New England Geriatrics 101 Myron Street Suite A West Springfield, MA 01089	Management Services	878,219
Morrision Management PO Box 102289 Atlanta, GA 303682289	Food & Nutrition Services	691,258

<p>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 ► 19</p>	
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Part VIII Statement of RevenueCheck 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	595,290			
	e Government grants (contributions)	1e	485,731			
	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 ▶		1,081,021			
Program Service Revenue		Business Code				
	2a Patient Service Revenue	900099	79,952,348	79,952,348		
	b Rental Income from related org	532000	693,590	693,590		
	c CMS ELEC MED REC FDG	900099	89,250	89,250		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		80,735,188			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		617,364			617,364
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		362,683				
	b Less rental expenses	555,853				
	c Rental income or (loss)	-193,170				
	d Net rental income or (loss) ▶		-193,170			-193,170
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		17,462,091				
	b Less cost or other basis and sales expenses	16,913,326				
	c Gain or (loss)	548,765				
	d Net gain or (loss) ▶		548,765			548,765
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a Intercompany Charges	900099	1,393,498	1,393,498			
b Cafeteria Income	900099	365,657			365,657	
c Other Services	900099	114,778	114,778			
d All other revenue		320,964	315,959		5,005	
e Total. Add lines 11a-11d ▶		2,194,897				
12 Total revenue. See Instructions ▶		84,984,065	82,559,423	0	1,343,621	

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.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	307,191	307,191		
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.	35,945,828	34,054,020	1,890,062	1,746
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	752,116	710,856	41,222	38
9 Other employee benefits.	4,186,310	4,149,963	36,347	
10 Payroll taxes.	2,860,671	2,711,178	149,355	138
11 Fees for services (non-employees):				
a Management.	3,599,210	637,595	2,750,465	211,150
b Legal.	66,860	21,502	45,358	
c Accounting.	40,875		40,875	
d Lobbying.	89,868		89,868	
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).	7,169,749	7,169,312	437	
12 Advertising and promotion.				
13 Office expenses.	22,069,441	21,240,540	828,594	307
14 Information technology.	3,087,337	3,087,337		
15 Royalties.				
16 Occupancy.	1,433,783	1,398,433	35,350	
17 Travel.	61,871	46,485	13,174	2,212
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	51,639	23,186	28,453	
20 Interest.	501,395	501,395		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,019,962	6,019,962		
23 Insurance.	380,934	219,128	161,806	
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				
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	88,625,040	82,298,083	6,111,366	215,591
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,224,505	1	338,820
	2	Savings and temporary cash investments		5,346,594	2	15,021,756
	3	Pledges and grants receivable, net		45,954	3	61,305
	4	Accounts receivable, net		11,434,191	4	14,246,642
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,457,968	8	1,528,693
	9	Prepaid expenses and deferred charges		499,700	9	621,114
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	109,117,891		
	b	Less: accumulated depreciation	10b	48,101,341		
				54,087,203	10c	61,016,550
	11	Investments—publicly traded securities		6,220,638	11	0
	12	Investments—other securities. See Part IV, line 11		2,249,746	12	2,309,526
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		20,174,349	15	9,708,909	
16	Total assets. Add lines 1 through 15 (must equal line 34)		106,740,848	16	104,853,315	
Liabilities	17	Accounts payable and accrued expenses		9,477,513	17	7,899,520
	18	Grants payable			18	
	19	Deferred revenue		318,746	19	665,726
	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		31,532	23	0
	24	Unsecured notes and loans payable to unrelated third parties		27,251,052	24	26,888,433
	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		18,874,930	25	19,164,464
	26	Total liabilities. Add lines 17 through 25		55,953,773	26	54,618,143
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		38,055,101	27	38,163,823
	28	Temporarily restricted net assets		3,074,874	28	2,154,278
	29	Permanently restricted net assets		9,657,100	29	9,917,071
	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		50,787,075	33	50,235,172	
34	Total liabilities and net assets/fund balances		106,740,848	34	104,853,315	

Part XI Reconciliation of Net AssetsCheck 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	84,984,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,625,040
3	Revenue less expenses Subtract line 2 from line 1	3	-3,640,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,787,075
5	Net unrealized gains (losses) on investments	5	-823,887
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	3,912,958
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,235,172

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

Additional Data

Software ID:

Software Version:

EIN: 22-2519813

Name: Baystate Wing Hospital Corporation

Form 990 (2017)

Form 990, Part III, Line 4a:

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 FY18, Baystate Wing Hospital Corporation provided 17,881 patient days of inpatient services, with 3,298 discharges.

Form 990, Part III, Line 4b:

Outpatient healthcare services - Providing outpatient clinical services to the surrounding region. Services are available to individuals regardless of their ability to pay. During FY18, Baystate Wing Hospital Corporation had 133,350 outpatient visits.

Form 990, Part III, Line 4c:

Emergency department services - Providing emergency department services to the surrounding region. Services are available to individuals regardless of their ability to pay. During FY18, Baystate Wing Hospital Corporation had 29,486 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			
Michael F Moran President & Director	20 00 30 00	X		X				0	427,770	52,618
Paul Scully Chair	1 00 0 00	X		X				0	0	0
Steven Lowell Vice Chair	1 00 0 00	X		X				0	0	0
Brian Laliberte MD Director	1 00 49 00	X						434,787	0	43,368
Darryl Goodreau Director	1 00 0 00	X						0	0	0
Derek Gariepy Director (as of 1/1/18)	1 00 0 00	X						0	0	0
Edward J Noonan Director (through 12/31/17)	1 00 0 00	X						0	0	0
James R Phaneuf Director	1 00 0 00	X						0	0	0
Jo-Ann W Davis Director	1 00 49 00	X						0	645,428	57,948
Julie Quink 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			
Kara Noonan Pear Director (as of 1/1/18)	1 00 0 00	X						0	0	0
Katherine Coolidge Esq MLIS Director (through 12/31/17)	1 00 0 00	X						0	0	0
Mark N Borsari Director (through 12/31/17)	1 00 0 00	X						0	0	0
Nancy Shendell-Falik Director	5 00 45 00	X						0	840,145	211,038
Robert Haveles AIA Director (through 12/31/17)	1 00 0 00	X						0	0	0
Ronald Christensen CPA Director (through 12/31/17)	1 00 0 00	X						0	0	0
Sheila Cuddy Director	1 00 0 00	X						0	0	0
Dennis Chalke Treasurer	1 00 49 00			X				0	994,659	87,008
Kristin R Delaney Secretary	1 00 39 00			X				0	143,978	37,512
Mary Louise Gray VP Nursing & CNO Eastern Reg	50 00 0 00				X			255,438	0	51,753

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			
Donald W Blair MD Neurologist	50 00 0 00					X		212,274	0	27,420
George D Nolan Dir Support Services	50 00 0 00					X		176,478	0	26,212
Susan Keenan Registered Nurse III	50 00 0 00					X		150,862	0	23,423
Charles Gilbert Clinical Pharmacist II	50 00 0 00					X		148,127	0	38,175
Edyta I Guberow Respiratory Therapist Reg	50 00 0 00					X		145,501	0	11,482
Keary T Allicon Former CFO	0 00 0 00						X	0	154,247	11,914

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 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 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	2	
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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>	4c	
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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b 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>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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.	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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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

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?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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		89,868
j	Total. Add lines 1c through 1i			89,868
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 Corporation (BWH) pays membership dues to the Massachusetts Hospital Association (MHA), the American Hospital Association (AHA), and the National Association of Urban Hospitals. These organizations have advised us that portions of these dues are used for lobbying purposes for various healthcare matters at the state level. The portion of dues listed as lobbying expenses for the year ending September 30, 2018 is \$89,868.

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

2017

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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	9,657,100	9,054,591	2,142,597	2,334,999	2,355,313
b Contributions					
c Net investment earnings, gains, and losses	257,969	602,500	6,911,995	-192,402	-20,314
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,915,069	9,657,100	9,054,591	2,142,597	2,334,999

2

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

a

Board designated or quasi-endowment

▶

b

Permanent endowment

▶

100 000 %

c

Temporarily restricted endowment

▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		498,255		498,255
b Buildings		71,790,818	26,534,446	45,256,372
c Leasehold improvements		1,030,543	1,030,543	0
d Equipment		33,872,118	19,690,493	14,181,625
e Other		1,926,157	845,859	1,080,298
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				61,016,550

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) Interest Net Assets BHF	9,419,439
(2) Series A - Bond Indenture Agreement	289,470
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	9,708,909

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Contractual Adjustments Payable	4,468,256
Due to Affiliated Companies	12,330,872
Asset Remediation Obligation	694,171
Malpractice Reserve	193,000
Pension Liability	1,478,165
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	19,164,464

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

☐

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Endowment assets are to provide funding to support programs that further Baystate Wing Hospital Corporation's mission

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection
Name of the organization Baystate Wing Hospital Corporation		Employer identification number 22-2519813

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input 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 free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input 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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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)			1,537,922	447,187	1,090,735	1 230 %
b Medicaid (from Worksheet 3, column a)			15,941,575	13,217,286	2,724,289	3 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			215,177	163,724	51,453	0 060 %
d Total Financial Assistance and Means-Tested Government Programs			17,694,674	13,828,197	3,866,477	4 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			198,190	0	198,190	0 220 %
f Health professions education (from Worksheet 5)			0	0		
g Subsidized health services (from Worksheet 6)			21,555,357	14,496,067	7,059,290	7 970 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,000	0	30,000	0 030 %
j Total. Other Benefits			21,783,547	14,496,067	7,287,480	8 220 %
k Total. Add lines 7d and 7j			39,478,221	28,324,264	11,153,957	12 580 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,600		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	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,398,045	
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	53,167	
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	18,564,047	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	15,331,192	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,232,855	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
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 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 Was widely publicized 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 checked="" 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 checked="" 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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21 Yes	
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Baystate Wing Hospital Corporation

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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 2 - Baystate Wing Hospital - LMC 34 Hubbard Street Ludlow, MA 01056	Outpatient Facility
3 3 - Baystate Wing Hospital - VNA 40 Wright Street Palmer, MA 01069	Outpatient Facility
4 4 - Baystate Wing Hospital - Griswold Center 42 Wright Street Palmer, MA 01069	Outpatient Facility
5 5 - Outpatient Radiology Services 95 Sargent Street Belchertown, MA 01007	Outpatient Facility
6 6 - Baystate Mary Lane Outpatient Center 85 South Street Ware, MA 01082	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

990 Schedule H, Supplemental Information

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 https://www.mass.gov/nonprofit-hospital-and-hmo-community-benefits 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

990 Schedule H, Supplemental Information

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 using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under Medicaid and Medicaid managed care plans</p> <p>Line 7c (Other Means-Tested Programs) - community benefit expense was derived using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under other means-tested government programs</p> <p>Line 7e (Community Health Improvement Services & Benefit Operations) - Community Health Improvement Services calculations are derived from direct and indirect costs associated with community benefit activities that are aligned with the hospital's 2013 community health needs assessment. These activities are carried out to improve community health and wellness and extend beyond patient care, beyond the walls of the hospital. Community Benefit Operations calculations are derived from costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.</p> <p>Line 7g (Subsidized Programs) - community benefit expense was derived using the organization's cost accounting system. The expense relates to inpatient behavioral health and to specific outpatient programs. There are no costs attributable to physician clinics reported as subsidized health services in Part I, line 7g.</p>

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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 2018, the provision for bad debts was reported as a deduction to net patient service revenue. The 2018 provision for bad debts totaled \$3,636,477 and is not included in total expenses reported in Part IX, Line 25, column (A) of Form 990 for the purposes of calculating the percentages in Part 1, Line 7, column (f) of this Schedule H.</p>

990 Schedule H, Supplemental Information

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. 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>

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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 a ratio of cost to charges (based on the organization's cost accounting system including all hospital inpatients and outpatients) against total patient bad debt net of recoveries as reported in the audited financial statements. The portion of bad debt that reasonably could be attributable to patients who may qualify for financial assistance under the hospital's charity care program (reported in Part III line 3) was calculated by applying the percentage of bad debts by zip code (for which the average household income for each zip code is less than 150% 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 150% 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 \$53,167, 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 pages 12 and 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>

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Form and Line Reference	Explanation
Part III, Line 8	Line 6 - included all Medicare allowable costs as calculated in Worksheets D-1 Part II (inpatient and inpatient psych), D Part V (outpatient) and E Part A (organ acquisition) of the hospital's 2018 Medicare cost report, net of Medicare costs reported in Part I, line 7 g, and based on Medicare costing principles There is no shortfall reported on line 7

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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>

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Form and Line Reference	Explanation
Part VI, Line 2	<p>The Baystate Board Governance Committee convenes semi-annually and is charged with advocating for community benefits at the Board level and throughout the health system and broader community, aligning the system's four (4) hospital-specific community benefits implementation strategies into the health system's strategic plan, reviewing of CHNA data, approval of a community benefits mission statement and health priorities, reviewing 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 Government and Community Relations provides updates to the Baystate Board of Trustees, Baystate President's Cabinet, and other Baystate leadership teams, as requested. The hospital Community Benefits Advisory Council (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, thus making the most of what is possible with the goal to improve health status and quality of life, and policy advocacy to assure and restore health equity by targeting resources for residents. Participants on the 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>

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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 financial assistance policy and a billing and collection policy that reflects its financial assistance options and 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 Financial Assistance Policy and Billing and Collection Policy are posted on the baystatehealth.org website at https://www.baystatehealth.org/-/media/files/patients-and-visitors/billing-and-financial-assistance/baystate-health-hospitals-billing-collections-policy-91516.pdf?la=en. The goal of posting the Financial Assistance Policy and the Billing and Collection Policy is to ensure that patients or prospective patients in our community are aware of our financial assistance programs. Signs about the availability of financial assistance programs at the hospital are translated into Spanish and Russian as Spanish and Russian are primarily spoken by more than 1000 residents or 1% of the residents in the hospital's service area. Signs are large enough to be clearly visible. Hospital signs are 8 5 x 11 inches and the header print font is 24 pts. Notice of availability of Financial Assistance Programs are posted in the following locations, inpatient, clinic, emergency department admissions and/or registration areas, central admission/registration area, patient financial counselor areas and business office areas that are open to patients.</p>

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Form and Line Reference	Explanation
Part VI, Line 4	<p>Baystate Wing Hospital 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. Baystate Mary Lane Outpatient Center 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. 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. The hospital service area's unemployment rate of 5.5% is somewhat higher than the state rate at 4.6% (CC, U.S. Department of Labor, Bureau of Labor Statistics). 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>

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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, Inc., Baystate Franklin Medical Center, Baystate Noble Hospital Corporation, and Baystate Wing Hospital Corporation (and Baystate Mary Lane Outpatient Center), the other 501(c)(3) organizations include Baystate Medical Practices, Inc., Visiting Nurse Association and Hospice of Western New England, Inc., Noble Visiting Nurse Services, Inc., Baystate Administrative Services, Inc., Baystate Total Home Care, Inc., Westfield Medical Corporation and Baystate Health Foundation, Inc. In addition to its nearly 12,000 employees, Baystate Health has medical staff, nurses, residents and fellows, medical students, nursing students, and allied health students who gain comprehensive medical education during the year. A recognized leader in educational innovation, Baystate Medical Center has been training doctors since 1914. Now the regional campus of the University of Massachusetts Medical School, we offer 10 ACGME-accredited residencies, 20+ fellowships, 50 4th-year electives for medical students, and Population-based Urban and Rural Community Health (PURCH)-a curriculum track of the University of Massachusetts Medical School. We are a nationally accredited provider of continuing education for the entire team of health care professionals. Continuing education is provided through regional conferences, grand rounds, and internet courses. We offer clinical practicums for baccalaureate, masters, or doctoral-level nursing students at affiliated schools of nursing. We offer four pharmacy residencies-two PGY1 programs and two PGY2 programs-through our affiliations with the Massachusetts College of Pharmacy and Health Science, and Western New England University College of Pharmacy and Health Science. We also offer Advanced Practitioners education including Midwifery Education Program, Physician Assistant Residency in Emergency Medicine, and Clinical rotations for Advanced Practice students. Volunteers enhance the work of our employees and interactions with our patients and families. In 2018, more than 900 volunteers donated over 100,000 hours showing their belief in the care we provide to our community. Baystate Medical Center (BMC) is a 724-bed, 57-bassinets, academic medical center in Springfield, Massachusetts. As a major referral care center and the only Level 1 trauma center and pediatric trauma center of Western Massachusetts, BMC has one of New England's busiest emergency rooms. In addition, the medical center offers the Baystate Children's Hospital, Baystate Heart & Vascular Program and the Baystate Regional Cancer Program, among other advanced specialty medical, behavioral health, diagnostic, and surgical services. Baystate Children's Hospital, part of Baystate Medical Center, is the only accredited full-service children's hospital and pediatric-specific emergency department in western Massachusetts. It provides primary and advanced medical care to babies, children, adolescents, and their families. Baystate Franklin Medical Center, located in Greenfield, Massachusetts, is an 89-bed acute care hospital that boasts a state-of-the-art surgical center. The hospital provides comprehensive inpatient and outpatient services including 24-hour emergency, heart & vascular, cancer care, behavioral medicine, and family-centered obstetrical care. Baystate Noble Hospital, a 97-bed community hospital located in Westfield, Massachusetts, offers a variety of inpatient and outpatient services for over 80,000 residents in the Westfield, Massachusetts area including surgery, pulmonary rehabilitation and acute inpatient rehabilitation, cardiac, behavioral health, and emergency care. Baystate Noble Hospital's network also includes Noble Medical Group Primary Care physicians and specialists, Visiting Nurse Association and Hospice of Western New England, Noble Visiting Nurse Services, Inc., and Noble Sports & Rehabilitation Center. Baystate Wing Hospital, a 74-bed community hospital located in Palmer, Massachusetts, offers 24-hour emergency care and a broad range of inpatient and outpatient medical and surgical services, including comprehensive outpatient behavioral health and addiction recovery services. Satellite facility Baystate Mary Lane Outpatient Center offers 24-hour emergency services, and outpatient medical, surgical, ancillary, and cancer care. Baystate Medical Practices (BMP) is a multi-specialty group of over 950 physicians and advanced practice clinicians in primary care, specialty, and surgical disciplines with more than 100 practices across 85 locations. BMP offers patient-centered care, including family practice, internal medicine and pediatric providers, community health centers, urgent care clinics, suburban and rural practices. Many sites are designated Patient Centered Medical Homes, signifying our emphasis on communication.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>tion with patients, collaboration among providers, and continuity of care 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 2018 BMP provided \$1,478,687 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 and Noble Visiting Nurse Services, Inc provide the highest quality care and supplies to patients and families, primarily in their homes They are a comprehensive in-home health care, hospice, and palliative care agency with a staff of over 450 managing more than 90,000 visits annually Our home health team works together to ensure a safe and swift recovery from illness, accident, or surgery in the comfort of home Visiting Nurse Association and Hospice of Western New England, and Noble Visiting Nurse Services, Inc offer 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 journey towards the final stage of life Baystate Reference Laboratories, part of Baystate Health, is the region's largest reference laboratory and is staffed by 24 board-certified pathologists and over 500 technologists and support personnel In addition to the brief descriptions of some of the affiliated entities above, this further information speaks to activities of Baystate Health and its affiliates regarding promotion of community health In 2018, over 170,700 language interpreter sessions helped patients and families better understand their care Staff interpreted about 59 languages in person, over the phone, and via video, and translated 3,264 pages of patient-related information In partnership with the University of Massachusetts Medical School, Baystate Health is now the regional campus for an innovative new curriculum track called PURCH (Population-based Urban and Rural Community Health) The PURCH track focuses on addressing the social determinants of health for our patients Forty-eight students are currently enrolled in PURCH, twenty-nine are Massachusetts residents The PURCH track is designed to prepare students to care for Baystate's diverse patient populations by providing classroom and clinical experiences in a variety of clinical settings, led by faculty who has expertise in population health and clinical effectiveness research 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. Baystate's Nurse Residency Program is a one-year program 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.</p> <p>Baystate Springfield Educational Partnership (BSEP) ran courses for 307 students, primarily residents of Springfield. During the summer, BSEP provided theme-based workshops for 66 students, coordinated 13 summer internships at Baystate Medical Center and placed 16 students in work experiences as part of the Workforce Innovation and Opportunity Act program and the YouthWorks program, both sponsored by the Regional Employment Board of Hampden County, and awarded 18 BSEP alumni with a total of \$25,000 in scholarships for undergraduate and graduate education. 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, prenatal/postnatal classes, and infant/toddler safety classes. 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. Baystate Medical Center provides a safe way to dispose of unwanted medications and sharps. Community members now have a resource for safely and confidentially throwing away household sharps (needles and other sharp or glass medical tools), thanks to collection receptacles now installed in the Day lobby at Baystate Medical Center. These secure kiosks are available to the community 24 hours a day, seven days a week. With the help of Baystate Franklin Medical Center's EMPOWER (Engaging Mothers for Positive Outcomes With Early Referrals) program, a team of nurses and doctors at Baystate Medical Center implemented an innovative program called "rooming-in" where babies at risk for neonatal abstinence syndrome (a condition where babies need treatment for symptoms of withdrawal after birth) stay in a private hospital room with their mothers after birth. The program allows mothers to care for their babies while receiving specialized nursing support. Results of the program show that babies are requiring less to no medication to treat withdrawal symptoms and their hospital lengths of stay are shorter. This was a wonderful example of collaboration between the two hospitals, utilizing Baystate Franklin's expertise and working together to address the Opioid crisis in our communities. Baystate Health certified Specialty Pharmacy liaisons continue to help patients save dollars in out-of-pocket medication expenses. Liaisons are located in multiple outpatient practices including the Children's Specialty Center, the D'Amour Center for Cancer Care, and Baystate Franklin Medical Center to help ensure patients have access to critically needed and often expensive medications. 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 Every Woman members. Mini Medical School Alumni is now over 2,000 members. Baystate Health offers 50+ free programs to seniors and</p>

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	<p>women Baystate Health Senior Class is a loyalty program dedicated to health and wellness for men and women ages 55 and over. The 21,300 Senior Class members receive a quarterly newsletter with valuable health information, benefits and invitations to special events designed with their interests in mind. Baystate Every Woman Loyalty Program offers its 15,730 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. Baystate Home Buying Program helped employees purchase their first homes. In 2018, 20 employees were awarded forgivable loans to purchase their first home through the Mark R. Tolosky Baystate Neighbors Program. This Baystate Health benefit provides forgivable loans to employees purchasing their first homes in the communities surrounding Baystate Health hospitals. To-date, the program has provided more than \$1.8 million in forgivable home loans. Since its inception in 1994, Rays of Hope has been helping women and men in the fight against breast cancer by walking alongside them on their cancer journey. Through the Baystate Health Breast Network, Rays of Hope cares for the whole person from diagnosis and beyond by supporting research at the Rays of Hope Center for Breast Cancer Research, providing funding for state-of-the-art equipment, breast health programs and outreach and education throughout Baystate Health as well as providing grants for complementary therapies and cancer programs to our community partners throughout western Massachusetts. Now in its 25th year, Rays of Hope has raised over \$14.8 million to date. All funds raised remain local in 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 affiliate's promotion of community health above in Line 5.</p>

990 Schedule H, Supplemental Information

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) 2017

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		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			

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	<p>Part V, Section B, Line 5 A wide range of stakeholders took part in the 2016 Coalition CH NA process, including local and regional public health and health departments, other local municipal agencies, diverse community-based organizations, advocacy organizations, health care providers, and community residents These stakeholders provided input through focus groups, key informant interviews and participation in the CHNA Steering Committee Additionally, community listening sessions were conducted to vet findings with community members The following organizations/community stakeholders were interviewed Public Health Experts Caulton-Harris, Helen, Commissioner of Public Health, City of Springfield, Dennis, Soloe, Western Region Director, Massachusetts Department of Public Health (MDPH), Garcia, Luz Enaida, Care Coordinator, MDPH Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit, Hyry-Dermith, Dalila, Supervisor, MDPH Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit, Merriam, Carolyn, Public Health Nurse, Town of Ware, Metcalf, Judy, Director, Quabbin Health District, O'Leary, Meredith, Director, Northampton Health Department, Steinbock, Lisa, Public Health Nurse, City of Chicopee, Walker, Phoebe, Director of Community Services, Franklin Regional Council of Governments (FRCOG), and White, Lisa, Public Health Nurse, Franklin Regional Council of Governments (FRCOG) Community Leaders or Health or Other Agencies Interviewed Adziguirey, Liliya, Translator/Interpreter, Baystate Noble Hospital, Azeez, Robert, Medicaid Behavioral Health Manager, Health New England, Balder, Dr Andrew, Director, Mason Square Neighborhood Health Center and Health Care for the Homeless, Beck-Brewer, Joni, Vice President, Patient Services, Square One, Benjamin, Dr Evan, Chief Quality Officer and Sr VP of Quality and Population Health, Baystate Health, Blanchet, MD, Jacques, Director of the Emergency Department, Baystate Noble Hospital, Boos, Dr Stephen, Medical Director, Baystate Family Advocacy, Bouthillette, Marianne, Director of Child and Family Services, Parent Child Development Center, Community Action of the Franklin, Hampshire and North Quabbin Regions, Bradley, Leah, Director of Behavioral Health, Baystate Wing Hospital Griswold Center, Cardaropoli, Antonia, School Adjustment Counselor, Ware Junior/Senior High School, Cox, Jennifer, Director of Behavioral Health, Baystate Franklin Medical Center, Crowley, Kelley, Administrative Director of Behavioral Health, Baystate Noble Hospital, Cummings, Sara, Director of Community Services and Asset Development, Community Action of the Franklin, Hampshire and North Quabbin Regions, Davis, Kim, Nurse Manager, Baystate Mary Lane Hospital, Di Leo, Marlene, Superintendent, Ware Public Schools, Durkin, Dr Louis, Director of Emergency Medicine, Mercy Medical Center, Gerard, Mary Beth, WIC Director, Community Action of the Franklin, Hampshire and North Quabbin Region</p>

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	<p>ns, Hettler, Dr Joeli, Chief, Pediatric Emergency Medicine, Baystate Health, Higgins, Cla re, Executive Director, Community Action of the Franklin, Hampshire and North Quabbin Regi ons, Jean-Guillaume, M D , Rock, Chair of Emergency Medicine, Baystate Wing Hospital, Jock , Jacqueline, School Adjustment Counselor, Ware Middle School, Johnson, Yolanda, Executive Officer for Student Services, Springfield Public Schools, LaBounty, Kerry, Medicaid Progr am Manager, Health New England, Manser, Katherine, WIC Senior Nutritionist, Community Acti on of the Franklin, Hampshire, and North Quabbin Regions, Martoccia, Roseann, Executive Di rector, LifePath, Ostiguy, Karen, Nurse Manager, Baystate Wing Hospital, Paulson, Tina, Nu rse Manager, Baystate Mary Lane Hospital, Plourde, Annette, RN, Nurse, Monson Medical Cent er, Rathlev, Dr Niels, Chair, Emergency Medicine, Baystate Health, Reilly, Elizabeth, Har dwick Youth Center and Food Pantry, Roose, Dr Robert, Chief Medical Officer, Addiction Se rvices for the Sisters of Providence Health System, Member of the Governor's Task Force on Opioid Abuse, Russo-Appel, Dr Maria, Chief Medical Officer, Providence Behavioral Health Hospital (PBHH), Shaver, John, Chief Financial Officer, Baystate Noble Hospital, Shendell -Falik, Nancy, President, Baystate Medical Center and Sr VP, Hospital Operations, Baystat e Health, Silva, David, Medicaid Community Leader, Health New England, Spain, M D , Jackie , Medicaid Program Medical Director, Health New England, Talati, M D , Rakesh, Chair of Em ergency Medicine, Baystate Franklin Medical, Taylor, Charles, Reverend, United Church of W are, Velazquez, M D , Louis, Baystate Wing Griswold Center The following individuals serv ed on the CHNA Steering Committee, which met monthly over the course of a year with the Co alition and CHNA Consultant Team Allard, Andrea, President/CEO, YMCA of Westfield, Amador , Ruth, President, National Association of Hispanic Nurses -Western MA Chapter, Ayres, Jim , President and CEO, United Way of Hampshire County, Barber, Tania, President/CEO, Caring Health Center, Blanchette, Mary Ellen, Nurse Leader, Palmer Public Schools, Caisse, Ed, C3 /Safe Neighborhood Initiative - South Holyoke, Hampden County Sheriff's Department, Christ opolis, Dave, Executive Director, Hilltown CDC, Garozzo, Salvatore, Executive Director, Un ited Cerebral Palsy Assoc of Berkshire County, Inc , Graves, Marie, Program Director, Spr ingfield Dept Health & Human Services, Rudder, Shannon Executive Director, MotherWoman, L ee, Jennifer, Systems Advocate for Change, Stavros Center for Independent Living, Lewandow ski, Sue, Representative for Worcester County, Assumption College, Lopez, Luz, Director, M etroCare of Springfield, McCafferty, Gerry, Director of Housing, City of Springfield, Offi ce of Housing, Prullage, Beth, Clinical Social Worker, Providence Behavioral Health, Reeve s, Halley, Community Health Planning And Engagement Specialist, MA Dept of Public Health, Silverman, Risa, Coordinator,</p>

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Office for Public Health Practice & Outreach, UMASS Amherst School of Public Health and Health Sciences, Simmons, Tony, Community Liaison, Hampden County District Attorney's Office, Simonds, Jane, Sr Program Manager, Behavioral Health Network - Outpatient Services, Walker, Phoebe, BFMC CBAC Co-chair, Franklin Regional Council of Governments (FRCOG), Wilson , Gloria, Member Western MA Black Nurses Association, Wood, Ben, Healthy Community Design Coordinator, MA Dept of Public Health

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

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 6a In 2016, in partnership with the Coalition of Western MA Hospitals/Insurer, the hospital facility conducted a community health needs assessments ("CHNA") of the geographic area served by the hospital facility The Coalition of Western Massachusetts Hospitals/Insurer ("Coalition"), a partnership between nine (9) not-for-profit hospitals and an insurer in Western Massachusetts that includes Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Holyoke Medical Center, Cooley Dickinson Hospital, Mercy Medical Center (A member of Trinity Health-New England), Shriners Hospitals for Children-Springfield, and Health New England, a local health insurer whose service area covers the four counties of Western Massachusetts

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

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 6b The Coalition of Western MA Hospitals and Insurer engaged the Public Health Institute of Western MA (PHIWM), based in Springfield, MA, as the lead consultant to conduct the CHNA's PHIWM was supported by two other consultant teams, Community Health Solutions, based in Northampton, MA and Pioneer Valley Planning Commission (PVPC), based in Springfield, MA The Coalition includes Health New England, a local health insurer whose service area covers the four counties of western Massachusetts

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

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 7d The hospital facility made its CHNA report widely available to the public via an email distribution, with links to the hospital's website, to community partners and organizations The regional findings from the CHNA reports were shared publicly at the Western MA Health Equity Summit in November 2016 (over 300 attendees) In addition, the CHNA reports have informed the development and implementation of county wide community health improvement plans Hospital and CHNA consultant staff have been invited to various venues and audiences to present on the CHNA process and key findings

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

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	<p>Part V, Section B, Line 11 The hospital facility anticipates health needs and available resources may change, therefore, a flexible approach was adopted in the development of its implementation strategy For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the hospital in the Strategy Other community organizations may address certain needs, indicating that the hospital's strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2016 CHNA Hospital resource inputs that will help address priority health needs include, Community Benefits Investments, Community Relations Investments, Better Together Grant Program, hospital-based community benefits activities, external grants received by hospital, and other hospital-based program/services The hospital facility views a community benefits implementation strategy as a "LIVING" document Due to the evolving climate in health care, the hospital's financial health year to year remains unknown, therefore hospital resources and inputs may increase, decrease, or need to be modified The hospital's implementation strategy work plan provides an opportunity for the hospital to be strategic and focused, yet flexible in its community health planning and improvement efforts The hospital facility, in partnership with its Community Benefits Advisory Council updates the work plan with annual outputs and outcomes for each input and activity No health care system or hospital facility can address all the health needs present in its community The hospital facility is committed to adhering to its mission and remaining financially healthy so that it can continue to enhance its clinical excellence and patient experience, as well as continue community health planning and improvement efforts The hospital facility's implementation strategy does not explicitly address all the priority community health needs identified in the 2016 CHNA due to, 1 The hospital's limited resources (time, talent and financial), 2 Other hospitals or community organizations within service area are addressing the need, 3 The need falls outside of the hospitals' mission or limited resource capacity However, many, if not all of the CHNA priority health needs will be addressed INDIRECTLY by the hospital and/or community partners through existing community health planning and improvement efforts Needs being addressed by the hospital include, basic needs, cultural humility, domestic violence, food desserts/insecurity, health equity, health literacy, insurance challenges, maternal/infant/child health, mental health and substance use disorders, and transportation Needs not directly being addressed by the hospital include, care coordination, chronic health conditions, limited availability of providers, and physical activity and healthy diet</p>

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	<p>Part V, Section B, Line 16j Paper copies of our financial assistance policy (FAP) and the FAP application, and a FAP plain language summary as well as the Billing and Collections Policy are available upon request, in English, Spanish, and Russian, and free of charge in the hospital and by mail, as well as the hospital facilities website https://www.baystatehealth.org/patients/billing-and-financial-assistance A plain language summary of the FAP is offered to all patients at all registration sites including our full service health centers in the community - Baystate Brightwood Health Center and Baystate Mason Square Neighborhood Health Center In addition, copies of the full FAP, FAP application and Billing and Collections Policy are also available at all Registration sites Copies of our community health needs assessment are available for viewing and download on our website at https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment Hard copies of our CHNA are available upon request free of charge We have also shared our CHNA with all the community members who were involved with CHNA as well as each hospitals Community Benefits Advisory Council (CBAC) The hospital is committed to ongoing efforts to widely publicize our FAP and CHNA to the community, specifically, to low-income populations Additional efforts will include promotion via our hospitals various social media platforms and providing printed materials to key social service agencies and educating their staff that work with low income populations in the hospitals service area</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Baystate Wing Hospital Corporation	Part V, Section B, Line 20e We rely on Medicaid for presumptive eligibility determinations We would perform these actions if needed but did not have any patient during the tax year where an ECA was initiated

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Line 7	7a https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment 7b http://www.cbsys.ago.state.ma.us/cbpublic/public/annual_reports_start.aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Line 10	10a https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a Yes 4b Yes 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: <div style="margin-left: 20px;"> a The organization? b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III.	5a No 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: <div style="margin-left: 20px;"> a The organization? b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III.	6a No 6b No	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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	

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.

See Additional Data Table**Schedule J (Form 990) 2017**

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, Lines 4a-b	Line 4a: Keary Allicon received salary continuation for 6 months consistent with the severance provision of his employment agreement. He received \$85,150 in 2017. Line 4b: Dennis W. Chalke - Supplemental Retirement of \$186,459 is included in column B. This amount was earned and paid in 2017. Jo-Ann Davis - Supplemental Retirement of \$116,165 is included in column B. This amount was earned in 2017. Mark A. Keroack, MD - Total Supplemental Retirement of \$334,356 is included in column B. This amount was earned in 2017. Brian Laliberte, MD - Supplemental Retirement of \$18,483 is included in column B. This amount was earned and paid in 2017. Michael F. Moran - Supplemental Retirement of \$8,747 is included in column B. This amount was earned in 2017. Nancy Shendell-Falik - Supplemental Retirement of \$168,020 is included in column C. This amount was earned in 2017.

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				
1Michael F Moran President & Director	(i)	0	0	0	0	0	0	0
	(ii)	322,636	85,181	19,953	29,949	22,669	480,388	0
1Brian Laliberte MD Director	(i)	412,383	0	22,404	20,250	23,118	478,155	0
	(ii)	0	0	0	0	0	0	0
2Jo-Ann W Davis Director	(i)	0	0	0	0	0	0	0
	(ii)	374,977	111,819	158,632	42,016	15,932	703,376	0
3Nancy Shendell-Falik Director	(i)	0	0	0	0	0	0	0
	(ii)	554,723	262,899	22,523	185,570	25,468	1,051,183	0
4Dennis Chalke Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	518,753	189,630	286,276	58,410	28,598	1,081,667	0
5Kristin R Delaney Secretary	(i)	0	0	0	0	0	0	0
	(ii)	128,397	14,975	606	13,738	23,774	181,490	0
6Mary Louise Gray VP Nursing & CNO Eastern Reg	(i)	209,207	43,218	3,013	37,431	14,322	307,191	0
	(ii)	0	0	0	0	0	0	0
7Donald W Blair MD Neurologist	(i)	208,785	0	3,489	11,537	15,883	239,694	0
	(ii)	0	0	0	0	0	0	0
8George D Nolan Dir Support Services	(i)	150,665	15,526	10,287	8,246	17,966	202,690	0
	(ii)	0	0	0	0	0	0	0
9Susan Keenan Registered Nurse III	(i)	148,384	2,050	428	10,019	13,404	174,285	0
	(ii)	0	0	0	0	0	0	0
10Charles Gilbert Clinical Pharmacist II	(i)	140,249	0	7,878	20,311	17,864	186,302	0
	(ii)	0	0	0	0	0	0	0
11Edyta I Guberow Respiratory Therapist Reg	(i)	139,828	0	5,673	11,125	357	156,983	0
	(ii)	0	0	0	0	0	0	0
12Keary T Allicon Former CFO	(i)	0	0	0	0	0	0	0
	(ii)	44,952	0	109,295	983	10,931	166,161	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
Baystate Wing Hospital Corporation

Employer identification number
22-2519813

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MA Development Finance Agency - Ser A	04-3431814		04-13-2017	14,700,000	MDFA Series A - see Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	14,826,379							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	14,536,908							
11	Other spent proceeds								
12	Other unspent proceeds	289,471							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Form 990 Schedule K, Part I	A - MDFA Series A Part I - The purpose of the bond proceeds is for (i) the construction, renovation, and equipping of the emergency department located at the Borrower's campus at 40 Wright Street in Palmer, Massachusetts (the "Campus"), and (ii) other routine capital expenditures of the Borrower at the Campus and at 20 Daniel Shays Highway, Belchertown, Massachusetts 01007, 42 Wright Street, Palmer, Massachusetts 01069, 34 Hubbard Street, Ludlow, Massachusetts 01056, 2 Main Street, Monson, Massachusetts 01057, 2034-2040 Boston Road, Suite 16, Wilbraham, Massachusetts 01095, 2344 Boston Road, Wilbraham, Massachusetts 01095, 4 Springfield Street, Palmer, Massachusetts 01080 and other routine capital expenditures and equipment included in the Fiscal Year 2017 and Fiscal Year 2018 capital budgets Part I and Part II, Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Baystate Wing Hospital Corporation

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

2017

Open to Public Inspection

Employer identification number

22-2519813

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Two or more of the persons listed in this Form 990 Part VII have a business relationship with each other by virtue of sitting on one or more Boards of Directors or by serving in an employment relationship with one or more entities in the Baystate Group of affiliated entities and in the community The following trustees, officers, or key employees have a business relationship (1) James Phaneuf, CIC, Paul Scully, (2) Ronald Christensen, CPA and Sheila Cuddy, (3) Edward Noonan and Kara Noonan Pear

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 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 Baytate Health, Inc (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 Baystate Health, Inc (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) an 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 11b	<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 Audit and Compliance Committee of Baystate Health, Inc., which also includes some of the trustees of the filing organization. This committee also reviews the audited financial statements for the health system. The Form 990 was provided to all members of the Board of Directors 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 General 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. 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 compensation of other officers and employees of the filing organization is determined by the President of the filing organization in accordance with the Executive Compensation Philosophy Statement, in consultation with Human Resources, based on information provided by independent third party consultants for reasonableness including appropriate comparability data 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	Certain officers or directors of the filing organization are paid by an entity, Baystate Medical Practices, Inc (BMP) EIN 04-2888373, which is part of the health care system to which the filing organization belongs but does not meet the technical requirements as a "Related Organization" per Schedule R Compensation from BMP to the officers and directors of the filing organization therefore, is reported as paid from an unrelated organization in Line 5 and according to the instructions reported as though paid by the filing organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer from affiliate for land, buildings and equipment 398,615 Net assets released from restrictions 770,201 Minimum pension liability adjustment 332,259 Transfers to Affiliated Companies 2,411,883

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493221010059	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				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.							
See Additional Data Table							
(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

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	HNE Holding Corporation	C					No
(2) HNE Insurance Services Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3183019	Ancillary Insurance	MA	HNE Holding Corporation	C					No
(3) HNE Holding Corporation Monarch Place Suite 1500 Springfield, MA 011441500 46-4620480	Holding Shares in subsidiary corporations	MA	Health New England Inc	C					No
(4) Ingraham Corporation 759 Chesnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C					No
(5) Baystate Health 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 Springfield, MA 011441500 45-4462433	Health Ins Svcs for Mass Medicare Supplement Members	MA	HNE Holding Corporation	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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Health New England Inc	Q	7,554,236	

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)

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
759 Chestnut Street Springfield, MA 01199 22-2747685	Administrative services	MA	501 (c) (3)	12c, III	Baystate Health Inc		No
164 High Street Greenfield, MA 01301 04-2103575	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 04-3549011	Fundraising	MA	501 (c) (3)	7	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 22-2531644	Voluntary Employees Benefit Association	MA	501 (c) (9)		Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 04-2105941	Healthcare System Parent	MA	501 (c) (3)	7	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 04-2790311	Acute Care Teaching Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
50 Maple Street Springfield, MA 01199 20-3260764	Real Estate and Other	MA	501 (c) (3)	12b, II	Baystate Medical Center Inc		No
50 Maple Street Springfield, MA 01199 04-2105803	Home Health and Hospice Care	MA	501 (c) (3)	10	Baystate Health Inc		No
Monarch Place Suite 1500 Springfield, MA 011441500 04-2864973	HMO/Insurance	MA	501 (c) (4)		Baystate Health Inc		No
Monarch Place Suite 1500 Springfield, MA 011441500 46-5190134	HMO/Insurance	CT	501 (c) (4)		Health New England Inc		No
115 West Silver Street Westfield, MA 010861634 22-2537423	Hospital	MA	501 (c) (3)	3	Baystate Health Inc		No
115 West Silver Street Westfield, MA 010861634 04-3127730	Healthcare	MA	501 (c) (3)	12a, I	Baystate Noble Hospital Corporation		No
77 Mill Street Westfield, MA 01085 22-2757446	Home Health and Hospice Care	MA	501 (c) (3)	10	Visiting Nurse Assn and Hospice of Western New England Inc		No