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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization
Baystate Medical Center Inc

Doing business as

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

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

D Employer identification number
04-2790311

E Telephone number
(413) 794-0000

G Gross receipts $ 1,605,395,078

F Name and address of principal officer:
Raymond Mccarthy
759 Chestnut Street
Springfield, MA 01199

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.Baystatehealth.org

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

L Year of formation: 1983

M State of legal domicile: MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	9,378
6	Total number of volunteers (estimate if necessary)	**6**	69
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	25,203,295
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	99,883,972	60,154,211
9	Program service revenue (Part VIII, line 2g)	1,280,454,218	1,454,708,531
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,652,900	13,214,950
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,831,961	76,864,075
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,475,823,051	1,604,941,767
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,398,340	9,495,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	589,112,922	626,525,637
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	761,482,066	864,305,325
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,373,993,328	1,500,325,962
19	Revenue less expenses. Subtract line 18 from line 12	101,829,723	104,615,805

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,871,742,208	1,934,108,608
21	Total liabilities (Part X, line 26)	1,015,309,085	862,831,808
22	Net assets or fund balances. Subtract line 21 from line 20	856,433,123	1,071,276,800

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2022-08-01

Raymond Mccarthy 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
				P00743140

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 693,078,306 including grants of $ 9,495,000) (Revenue $ 744,298,752)
See Additional Data

4b (Code:) (Expenses $ 508,776,321 including grants of $) (Revenue $ 484,690,473)
See Additional Data

4c (Code:) (Expenses $ 38,617,098 including grants of $) (Revenue $ 36,455,065)
See Additional Data

(Code:) (Expenses $ 125,511,954 including grants of $) (Revenue $ 261,580,247)
Providing pharmacy and support services to the surrounding region. Services available to individuals regardless of their ability to pay.

4d Other program services (Describe in Schedule O.)
(Expenses $ 125,511,954 including grants of $) (Revenue $ 261,580,247)

4e **Total program service expenses ▶** 1,365,983,679

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	378		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	9,378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶Laurie Martin 759 Chestnut Street Springfield, MA 01199 (413) 794-0000

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,408,246	8,335,663	779,851

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 ▶ 838

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Baystate Medical Practices Inc 759 Chestnut St Springfield, MA 011990001	Medical, Educational & Clinical Services	83,630,897
Baystate Administrative Services Inc 759 Chestnut St Springfield, MA 011990001	Management Services	80,736,392
Shiftwise 1800 SW 1st Ave Suite 510 Portland, OR 97201	Contract Services	34,123,129
Shields Specialty Pharmacy of Springfiel 1200 Hancock St 300 Quincy, MA 02169	Management Services	13,036,927
Crothall Healthcare Inc 13028 Collections Center Dr Chicago, IL 60693	Contract Services	6,721,401

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 ▶ 125

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	2,512,134			
e Government grants (contributions)	1e	56,284,283			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,357,794			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		60,154,211			
Program Service Revenue	Business Code				
2a Inpatient Revenue	622110	770,720,444	770,720,444		
b Outpatient Revenue	622110	660,640,792	635,457,766	25,183,026	
c Sponsored Program Reve	622110	13,041,944	13,041,944		
d MCD Waiver Safety Net	622110	5,704,056	5,704,056		
e Intercompany Revenue	622110	3,012,595	3,012,595		
f All other program service revenue.		1,588,700	1,588,700		
g **Total.** Add lines 2a–2f.	1,454,708,531				
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts)		6,446,173			6,446,173
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	227,524				
b Less: rental expenses 6b	453,311				
c Rental income or (loss) 6c	-225,787				
d Net rental income or (loss)			-225,787		-225,787
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	6,565,938	202,839			
b Less: cost or other basis and sales expenses 7b	0	0			
c Gain or (loss) 7c	6,565,938	202,839			
d Net gain or (loss)			6,768,777		6,768,777
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a Pharmacy Service	622110	41,948,789	41,948,789		
b Intercompany Charges	622110	22,308,786	22,308,786		
c Cafeteria Income	622110	4,750,000			4,750,000
d All other revenue		8,082,287	8,058,431	20,269	3,587
e **Total.** Add lines 11a–11d		77,089,862			
12 **Total revenue.** See instructions		1,604,941,767	1,501,841,511	25,203,295	17,742,750

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	9,495,000	9,495,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	154,551	154,551		
7 Other salaries and wages	508,792,974	448,854,469	59,938,505	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	25,275,246	22,297,575	2,977,671	
9 Other employee benefits	56,408,590	49,762,532	6,646,058	
10 Payroll taxes	35,894,276	31,666,790	4,227,486	
11 Fees for services (non-employees):				
a Management	61,297,465	58,003,781	3,293,684	
b Legal	299,923		299,923	
c Accounting	769,685		769,685	
d Lobbying	68,718		68,718	
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)	211,567,786	192,949,005	18,618,781	
12 Advertising and promotion	331,516	200,951	130,565	
13 Office expenses	408,438,236	398,615,784	9,822,452	
14 Information technology	85,721,608	84,906,573	815,035	
15 Royalties				
16 Occupancy	24,153,576	12,292,586	11,860,990	
17 Travel	346,115	339,567	6,548	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	980,818	866,691	114,127	
20 Interest	8,350,908	8,350,908		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,250,518	46,785,569	8,464,949	
23 Insurance	6,728,453	441,347	6,287,106	
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	1,500,325,962	1,365,983,679	134,342,283	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		530,067,302	2	259,083,197
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		172,872,588	4	213,597,776
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		30,134,257	8	35,575,545
	9	Prepaid expenses and deferred charges		12,548,444	9	5,934,201
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,680,155,730			
	b	Less: accumulated depreciation	10b 1,091,455,026	546,901,216	10c	588,700,704
	11	Investments—publicly traded securities		373,530,641	11	651,063,723
	12	Investments—other securities. See Part IV, line 11		141,753,109	12	93,148,557
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1,551,827	14	1,552,027
	15	Other assets. See Part IV, line 11		62,382,824	15	85,452,878
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,871,742,208	16	1,934,108,608
Liabilities	17	Accounts payable and accrued expenses		161,671,053	17	178,931,045
	18	Grants payable			18	
	19	Deferred revenue		240,071,917	19	137,620,427
	20	Tax-exempt bond liabilities		476,119,575	20	468,946,990
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		54,013,672	23	55,150,324
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		83,432,868	25	22,183,022
	26	**Total liabilities.** Add lines 17 through 25		1,015,309,085	26	862,831,808
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		839,711,338	27	1,051,630,933
	28	Net assets with donor restrictions		16,721,785	28	19,645,867
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		856,433,123	32	1,071,276,800
	33	Total liabilities and net assets/fund balances		1,871,742,208	33	1,934,108,608

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,604,941,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,500,325,962
3	Revenue less expenses. Subtract line 2 from line 1	3	104,615,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	856,433,123
5	Net unrealized gains (losses) on investments	5	95,153,061
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,074,811
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,071,276,800

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 04-2790311

Name: Baystate Medical Center Inc

Form 990 (2020)

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 FY21, Baystate Medical Center, Inc. provided 232,431 patient days of inpatient services, with 43,468 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 FY21, Baystate Medical Center, Inc. had 345,692 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 Fy21, Baystate Medical Center, Inc. had 89,739 emergency department 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			
Mark A Keroack MD Trustee/President & CEO, BH	1.00 49.00	X						0	2,511,656	39,342
Kevin P Moriarty MD Trustee/Chief Ped Surgery	1.00 49.00	X						713,152	0	39,464
Holly Mason MD Trustee (Thru 12/31)/Surgeon	10.00 40.00	X						305,591	0	55,895
Akinyele K Lovelace DO Trustee/ Per Diem Internist	1.00 49.00	X						56,330	0	845
Arley Diaz MD Trustee (As of 1/1/21)	1.00 0.00	X						15,000	0	0
Robert J Bacon Chair	1.00 6.00	X		X				0	0	0
Adrian J Levsky Trustee (Thru 3/31/21)	1.00 4.00	X						0	0	0
Anne M Paradis Trustee (Thru 12/31/20)	1.00 5.00	X						0	0	0
Claudia R Coplein DO Trustee	1.00 4.00	X						0	0	0
Colleen W Holmes Trustee	1.00 4.00	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			
Denise R Jordan Trustee	1.00 4.00	X						0	0	0
Edward J Noonan Trustee	1.00 4.00	X						0	0	0
Gregory L Braden MD Trustee	1.00 4.00	X						0	0	0
Harriet A Deverry Vice Chair/ Trustee	1.00 5.00	X						0	0	0
Hector F Toledo Trustee (Thru 12/31/20)	1.00 5.00	X						0	0	0
Irene Rodriguez Martin Trustee	1.00 4.00	X						0	0	0
James R Phaneuf Trustee	1.00 4.00	X						0	0	0
John F Maybury Trustee	1.00 6.00	X						0	0	0
Kathleen B Scoble Trustee	1.00 5.00	X						0	0	0
Maria P Goncalves Trustee	1.00 5.00	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			
Paul C Picknelly Trustee	1.00 4.00	X						0	0	0
Paul R Murphy Trustee	1.00 4.00	X						0	0	0
William R Webber Trustee	1.00 4.00	X						0	0	0
Nancy Shendell-Falik President(Thru 5/21) /SVP Hospital OPS	30.00 20.00			X				0	1,311,383	46,342
Raymond McCarthy Treasurer	10.00 40.00			X				0	668,402	25,713
Kristin R Delaney Clerk	1.00 49.00			X				0	168,346	40,493
Nancy Remillard Assistant Clerk	1.00 49.00			X				0	60,003	11,278
Frank J Cracolici Interim President (As of 7/21)	50.00 0.00			X				0	0	0
Marion Mcgowan Evp COO	25.00 24.00				X			0	1,016,330	58,644
Douglas Salvador MD SVP/CQO BH, CMO BMC	40.00 10.00				X			0	743,324	52,443

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			
Tejas Gandhi VP/COO	40.00 10.00				X			0	558,425	50,912
Christine Klucznik VP/CNO	49.00 1.00				X			0	398,905	23,550
Peter Friedmann MD Assoc Dean Chief Res Officer	50.00 0.00					X		466,737	0	26,302
Peter Lindenauer MD Asst Dean Population Health	50.00 0.00					X		377,720	0	66,261
Amy Gottleib Md Assoc Dean Chief Fac Develop	50.00 0.00					X		417,385	0	22,256
Jasmine J Paadam MD CIS Physician Leader	50.00 0.00					X		371,018	0	19,646
Mark Loos Mdir OR & Surgical Units	50.00 0.00					X		350,557	0	39,036
Dennis W Chalke Former Treasurer	0.00 0.00						X	0	898,889	76,373
Deborah A Provost VP CAO CNO BFMC/CRO BH	25.00 25.00						X	334,756	0	85,056

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

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

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217004032

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		68,718
j	Total. Add lines 1c through 1i			68,718
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1:	Baystate Medical Center, Inc. pays membership dues to the Massachusetts Hospital Association (MHA) $40,143, the American Hospital Association (AHA) $27,630 and the National Association of Urban Hospitals $945. 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, 2021 is $68,718.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		12,732,432		12,732,432
b Buildings		784,126,947	388,385,267	395,741,680
c Leasehold improvements		5,849,806	3,581,724	2,268,082
d Equipment		773,024,314	656,702,906	116,321,408
e Other		104,422,231	42,785,129	61,637,102
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				588,700,704

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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	
(2) Due to affiliated companies	2,878,451
(3) Insurance liability loss reserves	7,410,557
(4) Market value swap series E	1,427,774
(5) Employer Tax Deferral	10,466,240
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	22,183,022

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,700,901	4,535,106	7,165,795	0.480 %
b Medicaid (from Worksheet 3, column a)			288,760,542	237,304,891	51,455,651	3.430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,619,499	2,763,347	856,152	0.060 %
d **Total** Financial Assistance and Means-Tested Government Programs			304,080,942	244,603,344	59,477,598	3.970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,775,353		2,775,353	0.180 %
f Health professions education (from Worksheet 5)			68,021,148	19,770,366	48,250,782	3.220 %
g Subsidized health services (from Worksheet 6)			20,308,031	12,232,534	8,075,497	0.540 %
h Research (from Worksheet 7)			24,900,276	18,083,636	6,816,640	0.450 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			671,200		671,200	0.040 %
j **Total.** Other Benefits			116,676,008	50,086,536	66,589,472	4.430 %
k **Total.** Add lines 7d and 7j			420,756,950	294,689,880	126,067,070	8.400 %

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			86,249		86,249	0.010 %
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			86,249		86,249	0.010 %

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	3,585,903		
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	282,984		
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	345,275,936		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	317,058,802		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	28,217,134		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): https://www.baystatehealth.org/about-us/community-programs/community-benefi			
b	☑ Other website (list url): www.publichealthwm.org			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): https://www.baystatehealth.org/about-us/community-programs/community-benefi			
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 Medical Center Inc

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?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☐	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☐	Underinsurance discount			
g ☐	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): https://www.baystatehealth.org/patients/billing-and-financial-assistance			
b ☑	The FAP application form was widely available on a website (list url): https://www.baystatehealth.org/patients/billing-and-financial-assistance			
c ☑	A plain language summary of the FAP was widely available on a website (list url): https://www.baystatehealth.org/patients/billing-and-financial-assistance			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	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 ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Baystate Medical Center Inc

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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Baystate Medical Center Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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? **21**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 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.

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Form and Line Reference	Explanation
Part I, Line 7:	Line 7a (Charity Care) - community benefit expense was calculated by applying the ratio of patient care cost to charges, calculated on Worksheet 2, against total charity care gross patient charges from the audited financial statements.Line 7b (Unreimbursed Medicaid) - community benefit expense was derived using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under Medicaid and Medicaid managed care plans.Line 7c (Other Means-Tested Programs) - community benefit expense was derived using the organization's cost accounting system, which takes into account all hospital inpatients, outpatients and emergency room patients for whom services were provided and covered under other means-tested government programs.Line 7e (Community Health Improvement Services & Benefit Operations) - Community Health Improvement Services calculations are derived from direct and indirect costs associated with community benefit activities that are aligned with the hospital's 2018 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 benefits strategy and operations.Line 7f (Health Professional Education) - community benefit expense was derived using the organization's cost accounting system.Line 7g (Subsidized Programs) - community benefit expense was derived using the organization's cost accounting system. The expense relates to specific outpatient programs. There are no costs attributable to physician clinics reported as subsidized health services in Part I, line 7g.Line 7h (Research) - community benefit expense was derived using the organization's cost accounting system. In addition to the research costs reported on line 7h, there was $702,789 of expenses related to Industry-sponsored grants that we believe should be treated as community benefit expense because they were incurred to promote the health and well-being of the local population and are a key component of our commitment to the community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f):	Estimated uncollectible amounts due from patients (bad debt expense) is an implicit price concession and a direct reduction to net operating revenue. These implicit price concessions are not included in total expenses reported in Part IX, LIne 25, column (A) for the purpose of calculating the percentages in Part 1, LIne 7, column (f).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities:	The following description is not quantified specifically in Part II of Schedule H. The hospital facility is committed to creating healthier communities and understands that many state and 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 it serves; including grants and sponsorship of local community-based organizations and the involvement of Baystate Health leadership with various community boards that align with its mission.The hospital facility provided $231,556.08 as a Payment in Lieu of Taxes (PILOT) to the City of Springfield for its facilities at 3400 Main Street and 11 Wilbraham Road. Baystate Medical Center provided $15,602.05 as a Payment in Lieu of Taxes (PILOT) to the City of Chicopee for an employee parking lot located at Center Street, Chicopee. The hospital facility is a dues paying member of the Economic Development Council of Western Massachusetts (EDC) and Springfield Regional Chamber of Commerce, in the amount of $86,249.10. The hospital participates in the EDC and local Chambers as it is the largest employer in the region. The Chamber and its members coordinate activities toward a common purpose of sustainability and economic growth for the region.

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Form and Line Reference	Explanation
Part III, Line 4:	The cost of bad debts reported in Part III, line 2 was calculated by applying a ratio of cost to charges (based on the organization's cost accounting system including all hospital inpatients and outpatients) against total implicit price concessions as reflected 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. Un-collectible balances owed on patient accounts (bad debt expense) is an implicit price concession when determining net patient service revenue. The Net Patient Service Revenue disclosure included in footnote 2, Significant Accounting Policies, describes the organization's reporting of its implicit price concessions.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.

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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 2021 Medicare cost report, net of Medicare costs reported in Part 1, line 7g, and based on Medicare costing principles. There is no shortfall reported on line 7.

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

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Form and Line Reference	Explanation
Part VI, Line 2:	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 with the health system's strategic plan; review of CHNA data; approval of a community benefits mission statement and health priorities; review impacts of community benefits activities and investments; and ensure Baystate Health'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.Baystate Health Patient & Family Advisory Council (PFAC) members provided valuable input in enhancing care at Baystate Health based on the knowledge of the unique needs of patients and families. Information from PFAC 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. PFAC is made up of a diverse group of patients, family members, and community members who represent the collective voice of the patients and families at Baystate Medical Center, Baystate Children's Hospital, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Mary Lane Outpatient Center, Baystate Wing Hospital, the D'Amour Center for Cancer Care, and the BeHealthy Accountable Care Organization (ACO) in Baystate managed health centers.

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Form and Line Reference	Explanation
Part VI, Line 3:	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 eligible patients the opportunity to apply for free or reduced cost services. The hospital not only offers free and reduced cost care 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 federal and state 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 federal and state 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. Baystate Health's Financial Assistance Policy and Billing and Collection Policy are posted on the baystatehealth.org website at https://www.baystatehealth.org/patients/billing-and-financial-assistance. The goal of posting the Financial Assistance Policy and the Billing and Collection Policy is to ensure that patients or prospective patients in the community are aware of the financial assistance programs. Signs about the availability of financial assistance programs at the hospital are translated into Spanish and Russian as these languages are primarily spoken by more than 1,000 or 1% of the residents in the hospital's service area. Signs are large and clearly visible. Hospital signs are 8.5 x 11 inches and the header print font is 24 points. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	The following "community information" description draws from the hospital's 2018 CHNA. Baystate Medical Center (Baystate Medical) is a 746-bed academic medical center based in Springfield, Massachusetts. Baystate Medical is home to western New England's only tertiary care referral medical center, Level I Trauma Center and Level II Pediatric Trauma Center, and neonatal and pediatric intensive care units. The medical center also includes Baystate Children's Hospital and the Wesson Women and Infants' Unit, and is the regional campus of the UMass Chan Medical School. Baystate Medical is also the community's major referral hospital, providing the highest level of care for conditions such as cancer, acute, and chronic cardiovascular illness, nervous system illness, digestive illness, and other diseases that affect the major organs of the body.The service area for Baystate Medical includes all 23 communities within Hampden County, including the third largest city in Massachusetts Springfield (population over 150,000). Three adjacent cities (Holyoke, Chicopee, and West Springfield) create a densely-populated urban core that includes over half of the population of the service area (270,000 people), and 91% of Hampden County is classified as urban (US Census, 2013-2017). Smaller communities exist to the east and west of this central core area. Many of these communities have populations under 20,000 people. The Pioneer Valley Transit Authority, the second largest public transit system in the state, serves 11 communities in the service area, and connects suburban areas to the core cities and services.The service area has more racial and ethnic diversity than many other parts of western Massachusetts. County-wide, 24% of the population is Latino, 8% is black, and 2% is Asian (ACS, 2013-2017), though this diversity is not equally spread throughout the region and tends to be concentrated in the urban core. A substantial proportion of the county's population is from other countries. In 2017, 22% of the state's immigrants came to western Massachusetts. West Springfield has welcomed the highest proportion in Hampden County; 15% of the city's populations are foreign-born (US Census, ACS, 2013-2017). Economically, the Baystate Medical service area is home to many of the largest employers in the region as well as numerous colleges and universities, and provides a strong economic engine for the broader region. The largest industries and employers include health care, service, and wholesale trade and manufacturing. At the same time, the county struggles with higher rates of unemployment and poverty, lower household incomes, and lower rates of educational attainment. The median household income in the service area is about $52,000 ($22,000 less than the state). The poverty rate is more than 60% higher than statewide, and the child poverty rate is an alarming 27%, with more than one out of every four children in Hampden County living in poverty (ACS, 2013-2017). Despite being at the core of the Knowledge Corridor region, only 27% of the population age 25 and over has a bachelor's degree, compared to 43% statewide. Unemployment is somewhat higher than the state average. The median age for the service area is similar to that of Massachusetts, although in Springfield the median age is about 33 years of age compared to 39 in Hampden County. The population over 45 years old is growing as a percentage of the total population. To give a sense of the change in service needs necessary, by 2035, the proportion of people over the age of 60 is projected to grow from 20% of the population to 28% in Hampden County, with the number of older adults increasing from approximately 92,000 in 2010 to an estimated 140,000 in 2035. In Hampden County 16% of the population has a disability compared to the state rate of 12%. In Springfield and Holyoke, disability rates are high at almost 20% and 17% respectively. In Hampden County, 11% of youth under 18 have disability (state 7%). By race and ethnicity, 6% of white children, 10% of Latino children; and 6% of black children have a disability (US Census, ACS, 2013-2017). People with disabilities tend to have higher rates of poverty and lower levels of education. In Hampden County, poverty rates among those with a disability (27%) were more than double those among people without a disability (12%). Similarly, 30% of the disabled population did not have a high school diploma compared to 11% among those without a disability (US Census, ACS, 2013-2017).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	The hospital facility has a responsibility to respond to health care needs unsupported by government programs. In exchange for this responsibility, the hospital qualifies for tax-exempt status under 501(c)(3). However, providing hospital care alone is not enough to qualify for tax-exempt status. Hospitals also must operate in the public interest and provide programs that benefit the community.The charitable mission of the hospital facility, a member hospital of Baystate Health, 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 Health or community-based entity. 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 selects nominees who are representative of the various and diverse constituencies served by Baystate Health and its affiliates. In particular the Committee nominates persons who are representative of the community consumer interests of the various neighborhoods and localities which are served by Baystate Health and its affiliates in the carrying out of and pursuant to the charitable mission of the Baystate Health and its affiliates.Please refer to the section above in line 2 for additional examples of 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	Baystate Health is a not-for-profit integrated healthcare system serving over 800,000 people throughout western Massachusetts. Nationally recognized as a leader in healthcare quality and safety, Baystate Health has more than 12,000 employees and serves a diverse population of patients at its teaching hospital, Baystate Medical Center in Springfield, as well as at Baystate Children's Hospital, its three community hospitals, several urban health centers, home care and hospice services, and a network of over 80 medical practices. The four hospitals include Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, and Baystate Wing Hospital (which includes Baystate Mary Lane Outpatient Center); the other 501(c)(3) organizations include Baystate Medical Practices, Visiting Nurse Association and Hospice of Western New England, Baystate Administrative Services, and Baystate Health Foundation. Baystate Medical Center (Baystate Medical) is a 746-bed academic medical center based in Springfield, Massachusetts. Baystate Medical is home to western New England's only tertiary care referral medical center, Level I Trauma Center and Level II Pediatric Trauma Center, and neonatal and pediatric intensive care units. The medical center also includes Baystate Children's Hospital and the Wesson Women and Infants' Unit, and is the regional campus of the UMass Chan Medical School. Baystate Medical is also the community's major referral hospital, providing the highest level of care for conditions such as cancer, acute, and chronic cardiovascular illness, nervous system illness, digestive illness, and other diseases that affect the major organs of the body.Baystate Children's Hospital, part of Baystate Medical, 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 (Baystate Franklin) is an 89-bed facility located in Greenfield, Massachusetts, that provides high-quality inpatient and outpatient services to residents of rural Franklin County and North Quabbin. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/ midwifery. Outpatient services include cardiology, cardiac rehabilitation and wellness, emergency medicine, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine. In addition, through a partnership with the CHCFC, a dental clinic is located in the Baystate Franklin emergency department.Baystate Noble Hospital (Baystate Noble) is a 85-bed acute care community hospital helping people in the greater Westfield community, offering direct access to world-class technology, diagnostics, and specialists. The hospital works to ensure that patients have access to exceptional healthcare, close to home. Skilled and compassionate nurses and medical support staff offer an ideal combination of "high tech and "high touch", complementing an outstanding team of doctors. Services include obstetrics and gynecology, emergency, laboratory, gastroenterology, surgery, cardiopulmonary services and rehabilitation, cancer care, behavioral health, urology, neurology, inpatient rehabilitation, and diagnostic imaging, including 3D mammography.Baystate Wing Hospital (Baystate Wing) is a 68-bed facility located in Palmer, Massachusetts helping people in a service area that includes three counties Hampden, Hampshire, and Worcester. The hospital services approximately 120,000 residents in seventeen towns, with over half of this population living in Belchertown, Ludlow, Palmer, Wilbraham, and Ware. We offer a broad range of medical, surgical, and psychiatric services. Our expanded Emergency Department (ED) provides comprehensive emergency services for adults and children around the clock. The emergency department includes a six bed critical care unit and is a primary stroke center designated by the Massachusetts Department of Public Health (MDPH). Our hospital offers comprehensive, personalized, and high-quality inpatient and outpatient behavioral health and addiction treatment services through the Griswold Behavioral Health Center and the Center for Geriatric Psychiatry.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	MA

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	Baystate Medical Practices (BMP) is a multi-specialty group of over 1,131 physicians and a dvanced practice clinicians in primary care, specialty, and surgical disciplines with more than 100 practices across 85 locations. BMP offers patient-centered care, including: fami ly practice, internal medicine and pediatric providers, community health centers, urgent c are clinics, suburban and rural practices. Many sites are designated Patient Centered Medi cal Homes, signifying our emphasis on communication with patients, collaboration among pro viders, 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 Baystate Health and BMP policie s, BMP may provide such care free of charge or at amounts below its normal charges. In tax year 2020 BMP provided $1,438,140 in charity care. In addition to the charity care provid ed 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 co mmunities including specific focus on HIV/AIDS and by providing physician staffing for thr ee community-based health centers through Baystate Medical. BMP faculty published 278 peer -reviewed articles in tax year 2020, acquiring and disseminating new knowledge to a broad audience. This was a 13% increase over the last fiscal year. These original research findi ngs will improve the care delivered to patients.Visiting Nurse Association and Hospice of Western New England provides the highest quality of care to patients and families, primari ly in their homes. It is a comprehensive home health, hospice, and palliative care agency with a staff of over 250 managing more than140,000 visits annually. Each patient and famil y is cared for by certified and experienced nurses, therapists, social workers, hospice ai des, spiritual and bereavement counselors, and volunteers in collaboration with their prim ary care physicians and/or other providers. The home health team works together to ensure a safe and swift recovery from illness, accident, or surgery in the comfort of patients' h ome. The Hospice and Palliative Care Team offers medical, spiritual and other support serv ices through its extensive network of caregivers to support patients facing a serious or l ife limiting illness. 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 towar ds the final stage of life. Over the past year, home health services were rendered to over 400 patients discharged from the hospital with covid-19. In addition to skilled nursing v isits, telehealth monitoring was provided to these patients on a daily basis until they we re rehabilitated and safely discharged from home services. Baystate Reference Laboratories (BRL) is Baystate Health's clinical diagnostic laboratory service, providing state-of-the -art, convenient pathology testing services to physicians, hospitals, and other health car e services throughout the region. BRL is the region's largest academic medical center-base d reference laboratory and is staffed by more than 20 board-certified pathologists and ove r 650 technologists and lab support personnel.Based in Springfield, Massachusetts, Health New England is a not-for-profit health plan serving members in Massachusetts and Connectic ut. A wholly-owned subsidiary of Baystate Health, Health New England offers a range of hea lth care plans including commercial, Medicaid, and Medicare supplemental coverage. For ove r 30 years, Health New England has been meeting the health care needs of our members, and continue to be the most trusted and valued health plan in our community. In addition to th e brief descriptions of the affiliated entities above, the information below speaks to act ivities of Baystate Health and its affiliates regarding promotion of community health.In a ddition to its 12,000 employees, Baystate Health has medical staff, nurses, residents and fellows, medical students, nursing students, and allied health students who gain comprehen sive medical education during the year. A recognized leader in educational innovation, Bay state Health has been training doctors since 1914. In tax year 2020, over 315 residents an d fellows in 10 residency and 15 fellowship programs trained at Baystate Health. In additi on, Baystate Health provided training to over 150 medical students completing clerkships a nd electives in various specialties. 107 medical students enrolled in the Population-based Urban and Rural Community Health (PURCH) track at UMass Chan Medical School Baystate. The re were over 1,000 nursing students and over 320 allied health students from local college s and universities that completed clinical trainin

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	g as part of their associate, baccalaureate, master's and post-doctoral work. Baystate Hea lth is a nationally accredited provider of continuing education for the entire team of hea lth care professionals. Continuing education is provided through regional conferences, gra nd rounds, and internet courses. During the Covid pandemic Baystate Health has continued t o support the local nursing program clinical placement requirements to ensure outstanding learning opportunities and experiences for new nurses. These trying times have served as a n opportunity to build our collaborative partnerships. In tax year 2020, 134 nurses gradua ted from the Baystate Health Nurse Residency Program. The program is a 10-month long progr am for registered nurses with less than 12 months experience, offering practice-based expe rience, in-depth learning, and ongoing professional development. Baystate Health's Nurse R esidency Program successfully achieved reaccreditation in July 2021 as a Practice Transiti on Program by the American Nurses Credentialing Center's (ANCC) Commission on Accreditatio n. The program also achieved national recognition as an Industry-Recognized Apprenticeship Program (IRAP) through the US Department of Labor as well. In tax year 2020, Baystate Hea lth provided 28 nurses with forgivable nursing loans towards earning their ADN, BSN, maste rs, DNP, or PhD in nursing. The program was established in 2002 and to date has supported more than 600 RNs and student nurses providing more than $2,451,250 in forgivable loans.Th e Baystate Medical Center's Midwifery Education Program was able to graduate six students in tax year 2020, though pandemic related disruptions delayed the graduation of two studen ts until December. Two graduates are scheduled to take their board exam in March. This pro gram has a historical pass rate of 100% on the American Midwifery Certification Exam. Thre e graduates are employed as Certified Nurse-Midwives (CNMs) in Springfield, Connecticut, a nd Rhode Island while the fourth is interviewing with a practice in New Jersey. This was a nother challenging year but Baystate was one of the few education programs in the country that was able to provide uninterrupted clinical experience to our students. The Baystate M idwifery Education Program continues to support area workforce, with program alumni compri sing 30% of CNMs employed in practices Springfield and surrounding areas.In partnership wi th the UMass Chan Medical School, Baystate Health is now the regional campus for an innova tive curriculum track called PURCH (Population-based Urban and Rural Community Health). Th e PURCH track focuses on addressing social determinants of health for our patients. The PU RCH track is designed to prepare students to care for Baystate Health's diverse patient po pulations by providing classroom and clinical experiences in a variety of clinical setting s, led by faculty who have expertise in population health and clinical effectiveness resea rch. 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 b y increasing the number of Massachusetts physicians trained in urban and rural primary car e; and to apply proven academic research methods to improve population health, reduce heal th disparities, and make health care better integrated, more efficient, and more effective . Over the past tax year, there were nine sites that hosted Population Health Clerkships (PHCs), four rural and five urban. The following organizations participated as host sites: Armbrook Village, BeHealthy ACO Partnership, MLK Jr. Family Services, Quaboag Valley Commu nity Development Corporation, Quaboag Hills Substance Use Alliance, ReGreen Springfield, S quare One, and Tapestry Health.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	In tax year 2020, Baystate Springfield Educational Partnership (BSEP) found itself redesig ning its program in light of the pandemic. BSEP engaged 203 (unique number of participants is smaller) high school students from all Springfield High Schools and several charter an d private schools. Numbers were impacted by pandemic restrictions at the hospital. Staff c oordinated summer internships at Baystate Medical Center for 28 students. BSEP trained (4) students as certified nursing assistants, four (4) in phlebotomy two (2) Operating Room A ssistants, and several other areas of the hospital. The number also includes 5 Summer Scho lar students, which was a revival of the program cancelled in 2020. In addition, 12 studen ts were placed in work experience throughout the year as part of the Workforce Innovation and Opportunity Act (WIOA) program and other funded workforce development initiatives. Bay state has already jumped to the top of the minimum wage scale which will impact the number of students that can have a work experience under the grant. Lastly, 25 former BSEP parti cipants were awarded $25,000 in scholarships to support their pursuit of undergraduate and graduate education. Total Baystate scholarships awarded to date now exceeds $775,000.Volu nteers enhance the work of our employees and interactions with our patients and families e very day. In tax year 2021, Volunteer Services only operated for a brief period of time to a very limited capacity because of the COVID pandemic. Only 30 of Baystate's 325 voluntee rs were able to provide their services in Escorting visitors and patients and in providing comfort in the No One Dies Only program. In 2021, over 226,000 language interpreter sessi ons helped patients and families better understand their care, more than a 10% increase in one year. Interpretation took place in person, over the phone, and via video amid the var ious waves of COVID-19. Providers were able to conduct video and telephonic interpretation sessions via a new integration in the patients' electronic medical record, increasing the volume of interpreted telehealth calls exponentially. Our nationally certified translator s again translated more than 4,500 pages of patient-related information, helping to ensure that our patients were well informed about their health condition(s) and how to care for those conditions in simple terms and in a language they understand. Baystate Health's Medi caid Accountable Care Organization (ACO), the BeHealthy Partnership (BHP) which includes C aring Health Center, Health New England, and the four Baystate Health Community Health Cen ters serves approximately 45,000 people and saw an increase due to the COVID-19 pandemic i n tax year 2019 which continues at a stable number. In its fourth year, BHP focused on con tinuing to build out its clinical innovation strategies, interoperability infrastructure, as well as meet its quality standards. In addition, health equity work was prioritized in the clinical and data arenas. The ACO continued its work on a COVID-19 Mitigation Workgrou p, which involved partnering with community entities such as the Springfield Housing Autho rity. The ACO also deepened community linkage efforts to better support our members throug h the Flexible Services program that served 908 members; 85% of the referred members recei ved housing, asthma and COVID supply delivery and emergency food deliveries as appropriate . Community outreach efforts are intricately linked to future strategies of telehealth, Fl exible Services programming, and balancing medical and social supports for better health o utcomes and reduction of total cost of care.Baystate Health and its affiliates are committ ed to providing the communities they serve throughout western Massachusetts with the resou rces necessary to stay informed and healthy by providing both basic and extensive educatio nal opportunities such as parent education classes, including "Baystate's Babies" a perina tal education and support program. Also offered are breastfeeding classes, prenatal/postna tal childbirth education classes, and infant safety classes. Some classes are free while o thers are offered at a reasonable fee. No one is turned away due to inability to pay. Due to COVID-19, face-to-face programs are suspended until further notice, but online parent e ducation classes are available as well as synchronous classes on a virtual WebEx platform with a live parent educator. Baystate Health continues to offer many free groups via WebEx including Breastfeeding Question and Answer hour, Childbirth Question and Answer hour, an d the Mother to Mother support group.The Moms Do Care EMPOWER program at Baystate Franklin , designed to help pregnant women with opioid use disorder (OUD) have healthy babies and p ursue healthier futures. The program received four more years of State Opioid Response fun ding through 2026 from the Substance Abuse and Mental Health Service Administration (SAMHS A) The program provides a medical/behavioral healt

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	h home to pregnant, postpartum, and parenting women. The DPH has extended funding and expa nded eligibility criteria to include Opioids, Stimulants and Alcohol. The program provides peer support through recovery coaches and doulas who partner with women in pregnancy and up to 1 year postpartum. Care Coordination and Service Navigation are also provided throug h obstetric and midwifery providers as well as a licensed mental health counselor. The EMP OWER program currently serves approximately 30 women and families in Franklin County each year.Baystate Medical implemented an enhanced way to care for newborns physiologically dep endent on opioids and their mothers called the Rooming-in Program. Previously, babies impa cted by maternal OUD were admitted to the Neonatal Intensive Care Unit if they required ph armacological treatment for Neonatal Abstinence Syndrome. Parents understood little about the process and length of stay averaged several weeks. With the Rooming-in Program, eligib le babies remain with their mothers in a private room throughout treatment, encouraging br eastfeeding and bonding. Mothers receive prenatal and postnatal education to better unders tand the process and how to care for their babies, leaving them empowered while significan tly decreasing length of stay for these babies.The Institute for Healthcare Improvement re cognized Baystate Medical and Baystate Health's three community health centers as the firs t age-friendly health care institutions in the nation. The national age-friendly health sy stem movement focuses on improving care by attending to what matters most to patients: med ications, mental activity, and mobility. The honor recognized the efforts of the Acute Car e for Elders program team and the interprofessional "Geri-Pal" team who recognize the uniq ue problems of older adults, focus on what is most important to patients, and emphasize ke eping those in their care as independent and active as possible. They assist with care pla ns, choosing treatment options, recognizing drug side effects, and making difficult decisi ons.Baystate Health has provided a safe way to dispose of unwanted medications and sharps through the installation of collection receptacles at each of its four hospitals and sever al other health care facilities. Community members now have a resource for safely and conf identially throwing away household sharps (needles and other syringe related devices) and unused prescription medications. In tax year 2020, Baystate Health collected approximately 2,722 pounds of sharps and 1,179 pounds of medications from the communities.The Mini-Medi cal School program is an eight-part health education series offered at Baystate Medical fe aturing a different aspect of medicine each week. Designed for an adult audience, each cou rse is taught by an energetic faculty member who will explain the science of medicine with out resorting to complex terms. Mini-Medical School gives Baystate Health the opportunity to open its doors to the public and share its knowledge of medicine in a comfortable and f riendly 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 live s. 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 m edical student. Tuition is $95 per person, $80 for Senior Class and Baystate Health Every Woman members. Mini-Medical School Alumni is over 2,000 members. Baystate Health is commit ted to caring for those we serve, due to current concerns about the COVID-19 outbreak and recommendations by the CDC, about social distancing, Baystate Health is instituting restri ctions for events and meetings and the Mini Medical School was cancelled.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	Because the program is comprehensive and consists of in-person meetings, gatherings, and t ours within the hospital, in 2021 Baystate Health did not host the program. These are impo rtant policy changes that support our priority focused on the health and safety of our com munity, patients and team members.Baystate Health offers free programs to women and senior s 55+. Baystate Health Senior Class is a free loyalty program dedicated to health and well ness offered exclusively for men and women ages 55 and over. The 21,000+ Senior Class memb ers receive a quarterly newsletter and bi-monthly eNews with valuable health information, benefits, and invitations to special events, including virtual events designed with their interests in mind. The free Baystate Health Every Woman Loyalty Program offers its 15,000+ members the latest women's health information through seminars with physicians, nurses, a nd other medical professionals in a comfortable and lively setting as well as virtual even ts. Members receive a quarterly newsletter and monthly eNews. The program is designed to i ncrease knowledge of women's health issues, and in turn, provide women with the informatio n they need to make the best decisions regarding their health.In tax year 2020, 28 employe es 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 empl oyees purchasing their first home in the communities surrounding Baystate Health hospitals . To date, the program has provided more than $2 million in forgivable home loans.Since it s inception in 1994, Rays of Hope has been helping women and men in the fight against brea st cancer by walking alongside them on their cancer journey. Through the Baystate Health B reast Network, Rays of Hope cares for the whole person from diagnosis and beyond by suppor ting 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 progra ms to our community partners throughout western Massachusetts. Covid-19 lead to a decrease in funds raised and the shuttering of the many community programs we normally provide gra nts to. Since 1994, Rays of Hope has raised over $16.1 million to date. All funds raised r emain 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 Heal th. Baystate Health is a strong supporter of the United Way, and a major contributor to th e organization with workforce campaigns and thousands of employee donors and volunteers. B aystate 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 sup port the United Way of Pioneer Valley, Greenfield workplace to support the United Way of F ranklin County, and Ware workplace to support the United Way of Hampshire County. Employee s can direct their donations to one or all of the United Way's action areas: Education, In come, and Health, or designate to a qualified agency with a minimum contribution. As part of an annual tradition, in tax year 2020 Baystate Health team members generously donate sc hool supplies to local elementary schools located in each of our four hospital communities . This year, despite COVID-19, employees were able to participate in school supplies donat ion drives in person at our facilities. Each hospital uniquely selects which schools and/o r non-profit to make the donations through. This year, Baystate Franklin employees chose t o donate through the United Way of Franklin County Blooming Backpacks Initiative, serving students from elementary to high school. Baystate Noble's employees allocated all donation s to the Abner Gibbs Elementary school. Baystate Wing employees were able to collect and d onate 1,058 items to Palmer, Ware and Quaboag Regional Schools. Baystate Medical Center an d its community health centers were able to donate to six local elementary schools in Spri ngfield. Beneficiary schools included: Brightwood Elementary School, William N. DeBerry El ementary School, Gerena Community School, Lincoln Elementary School, Margaret C. Ells Elem entary School, and Milton Bradley Elementary School. The COVID-19 pandemic and holiday sur ge may have prohibited our hospitals from hosting their annual in person holiday toy drive s, but it did not stop our employees from generously donating new toys/gifts to benefit lo cal children during the holiday season. Each Baystate hospital created a safe plan for emp loyees to mail or deliver their toy donations. Baystate Medical team members donated over 300 toys, shipped directly by the Baystate Health

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 6 continued	Warehouse team to our three Springfield community health centers for staff and providers t o gift to pediatrics patients. Baystate Health's Community Benefits Program provided one-t ime holiday basic needs grants to New North Citizens' Council and Martin Luther King, Jr. Family Services, both based in Springfield. Baystate Health Eastern Region team members do nated toys/gifts to benefit 90 children from Ware, Palmer, Belchertown, the Brookfields, B rimfield, and Warren served by Behavioral Health Network (BHN). Franklin County children s erved by Community Action of Pioneer Valley's Family Center were the recipients of several dozen toys/gifts donated by Baystate Franklin team members. Baystate Noble team member do nations benefited Greater Westfield children served by Behavioral Health Network (BHN). Se e also additional information regarding Baystate Health, Inc. and its affiliate's promotio n of community health above in Line 4.

Additional Data

Software ID:

Software Version:

EIN: 04-2790311

Name: Baystate Medical Center Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Baystate Medical Center Inc 759 Chestnut Street Springfield, MA 01199 2339	X	X	X	X		X	X			

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 Medical Center, Inc.	Part V, Section B, Line 5: Baystate Medical is a member of the Coalition of Western Massac husetts Hospitals/Insurer (Coalition). The Coalition is a collaboration between eight non- profit hospitals/insurer in western Massachusetts: Baystate Medical Center, Baystate Frank lin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Cooley Dickinson Hosp ital, Mercy Medical Center (a member of Trinity Health New England), Shriners Hospitals fo r Children Springfield, and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts. The Coalition formed in 2012 to bring hospitals within western Massachusetts together to share resources and work in collaborati on to conduct their triennial community health needs assessments (CHNAs) and address regio nal needs. The input of the community and other important regional stakeholders was an imp ortant part of the CHNA process. A wide range of stakeholders took part in the 2018 CHNA p rocess, including local and regional public health and health departments, other local mun icipal agencies, diverse community-based organizations, advocacy organizations, healthcare providers, and community residents. These stakeholders provided input through a CHNA Regi onal Advisory Council (RAC), focus groups, key informant interviews, community conversatio ns, and community chats. Additionally, community forums were conducted towards the end of the CHNA process to vet preliminary findings with community members. Please refer to the h ospitals' CHNA Appendix I for a complete listing of public health, community representativ es, and other stakeholders included in the process. The CHNA RAC included representatives from each Coalition member hospital/insurer as well as public health and community stakeho lders from each hospital service area. Stakeholders on the RAC included local and regional public health and health department representatives; representatives from local and regio nal organizations serving or representing medically underserved, low-income or populations of color; and individuals from organizations that represent the broad interests of the co mmunity. The Coalition conducted a stakeholder analysis to ensure geographic, sector (e.g. schools, community service organizations, healthcare providers, public health, and housin g), and racial/ethnic diversity of RAC. The RAC met in workgroups (Data and Reports, Engag ement and Dissemination, and Health Equity) to guide the consultants in the process of con ducting the CHNA, and prioritizing community health needs, CHNA findings, and disseminatio n of information. Assessment methods and findings were modified based on the RAC's feedbac k. The RAC consisted of 31 participants, including Coalition members and consultants. The RAC met monthly from September 2018 through June 2019. Key informant interviews and focus groups were conducted to gather information used to identify priority health needs and eng age the community. Key informa

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 Medical Center, Inc.	nt interviews were conducted with health care providers, health care administrators, local and regional public health officials, and local leaders that represent the interests of t he community or that serve medically underserved, low-income, or populations of color in t he service area. Interviews with local and regional public health officials identified pri ority health areas and community factors that contribute to health needs. Focus group part icipants included community organization representatives, community members (low-income, p eople of color, and others), and other community stakeholders. Topics and populations incl uded: substance use, transgender health, older adults, youth, mental health, cancer care, gun violence, and rural food access. Key informant interviews and focus groups were conduc ted from February 2019 through March 2019. Focus groups and key informant interviews engag ed residents primarily in Hampden County, but also across the region. The CHNA also used q ualitative data from other hospital service areas as appropriate. Baystate Health held fiv e Community Conversations and over 70 Community Chats. Community Conversations were larger bidirectional information-sharing meetings conducted for each Baystate hospital service a rea and one done in Spanish in Springfield. For Community Chats, RAC members brought infor mation about the CHNA and gathered priorities in regular meetings of service providers, co mmunity-based organizations, and hospital clinical staff and administrators. While these o utreach efforts were spearheaded by Baystate Health, the engagement and findings benefitte d all Coalition member hospitals/insurer. Conversations and Chats were held from January 2 019 through April 2019 and engaged approximately 900 residents. Five Community Forums were held upon completion of this report to share and validate the findings. Two were offered in Spanish with approximately 100 individuals representing the broad interests of the comm unity; participants in the focus groups, interviews, Conversations, and Chats; and communi ty stakeholders representing medically underserved, low-income, and populations of color.

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 Medical Center, Inc.	Part V, Section B, Line 6a: The Coalition of Western MA Hospitals/Insurer (Coalition) is a collaboration between eight non-profit hospitals/insurer in western Massachusetts: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, 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. The Coalition formed in 2012 to bring hospitals within western Massachusetts together to share resources and work in collaboration to conduct their triennial CHNAs and address regional needs.

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 Medical Center, Inc.	Part V, Section B, Line 6b: The Coalition of Western MA Hospitals/ Insurer engaged the Public Health Institute of Western MA (PHIWM), based in Springfield, MA, as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Community Health Solutions (CES), based in Northampton, MA; Franklin Regional Council of Governments (FRCOG), based in Greenfield, 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 Medical Center, Inc.	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. In addition, the CHNA reports have informed the implementation of county wide community health improvement plans in Franklin and Hampden counties. Hospital and CHNA consultant staff have been invited to various venues and audiences to present on the CHNA process and key findings. The Coalition created a Facebook page, "Western MA CHNA", as a means to communicate with and engage the community throughout the CHNA process. All Coalition CHNAs were posted and shared via this Facebook page.

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 Medical Center, Inc.	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 2018 CHNA.The hospital facility views a community benefits implementation strategy as a "LIVING" document. Baystate hospitals have adopted the term Strategic Implementation Plan (SIP), in lieu of Implementation Strategy. The significant health needs to be addressed by the hospital are referred to as priority focus areas in the SIP. 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 SIP 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 reviews the work plans quarterly and the hospital updates the work plans on the hospital website annually. No health care system or hospital facility can address all the significant health need 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 address significant health needs identified in the CHNA. The hospital facility's strategic implementation strategy does not explicitly address all significant community health needs identified in the 2018 CHNA due to: 1. limited resources (time, talent, and treasure), 2. the hospital is a stakeholder and/or partner in addressing the need directly or indirectly through other hospital clinical and service lines and community partnerships, 3. other hospitals or community organizations within the service area are addressing the need; 4. The need falls outside of the hospital's mission or limited resource capacity. Significant health needs, referred to by the hospital as priority focus areas, being addressed by the hospital include, education, mental health and substance use, violence and trauma, financial wellbeing, and built environment. Significant health needs not to be addressed include, environmental exposures, housing, social environment, basic needs, care coordination, culturally sensitive care, health literacy and language barriers, insurance and healthcare care related challenges, limited providers, Alzheimer's disease, chronic diseases, infant and perinatal health, and sexual 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 Medical Center, Inc.	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 Medical Center offers a co-payment discount program for the 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 Medical Center's contract with a private insurer or government authority). These patients may reduce the otherwise applicable emergency department service co-payment by 10% if the patient elects to pay the co-payment at the conclusion of the patient's emergency department visit.

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

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

Form and Line Reference	Explanation
Baystate Medical Center, Inc.	Part V, Section B, Line 15e: Baystate Medical Center (BMC) 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 BMC bills as well as about BMC 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, BMC 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.BMC has 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 Medical Center, Inc.	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 Registrations 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.

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 Medical Center, Inc.	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 7a:	https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment

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 7b:	www.publichealthwm.org

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:	https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
1	1 - Baystate Ambulatory Care Ctr 3300 Main Street Springfield, MA 01107	Outpatient Physician Offices
1	2 - Baystate Ambulatory Care Ctr 140 High Street Springfield, MA 01105	Outpatient Facility
2	3 - Baystate Breast and Wellness Center 100 Wason Avenue Suite 300 Springfield, MA 01107	Outpatient Facility
3	4 - Baystate Brightwood Health Center 380 Plainfield Street Springfield, MA 01107	Outpatient Clinic
4	5 - Baystate Children's Specialty Center 50 Wason Avenue 1st Floor Springfield, MA 01107	Outpatient Facility
5	6 - Baystate Imaging & Transplant Services 100 Wason Avenue Ground Fl Suite 21 Springfield, MA 01107	Outpatient Facility
6	7 - Baystate Mason Sq Neighborhood Hlth Ctr 11 Wilbraham Road Springfield, MA 01199	Outpatient Clinic
7	8 - Baystate Rehabilitation Care 21 Dwight Road Suite 106 Longmeadow, MA 01106	Rehabilitation Clinic
8	9 - Baystate Rehab Care Adult OP Svs 360 Birnie Avenue Springfield, MA 01107	Rehabilitation Clinic
9	10 - Baystate Rehabilitation Care Rymd Ctr 470 Granby Rd Ste 4 South Hadley, MA 01075	Rehabilitation Clinic
10	11 - Baystate Specialty Pharmacy 3300 Main Street Springfield, MA 01107	Outpatient Facility
11	12 - BMC Pain Management Center 3400 Main Street 2nd Flr Springfield, MA 01107	Outpatient Facility
12	13 - D'Amour Center for Cancer Care 3350 Main Street Springfield, MA 01199	Outpatient Cancer Center
13	14 - Baystate Medical Center Infusion Suite 2 Medical Center Drive 1st Fl Suite 1 Springfield, MA 01107	Outpatient Facility
14	15 - Baystate Rehabilitation Care at Agawam 200 Silver Street 1st Floor Suite 101 Agawam, MA 01101	Outpatient Facility

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
16	16 - Baystate Orthopedic Surgery Center 50 Wason Avenue 1st Floor Springfield, MA 01107	Outpatient Facility
1	17 - Baystate Vascular Services Commercial Blding 3500 Main St 2nd Fl Springfield, MA 01107	Outpatient Facility
2	18 - Baystate Medical Center Laboratories 361 Whitney Ave Holyoke, MA 01040	Outpatient Facility
3	19 - Baystate Child Hospitaliztion Program 150 Lower Westfield Road Suite 3 Holyoke, MA 01040	Outpatient Facility
4	20 - Baystate Regional Cancer Program Davis Building 85 South Street 4th Fl Ware, MA 01082	Outpatient Cancer Center
5	21 - Baystate Health Clinical Trials Unit 80 Wason Ave Ground Floor Springfield, MA 01199	Outpatient Facility

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Baystate Health Inc 759 Chestnut Street Springfield, MA 01199	04-2105941	501(c)(3)	9,495,000				Strategic Initiatives

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
Part I, Line 2:	Baystate Medical Center, Inc. maintains a close relationship with its grantees, which include Baystate Health, Inc. (BH). Through this close relationship, management is able to ensure the granted money is used for the intended purposes.

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 4b	Michael Albert, MD - Supplemental Retirement of $2,359 is included in column B. This amount was earned and paid in 2019. Dennis W. Chalke - Supplemental Retirement of $146,809 is included in column B. This amount was earned and paid in 2020. Peter Friedmann - Supplemental Retirement of $26,741 is included in column B. This amount consists of $9,762 earned and paid in 2020 and $16,979 that was previously reported as deferred compensation in prior years Forms 990 and that is currently reported as taxable income. The amount is listed in Column F in accordance with reporting requirements. Tejas Gandhi - Supplemental Retirement of $18,940 is included in column B. This amount consists of $9,785 earned and paid in 2020 and $9,155 that was previously reported as deferred compensation in prior years Forms 990 and that is currently reported as taxable income. The amount is listed in Column F in accordance with reporting requirements. Amy Gottlieb - Supplemental Retirement of $4,330 is included in column B. This amount consists of $3,358 earned and paid in 2020 and $972 that was previously reported as deferred compensation in prior years Forms 990 and that is currently reported as taxable income. The amount is listed in Column F in accordance with reporting requirements. Mark A. Keroack, MD Supplemental Retirement of $363,205 is included in column B. This amount was earned in 2020. Christine E. Klucznik, MD Total Supplemental Retirement of $2,545 is included in column B. This amount was earned in 2020. Peter Lindenauer, MD - Supplemental Retirement of $2,274 is included in column E. This amount was earned and paid in 2020. Kevin P. Moriarty, MD - Supplemental Retirement of $24,072 is included in column B. This amount was earned and paid in 2020. Raymond McCarthy - Supplemental Retirement of $187 is included in column B. This amount was earned in 2020. Marion McGowan - Supplemental Retirement of $70,834 is included in column C. This amount was earned and paid in 2020. Douglas Salvador, MD - Supplemental Retirement of $103,384 is included in column B. This amount was earned and paid in 2020. Nancy Shendell-Falik- Total Supplemental Retirement of $187,422 is included in column B. This amount was earned and paid in 2020.
Part I, Line 3:	The compensation committee of Baystate Health, Inc. (the parent organization of the health care system to which the filing organization belongs) has been appointed through board resolution as the compensation committee of the filing organization. This committee consists entirely of individuals serving on the board of the filing organization.. The individuals responsible for deliberating the compensation arrangement for the President would be those individuals who do not have a conflict of interest with respect to the compensation arrangement and would be considered independent for compensation deliberation purposes. The compensation of the President is established based on information provided by independent third party consultants for reasonableness and appropriate comparability data. The compensation is then established, reviewed and approved by the duly authorized compensation committee of Baystate Health, Inc. and all such deliberations and decisions are documented contemporaneously.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Mark A Keroack MD Trustee/President & CEO, BH	(i)	0	0	0	0	0	0	0
	(ii)	1,425,333	677,350	408,973	12,825	26,517	2,550,998	0
1Nancy Shendell-Falik President(Thru 5/21) /SVP Hospital O	(i)	0	0	0	0	0	0	0
	(ii)	744,791	335,013	231,579	18,525	27,817	1,357,725	0
2Marion Mcgowan Evp COO	(i)	0	0	0	0	0	0	0
	(ii)	663,725	278,150	74,455	29,925	28,719	1,074,974	0
3Dennis W Chalke Former Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	406,832	175,603	316,454	58,691	17,682	975,262	0
4Douglas Salvador MD SVP/CQO BH, CMO BMC	(i)	0	0	0	0	0	0	0
	(ii)	440,968	168,039	134,317	16,408	36,035	795,767	0
5Kevin P Moriarty MD Trustee/Chief Ped Surgery	(i)	569,741	93,081	50,330	24,225	15,239	752,616	0
	(ii)	0	0	0	0	0	0	0
6Raymond McCarthy Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	487,508	154,214	26,680	21,375	4,338	694,115	0
7Tejas Gandhi VP/COO	(i)	0	0	0	0	0	0	0
	(ii)	404,404	115,025	38,996	18,525	32,387	609,337	9,155
8Peter Friedmann MD Assoc Dean Chief Res Officer	(i)	339,865	77,040	49,832	5,700	20,602	493,039	16,979
	(ii)	0	0	0	0	0	0	0
9Peter Lindenauer MD Asst Dean Population Health	(i)	301,823	50,933	24,964	34,639	31,622	443,981	0
	(ii)	0	0	0	0	0	0	0
10Amy Gottleib Md Assoc Dean Chief Fac Develop	(i)	320,088	71,690	25,607	18,525	3,731	439,641	972
	(ii)	0	0	0	0	0	0	0
11Christine Klucznik VP/CNO	(i)	0	0	0	0	0	0	0
	(ii)	304,401	68,480	26,024	18,525	5,025	422,455	0
12Deborah A Provost VP CAO CNO BFMC/CRO BH	(i)	239,116	56,710	38,930	66,648	18,408	419,812	4,029
	(ii)	0	0	0	0	0	0	0
13Jasmine J Paadam MD CIS Physician Leader	(i)	335,923	30,510	4,585	17,100	2,546	390,664	0
	(ii)	0	0	0	0	0	0	0
14Mark Loos Mdir OR & Surgical Units	(i)	285,657	62,060	2,840	12,250	26,786	389,593	0
	(ii)	0	0	0	0	0	0	0
15Holly Mason MD Trustee (Thru 12/31)/Surgeon	(i)	239,687	45,817	20,087	23,998	31,897	361,486	0
	(ii)	0	0	0	0	0	0	0
16Kristin R Delaney Clerk	(i)	0	0	0	0	0	0	0
	(ii)	151,161	16,435	750	15,836	24,657	208,839	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Health & Educ Facil Authority	04-2456011	57586EKC4	06-25-2009	198,611,250	MA HEFA Series IJK - See Part VI		X		X		X
B	MA Development Finance Agency	04-3431814	000000000	08-31-2021	19,099,659	MA DFA Series L - See Part VI		X		X		X
C	MA Development Finance Agency	04-3431814	000000000	08-09-2012	40,137,000	MA DFA Series M - See Part VI		X		X		X
D	MA Development Finance Agency	04-3431814	57583UN79	11-06-2014	60,742,119	MA DFA Series N - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	75,380,000		11,845,000	550,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	199,122,425	19,099,659	40,137,000	60,786,027
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,845,403		229,661	753,513
8	Credit enhancement from proceeds	93,479			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	132,183,543			60,032,514
11	Other spent proceeds	65,000,000	19,099,659	39,907,339	
12	Other unspent proceeds				
13	Year of substantial completion	2012	2021	2004	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.070 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.130 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0.200 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X			X	X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: MA Health & Educ. Facil. Authority Date the Rebate Computation was Performed: 08/24/2012 Issuer Name: MA Development Finance Agency Date the Rebate Computation was Performed: 02/09/2017 Issuer Name: MA Development Finance Agency Date the Rebate Computation was Performed: 01/11/2019

Return Reference	Explanation
Bond Issues Supplemental Information:	A MHEFA Series I, J-1, J-2, K-1, K-2 Part I, Description of Purpose Per the Official State ment, the purpose of the bond proceeds is: (i) to pay a portion of the costs associated wi th the acquisition of land, site development, construction or alteration of buildings or t he acquisition or installation of furnishings and equipment, refinancing of, or any combin ation of the foregoing, in connection with the construction, improvement, equipping, and o ther related capital expenditures of a seven-story, approximately 599,100 gross square foo t primarily inpatient building located at 759 Chestnut Street, Springfield, Massachusetts, including demolition and site work, which building will be constructed by Baystate Total Home Care (BTHC) and leased to Baystate Medical Center by BTHC; (ii) for the acquisition a nd installation of capital equipment and renovations to existing facilities of the Medical Center and other routine capital expenditures included or to be included in the Medical C enter's capital budget over the next three years for use in connection with the Medical Ce nter's hospital operations; (iii) for the refinancing of a portion of an outstanding comme rcial loan in the amount of $65,000,000 made by Bank of America, N.A. on October 20, 2008 to the Medical Center in connection with the defeasance of the Authority's Revenue Bonds, Baystate Medical Center Issue, Series D, issued September 16, 1993; (iv) for the financing of costs associated with the issuance of bonds and; (v) financing of routine capital cons truction, renovations, and equipping of various facilities of Baystate Medical Center. B M DFA Revenue Bonds, Series L (reissued) Part I, Description of Purpose To refund (as a reis suance) the Series L bonds issued November 2, 2011. C - MDFA Revenue Bonds Series M Part I , Description of Purpose - The purpose of the bond proceeds is: (i) to advance refund $39, 907,339 principal amount of Massachusetts Health and Education Facilities Authority's Reve nue Bonds, Baystate Medical Center (the Institution) Issue, Series F (the "Series F Bonds"), issued June 12, 2002 the proceeds of which financed the Construction of a new Cancer Ce nter with a partial third floor medical record and support area; acquisition of a surgery center facility, certain renovations and equipment acquisitions; and (ii) finance costs of issuance relating to the Bond. D MDFA Revenue Bonds Series N Part I, Description of Purpo se The purpose of the bond proceeds is: (i) capital expenditures, including capitalized in terest, in connection with the following projects (the "Project"); a) the build-out of and equipping of certain interior space within a seven-story, approximately 599,100 gross squ are foot primarily inpatient building owned by BTHC and leased to Baystate Medical Center located at 759 Chestnut Street, Springfield, Massachusetts, such build-out to include inpa tient rooms, operating rooms, and inpatient pharmacy, and b) the acquisition of medical eq uipment, information technolog

Return Reference	Explanation
Bond Issues Supplemental Information:	y equipment, and other equipment and assets to be owned or leased and used by the Medical Center at the Medical Center's health care facilities located at 759 Chestnut Street, Spri ngfield, Massachusetts, 3300,3350,3400 and 3601 Main Street, Springfield, Massachusetts an d 50, 80, and 100 Wason Avenue, Springfield, Massachusetts, and (ii) costs of issuance rel ating to the Bonds. E MDFA Revenue Bonds Series O Part I, Description of Purpose The purpo se of the bond proceeds is to indirectly finance the following: (a) the construction, impr ovement, equipping, and other related capital expenditures of a seven-story, approximately 599,100 gross square foot primarily inpatient building located at 759 Chestnut Street, Sp ringfield, Massachusetts, including demolition and site work, which building was construct ed by BTHC and leased to the Medical Center by BTHC; and (b) the acquisition and installat ion of capital equipment and renovations to existing facilities of the Medical Center and other routine capital expenditures included or to be included in the Medical Center's capi tal budget over a three-year period for use in connection with the Medical Center's hospit al operations at the following facilities of the Medical Center: Springfield Building (inc luding all wings and attached buildings), located at 759 Chestnut Street, Springfield, Mas sachusetts (the principal uses of which include Cardiac Services, Medical Services, Lab, a nd Inpatient Beds); Wesson Women and Infants Building, 759 Chestnut Street, Springfield, M assachusetts (the principal uses of which include Birthing Services, Neonatal Services, an d Inpatient Beds); Daly Building (formerly the Centennial Building), 759 Chestnut Street, Springfield, Massachusetts (the principal uses of which include Emergency Room, Radiology, MRI, Ultrasound, Ambulatory and Inpatient Pharmacies, Lab, Operating Rooms, Inpatient Bed s, ElectroPhysio Labs, ICU, and PICU); Daly Parking Garage, 759 Chestnut Street, Springfie ld, Massachusetts (a patient and visitor parking garage); D'Amour's Center for Cancer Care , 3350 Main Street, Springfield, Massachusetts (primarily used for Clinical Cancer Service s); Chestnut Building, 759 Chestnut Street, Springfield, Massachusetts (primarily used for Ambulatory Surgery, Library, and Simulation Center); and Whitney Avenue Building (specifi cally capital expenditures related to information technology), 361 Whitney Avenue, Holyoke , Massachusetts (used for general health system purposes). F MDFA CoGen Lease A Part I, De scription of Purpose The purpose of the lease is to finance the construction of an approxi mately 5,000 square foot co-generational, combined heat and power plant providing electric ity, chilled water and steam to the facilities of the Institution. G MDFA LA #1 Lease B Pa rt I, Description of Purpose The purpose of the lease is to finance the acquisition and in stallation of a linear accelerator. H MDFA LA #2 Lease Part I, Description of Purpose The purpose of the lease is to fin

Return Reference	Explanation
Bond Issues Supplemental Information:	ance the acquisition and installation of a linear accelerator. I MDFA Series P-1 Part I, D escription of Purpose The Bond is being issued for the purpose of providing funds to refun d on an advance basis a portion of the $63,380,000 aggregate stated principal amount of th e Revenue Bonds, Baystate Medical Center Issue, Series I issued June 25, 2009 (the "Refund ed Bonds"), the proceeds of which were used to pay a portion of the construction costs of a new hospital building located at 759 Chestnut Street, Springfield, Massachusetts. Part I and Part II: Differences between the issue price (Part I) and total proceeds (Part II, Li ne 3) are due to investment earnings. Part III, Lines 4 and 5, Column A (Series IJK): As t he refunded bonds were issued prior to January 1, 2003, this question is being answered so lely with respect to the new money portion of the bonds. Part III, Column C (Series M): As these bonds refunded debt issued prior to January 1, 2003, the organization is availing i tself of the Part III reporting exemption available for such bonds. Part IV, Line 6, Colum n I (Series P-1): This question is being answered without regard to a yield-restricted adv ance funding escrow financed with proceeds of the bonds.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Development Finance Agency	04-3431814	000000000	05-12-2016	20,000,000	MDFA Series O - See Part VI		X		X		X
B	MA Development Finance Agency	04-3431814	000000000	09-22-2016	14,062,890	MDFA CoGen Lease - See Part VI		X		X		X
C	MA Development Finance Agency	04-3431814	000000000	12-29-2016	3,000,000	MDFA LA #1 Lease - See Part VI		X		X		X
D	MA Development Finance Agency	04-3431814	000000000	11-15-2017	2,937,110	MDFA LA #2 Lease - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,560,151	6,751,751	1,992,834	1,558,888
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,000,000	14,076,660	3,000,772	2,939,696
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,000,000	14,076,660	3,000,772	2,939,696
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016	2017	2017	2017

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Development Finance Agency	04-3431814	000000000	12-21-2017	40,595,000	MA DFA Series P-1 - See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,631,912			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,595,000			
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				
11	Other spent proceeds	40,595,000			
12	Other unspent proceeds				
13	Year of substantial completion	2017			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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?	X							
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?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
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).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kevin P Moriarty MD	Family member of Kevin P. Moriarty, MD	84,989	See Part V - Family member of Kevin P. Moriarty, MD employed by the filing organization.		No
(2) James R Phaneuf CIC	Family member of James R. Phaneuf, CIC	21,124	See Part V - Family member of James R. Phaneuf CIC is employed by the filing organization.		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	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) Anne M. Paradis, Mark A. Keroack, MD and Paul R. Murphy (2) John F. Maybury and Mark A. Keroack, MD (3) Arley Diaz, MD and Gregory L. Braden, MD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Under Massachusetts law, a voluntary dissolution of the organization is required to be approved by Baystate Health, Inc., as the sole member of the filing organization. As the sole member, Baystate Health also has the authority to amend the bylaws of the filing organization. Form 990, Part VI, Section A, line 8b: The Trustees of Baystate Medical Center meet during certain scheduled Baystate Health, Inc. (BH) board meetings. The BH Board of Trustees and its committees, including the Audit and Compliance Committee, contemporaneously document meetings and actions relative to Baystate Medical Center as well as the annual acceptance of the audited financial statements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Prior to filing the Form 990, appropriate sections were reviewed by the Tax, Finance, and Human Resources areas of Baystate Health, Inc. (the parent organization of the health care system to which the filing organization belongs) and by outside legal counsel. The Form 990 was also reviewed by tax experts from an independent accounting firm and signed-off as a paid preparer. The process, key areas and any new changes were reviewed prior to filing with the Baystate Health Audit and Compliance Committee (ACC), which is composed of trustees of the filing organization. The ACC members had an opportunity to ask questions regarding the tax compliance process and the tax filings in general. The Form 990 was provided to all members of the Board of Trustees prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Baystate Medical Center is an affiliate of Baystate Health, Inc. (BH). BH and its affiliated entities have a comprehensive conflict of interest policy applicable to all of the affiliated entities. 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 Chief Compliance Officer, Chief Executive Officer, Chair of the Board of Trustees, Chief General Counsel and the Chair of the Audit & Compliance Committee. 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 5:	Certain officers or trustees of the filing organization are paid by an entity, Baystate Medical Practices, Inc. (BMP) EIN 04-2888373, which is part of the health care system to which the filing organization belongs but does not meet the technical requirements as a "Related Organization" per Schedule R. Compensation from BMP to the officers and trustees of the filing organization therefore, is reported as paid from an unrelated organization in Line 5 and according to the instructions reported as though paid by the filing organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Other-Fees, BMP Support: Program service expenses 83,630,897. Management and general expen ses 0. Fundraising expenses 0. Total expenses 83,630,897. Other-Fees, Laboratory & Clinica l: Program service expenses 17,442,638. Management and general expenses 0. Fundraising exp enses 0. Total expenses 17,442,638. Other-Fees, Physicians: Program service expenses 12,90 4,256. Management and general expenses 0. Fundraising expenses 0. Total expenses 12,904,25 6. Other-Fees, Purchased Svc: Program service expenses 10,456,640. Management and general expenses 3,305,674. Fundraising expenses 0. Total expenses 13,762,314. Other-Fees, Supplem entary Svc: Program service expenses 2,326,956. Management and general expenses 1,747,028. Fundraising expenses 0. Total expenses 4,073,984. Other-Fees, Supplementary Svc Linen Svc s: Program service expenses 3,824,425. Management and general expenses 0. Fundraising expe nses 0. Total expenses 3,824,425. Other-Fees, Supplementary Svc Wound Care Program: Progra m service expenses 1,261,473. Management and general expenses 0. Fundraising expenses 0. T otal expenses 1,261,473. Other-Fees, Equip Contracts/Maintenance & Repairs: Program servic e expenses 2,933,571. Management and general expenses 720,626. Fundraising expenses 0. Tot al expenses 3,654,197. Other-Fees, Outsourcing Fees: Program service expenses 1,689,104. M anagement and general expenses 0. Fundraising expenses 0. Total expenses 1,689,104. Other- Fees, Vehicle Repairs: Program service expenses 305,733. Management and general expenses 4 52,652. Fundraising expenses 0. Total expenses 758,385. Other-Fees, Temporary Help: Progra m service expenses 24,816,398. Management and general expenses 4,699,827. Fundraising expe nses 0. Total expenses 29,516,225. Other-Fees, Temporary Help Heart & Vascular: Program se rvice expenses 2,568,825. Management and general expenses 0. Fundraising expenses 0. Total expenses 2,568,825. Other-Fees, Temporary Help OR: Program service expenses 814,911. Mana gement and general expenses 0. Fundraising expenses 0. Total expenses 814,911. Other-Fees, Temporary Help Emergency Dept: Program service expenses 2,551,057. Management and general expenses 0. Fundraising expenses 0. Total expenses 2,551,057. Other-Fees, Temporary Help HIM Coding: Program service expenses 1,645,604. Management and general expenses 0. Fundrai sing expenses 0. Total expenses 1,645,604. Other-Fees, Consulting: Program service expense s 6,287,030. Management and general expenses 3,688,049. Fundraising expenses 0. Total expe nses 9,975,079. Other-Fees, Contracted Svc: Program service expenses 8,381,909. Management and general expenses 605,638. Fundraising expenses 0. Total expenses 8,987,547. Other-Fee s, Contract Drug Dispensing: Program service expenses 2,555,754. Management and general ex penses 0. Fundraising expenses 0. Total expenses 2,555,754. Other-Fees, Subcontractor: Pro gram service expenses 2,299,331. Management and general expenses 0. Fundraising expenses 0 . Total expenses 2,299,331. Ot

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	her-Fees, Accreditation/Licensing: Program service expenses 1,005,979. Management and gene ral expenses 957,160. Fundraising expenses 0. Total expenses 1,963,139. Other-Fees, Courie r: Program service expenses 2,269,116. Management and general expenses 41,463. Fundraising expenses 0. Total expenses 2,310,579. Other-Fees, Transcription: Program service expenses 977,398. Management and general expenses 0. Fundraising expenses 0. Total expenses 977,39 8. Other-Fees, Garage Administrative: Program service expenses 0. Management and general e xpenses 2,400,664. Fundraising expenses 0. Total expenses 2,400,664.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Transfer from Affiliate for Land, Buildings and Equipment Transfer of Funds to Affiliated Companies -64,020,054. Minimum Pension Liability Adjustment 79,114,192. Funds Utilized for Property and Equipment Net Assets Released from Restrictions from Affiliates -19,327. Net Assets Released from Restrictions for Capital

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baystate Medical Center Inc

Employer identification number
04-2790311

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Pioneer Valley Information Exchange LLC 101 Wason Avenue Suite 200 Springfield, MA 01107 04-2790311	Operation of a health information exchange and related activities	MA	75,665	167,327	Baystate Medical Center Inc

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) Baystate Health Insurance Company Ltd North Church Street Georgetown CJ 98-0421413	Offshore Captive Insurance	CJ	Baystate Health Inc	C					No
(2)HNE Advisory Services Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3012347	Administrative Services	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)HNE Insurance Company Inc Monarch Place Suite 1500 Springfield, MA 011441500 45-4462433	Health Insurance Services for MA Medicare Supplement Members	MA	HNE Holding Corporation	C					No
(5)HNE Insurance Services Inc Monarch Place Suite 1500 Springfield, MA 011441500 04-3183019	Ancillary Insurance	MA	HNE Holding Corporation	C					No
(6) Ingraham Corporation 759 Chestnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	Baystate Health Inc	C					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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	193,819,312	

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
759 Chestnut Street Springfield, MA 01199 22-2747685	Administrative services	MA	501(c)(3)	12C, III-FI	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
115 West Silver Street Westfield, MA 010861634 22-2537423	Hospital	MA	501(c)(3)	3	Baystate Health Inc		No
280 Chestnut Street Springfield, MA 01104 20-3260764	Real Estate and Other	MA	501(c)(3)	12B, II	Baystate Medical Center Inc		No
40 Wright Street Palmer, MA 01069 22-2519813	Hospital	MA	501(c)(3)	3	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
30 Capital Drive Suite A West Springfield, MA 01089 04-2105803	Homehealth and Hospice Care	MA	501(c)(3)	10	Baystate Health Inc		No