

Attachment 10
990 Form FY 2019

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)

OMB No. 1545-0047

2018Open to Public
Inspection

▶ 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.**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Holyoke Medical Center, Inc.		D Employer identification number 22-2520073
	Doing business as		E Telephone number (413) 534-2667
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	575 Beech Street		G Gross receipts \$ 183,114,212.
	City or town, state or province, country, and ZIP or foreign postal code Holyoke, MA 01040-2223		
F Name and address of principal officer: Spiridon E. Hatiras same as C above			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.holyokehealth.com			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1984 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Acute care hospital, providing medical and other healthcare services to residents of Holyoke, MA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1660
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,368,744.
b Net unrelated business taxable income from Form 990-T, line 38	7b	117,170.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,073,014.	Current Year 699,004.
	9 Program service revenue (Part VIII, line 2g)	166,525,511.	179,054,805.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	887,666.	726,264.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,460,599.	2,477,755.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,946,790.	182,957,828.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,850.	14,434.
	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)	100,259,662.	108,011,739.
	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)	64,878,737.	69,712,578.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	165,150,249.	177,738,751.
19 Revenue less expenses. Subtract line 18 from line 12	5,796,541.	5,219,077.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 86,879,444.	End of Year 90,627,521.
	21 Total liabilities (Part X, line 26)	87,787,439.	107,041,559.
	22 Net assets or fund balances. Subtract line 21 from line 20	-907,995.	-16,414,038.

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		
	Michael J. Koziol, Treasurer & CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Nicholas E. Porto		08/13/20		P01310283
	Firm's name ▶ Baker Newman & Noyes	Firm's EIN ▶ 01-0494526			
	Firm's address ▶ P.O. Box 507 Portland, ME 04112		Phone no. (207) 879-2100		

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

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

Our Mission at Holyoke Medical Center is to improve the health of all people in our community. We do that with honesty, respect and dignity for our patients, visitors and staff. We do that through expert and compassionate care, education and knowledge sharing, community

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 \$ 148,526,145. including grants of \$ 14,434.) (Revenue \$ 179,054,805.)
 Holyoke Medical Center, Inc. (HMC) strives to serve the health needs of their medical service community in a high quality and efficient manner.

See Schedule O for additional information.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **148,526,145.**

Form 990 (2018)

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	267
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	X

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

		Yes	No
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 1660		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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		X
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?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **Michael J. Koziol - (413) 534-2667**
575 Beech Street, Holyoke, MA 01040-2223

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Byrne, MD Director	0.50 0.00	X						0.	0.	0.
(2) Brian Canina Director	0.50 0.00	X						0.	0.	0.
(3) John Hazen Director	0.50 0.00	X						0.	0.	0.
(4) Marc Joyce Director (end 2-19)	0.50 1.00	X						0.	0.	0.
(5) Tricia Koss Director	0.50 0.00	X						0.	0.	0.
(6) Sara Lawrence Director	0.50 0.00	X						0.	0.	0.
(7) Michael Marcotte Director	0.50 0.00	X						0.	0.	0.
(8) Jennifer Mark, MD Director/Med. Dir. (end 2-19)	50.00 0.00	X						310,843.	0.	19,683.
(9) Mary Jo Maydew Director	0.50 0.00	X						0.	0.	0.
(10) Michael Murphy Director	0.50 0.00	X						0.	0.	0.
(11) Debra Panitch, MD Director/General Surgeon	50.00 0.00	X						384,328.	0.	11,373.
(12) Doris Ransford Director (end 2-19)	0.50 0.00	X						0.	0.	0.
(13) Marc Zerbe, MD Director (end 3-19)	0.50 50.00	X						0.	600,536.	21,852.
(14) Michael Sugrue Director	0.50 0.00	X						0.	0.	0.
(15) Idelia Smith Chair	1.00 0.50	X		X				0.	0.	0.
(16) Shannon Gurek Vice Chair	1.00 0.00	X		X				0.	0.	0.
(17) Spiridon E. Hatiras President & CEO, Clerk	40.00 8.50	X		X				0.	758,878.	21,470.

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 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			
(18) Michael Koziol Treasurer & CFO	40.00 6.50	X		X				0.	343,482.	15,600.
(19) Stanley Swierzewski III, MD Urologist	50.00 0.00					X		1,009,160.	0.	22,660.
(20) Noah J. Epstein, MD Orthopedic Surgeon	50.00 0.00					X		967,728.	0.	22,660.
(21) Nirav R. Sheth, MD Cardiologist	50.00 0.00					X		719,721.	0.	21,852.
(22) Alexander Berry, MD Urologist	50.00 0.00					X		665,221.	0.	21,852.
(23) Khaled A. Instrum, MD Orthopedic Surgeon	50.00 0.00					X		631,646.	0.	21,852.
1b Sub-total								4,688,647.	1,702,896.	200,854.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,688,647.	1,702,896.	200,854.

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 **108**

	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		X
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	X	
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		X

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
Valley Health Systems, Inc. 20 Hospital Drive, Holyoke, MA 01040	Management Services	3,061,263.
Sound Physicians of Massachusetts P.O. Box 742936, Los Angeles, CA 90074	Physicians	2,653,148.
Quest Diagnostics Nichols Institute, 14225 Newbrook Drive, Chantilly, VA 20151-2228	Laboratory Services	991,874.
Angelica Textile Services, Inc., 1105 Lakewood Parkway, Alpharetta, GA 30009	Laundry Services	698,748.
Healogics Wound Care 5220 Belfort Road, Jacksonville, FL 32256	Wound Care Center Staffing	686,115.
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		39

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	192,536.				
	e Government grants (contributions)	1e	375,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	131,468.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		699,004.				
	2 a Patient Service Revenue	Business Code	621110	161,659,812.	161,659,812.		
b Revenue Relief Payments		621110	7,288,552.	7,288,552.			
c 340B Pharmacy		621110	5,460,495.	5,460,495.			
d Miscellaneous Revenue		621110	2,753,100.	2,753,100.			
e Affiliate Management Fees		561000	1,031,527.	1,031,527.			
f All other program service revenue		531110	861,319.	861,319.			
g Total. Add lines 2a-2f			179,054,805.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			726,264.			726,264.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			78,538.		-30,473.	109,011.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a NonPatient Lab (Net Contractuals)		621500	2,399,217.		2,399,217.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,399,217.				
12 Total revenue. See instructions			182,957,828.	179,054,805.	2,368,744.	835,275.	

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 ☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,434.	14,434.		
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	726,227.	640,309.	85,918.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	87,109,137.	76,839,537.	10,269,600.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,766,596.	2,393,683.	372,913.	
9 Other employee benefits	11,175,162.	9,696,905.	1,478,257.	
10 Payroll taxes	6,234,617.	5,394,245.	840,372.	
11 Fees for services (non-employees):				
a Management	3,140,240.		3,140,240.	
b Legal	100,479.	31,988.	68,491.	
c Accounting	95,187.		95,187.	
d Lobbying	127,589.		127,589.	
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 Sch O.)	16,723,140.	13,235,964.	3,487,176.	
12 Advertising and promotion	286,186.	12,536.	273,650.	
13 Office expenses	6,111,863.	3,376,220.	2,735,643.	
14 Information technology	2,918,407.	880,403.	2,038,004.	
15 Royalties				
16 Occupancy	2,969,655.	2,670,308.	299,347.	
17 Travel	65,825.	36,145.	29,680.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	909,571.	755,002.	154,569.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,170,992.	3,462,188.	708,804.	
23 Insurance	1,944,630.	8,431.	1,936,199.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	22,162,593.	22,149,449.	13,144.	
b Bad Debt Expense	5,071,862.	5,071,862.		
c Laboratory Tests	1,466,490.	1,466,490.		
d Billing/Collection Fees	491,052.		491,052.	
e All other expenses	956,817.	390,046.	566,771.	
25 Total functional expenses. Add lines 1 through 24e	177,738,751.	148,526,145.	29,212,606.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	41,770.	1	172,905.
	2 Savings and temporary cash investments	5,085,806.	2	1,466,066.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,793,857.	4	25,962,140.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,631,151.	8	2,251,322.
	9 Prepaid expenses and deferred charges	809,587.	9	472,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 156,786,427.		
	b Less: accumulated depreciation	10b 119,761,848.		
	11 Investments - publicly traded securities	35,029,997.	10c	37,024,579.
	12 Investments - other securities. See Part IV, line 11	3,631,776.	11	3,876,106.
	13 Investments - program-related. See Part IV, line 11	4,120,296.	12	
	14 Intangible assets		13	3,624,211.
	15 Other assets. See Part IV, line 11	14,735,204.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	86,879,444.	15	15,777,266.	
17 Accounts payable and accrued expenses	18,547,539.	16	90,627,521.	
18 Grants payable		17	22,531,947.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	14,623,825.	19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	14,386,479.	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties	7,244,806.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	9,428,569.	
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	47,371,269.	24		
26 Total liabilities. Add lines 17 through 25	87,787,439.	25	60,694,564.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	107,041,559.	
28 Unrestricted net assets	-5,722,064.	27	-21,076,683.	
29 Temporarily restricted net assets	2,336,668.	28	2,233,338.	
30 Permanently restricted net assets	2,477,401.	29	2,429,307.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	-907,995.	33	-16,414,038.	
36 Total liabilities and net assets/fund balances	86,879,444.	34	90,627,521.	

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	182,957,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,738,751.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,219,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-907,995.
5	Net unrealized gains (losses) on investments	5	78,591.
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	-20,803,711.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,414,038.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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	X
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	

Form 990 (2018)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Holyoke Medical Center, Inc.

22-2520073

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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		

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information.

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.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Holyoke Medical Center, Inc.	22-2520073

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Phyllis W. Smith Foundation P.O. Box 1802 Providence, RI 02901-1802	\$ 67,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Valley Health Systems, Inc. 20 Hospital Drive Holyoke, MA 01040	\$ 192,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Massachusetts Health Policy Commission 50 Milk Street, 8th Floor Boston, MA 02109	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

22-2520073

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization	Employer identification number
Holyoke Medical Center, Inc.	22-2520073

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2018

**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 organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		78,159.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		49,430.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			127,589.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

Part II-B, Line 1, Lobbying Activities:

The Hospital hires outside consultants from time to time to perform services to further the Hospital's and the other System organizations' mission. A portion of those consulting fees paid to each firm was designated for lobbying endeavors.

Part IV Supplemental Information *(continued)*

Ellen Murphy & Associates was paid a total of \$45,000 by the Hospital related to lobbying activities for the System.

Tringale Health Strategies was paid a total of \$4,430 by the Hospital related to lobbying activities for the System.

The Hospital was also a member of the Massachusetts Health and Hospital Association (MHHA) during the fiscal year. A portion of the dues paid to this organization was available for lobbying expenditures on behalf of the Hospital and the other System organizations in furtherance of their exempt purposes. The portion of dues paid to MHHA that was available for lobbying was \$78,159.

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

2018**Open to Public
Inspection****Name of the organization**

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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 on 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	1,407,944.	1,401,965.	1,448,847.	1,389,593.	1,500,861.
b Contributions					
c Net investment earnings, gains, and losses	45,460.	5,979.	17,785.	59,854.	-110,968.
d Grants or scholarships					
e Other expenditures for facilities and programs			64,667.		
f Administrative expenses				600.	300.
g End of year balance	1,453,404.	1,407,944.	1,401,965.	1,448,847.	1,389,593.

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

- a Board designated or quasi-endowment ☐ .00 %
 b Permanent endowment ☐ 31.63 %
 c Temporarily restricted endowment ☐ 68.37 %

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

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

- (i) unrelated organizations ☐
 (ii) related organizations ☐

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		2,871,947.		2,871,947.
b Buildings		68,144,444.	48,342,829.	19,801,615.
c Leasehold improvements				
d Equipment		81,432,345.	69,997,634.	11,434,711.
e Other		4,337,691.	1,421,385.	2,916,306.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,024,579.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) Other Assets	605,180.
(2) Due from Affiliates	2,933,086.
(3) New Market Tax Credit Receivable	12,239,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,777,266.

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) Accrued Pension Cost	58,602,384.	
(3) Asset Retirement Obligation	171,760.	
(4) Estimated Third Party Payor		
(5) Settlements, net	1,835,416.	
(6) Insurance Claims Payable	85,004.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	60,694,564.	

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	165,323,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	78,591.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	156,384.
e	Add lines 2a through 2d	2e	234,975.
3	Subtract line 2e from line 1	3	165,088,117.
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	17,869,711.
c	Add lines 4a and 4b	4c	17,869,711.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	182,957,828.

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	177,895,135.
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	156,384.
e	Add lines 2a through 2d	2e	156,384.
3	Subtract line 2e from line 1	3	177,738,751.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	177,738,751.

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.

Part V, line 4:

The endowment funds are held and administered by Valley Health Systems, Inc. The intended use of the funds is to provide a predictable, stable, and consistent stream of earnings for Holyoke Medical Center, Inc. to be used for free care and general operations.

Part X, Line 2:

The Medical Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken

Part XIII Supplemental Information (continued)

on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

The Medical Center has evaluated the position taken on its filed tax returns. The Medical Center has concluded no uncertain income tax positions exist at September 30, 2019. The Medical Center's tax years from 2017 through 2019 are open and subject to examination.

Part XI, Line 2d - Other Adjustments:

Rental Expenses	156,384.
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Part XI, Line 4b - Other Adjustments:

Pension Related Charges	17,373,626.
Change in Beneficial Interest - VHS	496,085.
Total to Schedule D, Part XI, Line 4b	17,869,711.

Part XII, Line 2d - Other Adjustments:

Rental Expenses	156,384.
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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/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		5,500	1,996,797.	1,481,552.	515,245.	.30%
b Medicaid (from Worksheet 3, column a)		98,102	50,027,750.	45,426,814.	4,600,936.	2.66%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		103,602	52,024,547.	46,908,366.	5,116,181.	2.96%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		313,046	1,229,740.		1,229,740.	.71%
f Health professions education (from Worksheet 5)		63	3,528,999.		3,528,999.	2.04%
g Subsidized health services (from Worksheet 6)		617	15,454,558.	11,368,352.	4,086,206.	2.37%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,212,000.		3,212,000.	1.86%
j Total. Other Benefits		313,726	23,425,297.	11,368,352.	12,056,945.	6.98%
k Total. Add lines 7d and 7j		417,328	75,449,844.	58,276,718.	17,173,126.	9.94%

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 Holyoke 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	X
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	X
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>see Part V, Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group Holyoke Medical Center, Inc.

	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 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group Holyoke Medical Center, Inc.

	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	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group Holyoke Medical Center, Inc.**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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.

Holyoke Medical Center, Inc.:

Part V, Section B, Line 5: Holyoke Medical Center is part of a coalition of Western MA Hospitals through the Pioneer Valley Planning Commission. The partnership is between 10 non-profit hospitals and insurers in the region. The coalition formed to share resources and bring hospitals together to share data and best practices, as well as working on common concerns collectively. In 2019, while conducting the public meetings for our Community Health Needs Assessment, we held 3 focus groups together with one of the partners of the coalition, Baystate Health System, and we each asked the same questions so that we could share data, understand the challenges and work on the issues collectively to make a difference in our region.

Holyoke Medical Center, Inc.:

Part V, Section B, Line 11: The Hospital conducted, as required, a new CHNA during the fiscal year ending September 30, 2019 which is its 2018 tax year. In accordance with the provisions of Section 501(r) it is also required to adopt an implementation strategy within four and a half months after the year end that it conducts a new CHNA. The Hospital adopted, as required, a new Implementation Strategy in February of 2020, which is after the tax year covered by this return but prior to the required due date for its new Implementation Strategy. Accordingly, the tax year shown on Schedule H, Part V, Line 9 is the year in which it adopted its most recent Implementation Strategy prior to the September 30, 2019 cut off on this return.

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.

The Hospital has attached its previous and 2019 Implementation Plan to this return to highlight details on how the Hospital is addressing the significant needs identified in its most recently conducted CHNA as well as the needs that are not being addressed. The attached Implementation Plan also describes the reasons any needs are not being addressed and why.

Holyoke Medical Center, Inc.:

Part V, Section B, Line 16j: The Hospital has had a section on their website related to financial assistance for several years. The Hospital has a financial assistance policy, plain language summary, and financial assistance application that was available to our patients along with financial assistance signs in certain locations in the Hospital (such as patient registration, and the Emergency department).

Schedule H, Part V, Section B, line 7a & 10a:

The CHNA and Implementation Strategy are available at the Hospital facility's website by going to:

www.holyokehealth.com/About-Us/Community-Benefits

Schedule H, Part V, Section B, Line 16a & 16b:

The Hospital's Financial Assistance Policy, Plain Language Summary, and Financial Assistance Applications can be found at:

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.

www.holyokehealth.com/patients-visitors/financial-assistance/

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? 13

Name and address	Type of Facility (describe)
1 HMC - Rheumatology 75 Springfield Street, Suite 3 Westfield, MA 01085	Rheumatology
2 HMC - Endocrinology & Diabetes Ctr 8 Isabella Street Holyoke, MA 01040	Endocrinology
3 HMC - Breast Health Center (part year) 94 North Elm Street, Suite 102 Westfield, MA 01085	Breast Health
4 HMC - Cardiovascular Specialties 505 Front Street Chicopee, MA 01013	Cardiovascular
5 HMC - Urology (Springfield) 100 Wason Avenue, Suite 240 Springfield, MA 01107	Urology
6 HMC - Health Tracks Fitness & Wellnes 155 Ashley Avenue West Springfield, MA 01089	Physical Therapy
7 HMC - Holyoke Health Center 230 Maple Street Holyoke, MA 01040	Lab & Ultrasounds
8 HMC - Physical Therapy (part year) 138 College Street South Hadley, MA 01075	Physical Therapy
9 HMC - Physical Therapy (part year) 1970 Memorial Drive Chicopee, MA 01020	Physical Therapy
10 CMC - Radiology 1962 Memorial Drive Chicopee, MA 01020	Radiology Services

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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.

Part I, Line 3c:

Not Applicable.

Part I, Line 6a:

Not Applicable.

Part I, Line 7:

Holyoke Medical Center, Inc. used the cost-to-charge ratio method in determining the cost of health services provided. Holyoke Medical Center, Inc. derived this cost-to-charge ratio based on the total patient care expense, after step-down adjustment, divided by gross patient charges per the Medicare 2552 cost report.

Part I, Line 7, Column (f):

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 5,071,862.

Part VI Supplemental Information (Continuation)

Part II, Community Building Activities:

The majority of our community support is a result of requests from civic, social, and athletic groups within our community. As an example, working with three community partners, Holyoke Medical Center, Inc. staff help coordinate a children's grant to specifically assist speech and language screening and education for children and parents in the community for children with speech and hearing difficulties. Working with our partners, this program helps assist families with obtaining public school services for their children. Our ongoing involvement helps oversee budgets and assure flow to appropriate allocation of funds to those community services which will support those children and their families for speech, occupational and physical therapy, behavioral counseling, therapeutic play, hearing screenings, family literacy, and nutrition. In addition, HMC also partners with a variety of local community agencies to help oversee specific grants that have been awarded for the broader community for children with childhood developmental delays in their cognitive speech and hearing. Family support and teaching pre-school and grammar school educational programs for teachers are held to assist in minimizing the delays that these children would otherwise undergo without this service.

Part III, Line 2:

Holyoke Medical Center, Inc. utilizes a costing methodology in which the ratio of patient care cost to charges is applied to the bad debt expense attributable to patient accounts to calculate the estimated cost of bad debt attributable to patient accounts that is reported on Line 2. Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense.

Part VI Supplemental Information (Continuation)

Part III, Line 3:

See narrative for Part III, Line 2.

Part III, Line 4:

See Footnote 2 on Page 9 of the attached audited financial statements.

Part III, Line 8:

Holyoke Medical Center, Inc. utilizes generally accepted accounting principles in the preparation of its financial statements.

Holyoke Medical Center, Inc. used the cost-to-charge ratio method in determining the cost of health services provided. Holyoke Medical Center, Inc. derived this cost-to-charge ratio based on the total patient care expense, after step-down adjustment, divided by gross patient charges per the Medicare 2552 Cost Report.

Part III, Line 9b:

Populations Exempt from Collection Action - The following individuals and patient populations are exempt from any collection actions pursuant to the Massachusetts Health Safety Net Program (HSN) regulations:

a. Patients enrolled in, receiving benefits from, or participating in a public health insurance program, including but not limited to MassHealth, Emergency Aid to the Elderly, Disabled and Children (EAEDC), Healthy Start, Children's Medical Security Plan (CMSP (provided the patient's family income is equal to or less than 300% of the FPL)), and low income patients subject to the following:

Part VI Supplemental Information (Continuation)

(1) Holyoke Medical Center, Inc. may initiate Collection Action against any patient enrolled in, receiving benefits from, or participating in MassHealth, EAEDC or Healthy Start, and any low income patient, for their required co-payments and deductibles as set forth by each specific program.

(2) Holyoke Medical Center, Inc. may also initiate collection action for a patient who alleges that he or she is a participant in MassHealth, EAEDC, Health Start or CMSP but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in such a program (including, in the case of MassHealth, EAEDC or Healthy Start, receipt or verification of a signed application), Holyoke Medical Center, Inc. shall cease billing or collection activities.

(3) Low income patients are exempt from Collection Action for Eligible Services (as defined by HSN regulations from time-to-time) they receive during the period for which they have low income patient status.

(4) Low income patients with family income between 150% and 300% of FPL are exempt from collection action for the portion of their Holyoke Medical Center, Inc. bill that exceeds the patient's deductible. However, Holyoke Medical Center, Inc. may initiate collection action against patients for their required co-payments and deductibles.

(5) Holyoke Medical Center, Inc. may continue collection action on any low income patient for services rendered prior to the low income patient determination, provided that the patient's low income patient status has been terminated or expired. However, once a patient is determined to be

Part VI Supplemental Information (Continuation)

eligible and enrolled in the Health Safety Net, MassHealth or certain Commonwealth Care programs, Holyoke Medical Center, Inc. will cease collection action for services rendered prior to the beginning of their eligibility.

(6) Holyoke Medical Center, Inc. may pursue collection action against low income patients for services other than eligible services for which the patient has agreed to be responsible, provided Holyoke Medical Center, Inc. obtained the patient's prior written consent to be billed for the services. Holyoke Medical Center, Inc. will not bill low income patients for claims denied by the patient's primary insurer resulting from an administrative or billing error unless the error was initiated by patient/guarantor.

(7) Holyoke Medical Center, Inc. will not undertake collection action against an individual who has been approved for ER Bad Debt Medical Hardship or medical hardship under the Massachusetts Health Safety Net Program with respect to the amount of the bill that exceeds the medical hardship contribution.

b. With respect to low income patients injured in motor vehicle accidents, Holyoke Medical Center, Inc. will: (1) investigate whether the patient, driver and/or vehicle owner had a motor vehicle liability policy; (2) make every effort to obtain the third party payor information from the patient; (3) if the hospital has prior knowledge and is legally able, attempt to secure assignment on a patient's right to third party coverage on services provided due to an accident; (4) advise patient of duty to notify HSN/MassHealth within 10 days of filing TPL claim/lawsuit, (5) retain

Part VI Supplemental Information (Continuation)

documentation of those efforts; (6) where applicable, submit a claim for payment to the motor vehicle liability insurer; and (7) if any portion of the claim was previously billed to the HSN, report any recovery to the HSN.

c. Holyoke Medical Center, Inc. will not garnish a low income patient's or their guarantor's wages or execute a lien on the low income patient's or their guarantor's personal residence or motor vehicle unless: (1) Holyoke Medical Center, Inc. can show that the patient or their guarantor has the ability to pay; (2) the patient/guarantor did not respond to HMC requests for information or the patient/guarantor refused to cooperate with HMC to seek an alternative financial assistance program; or (3) for purposes of a lien, it was approved by Holyoke Medical Center, Inc.'s Board of Trustees on an individual case-by-case basis.

d. Holyoke Medical Center, Inc. may cease any collection or billing actions against a patient who is unable to pay Holyoke Medical Center, Inc.'s bill at any time during the billing process, if the patient is eligible for assistance under financial assistance programs that HMC may, in its discretion, make available from time-to-time. Holyoke Medical Center, Inc. will keep any and all documentation that shows a patient met the criteria for such programs.

e. Holyoke Medical Center, Inc. and its agents shall not continue collection or billing on a patient who is party to bankruptcy proceedings except to secure its rights as a creditor in the appropriate order.

f. Holyoke Medical Center, Inc. and its agents will not charge interest on

Part VI Supplemental Information (Continuation)

an overdue balance for a low income patient or for patients who are eligible for financial assistance programs that HMC may in its discretion make available from time-to-time.

Part VI, Line 2:

Holyoke Medical Center, Inc. (HMC) conducts a community health needs assessment of the communities it serves in conjunction with numerous community agencies. The assessment process took place with eight focus groups held in the communities we serve. One focus group was held at Morgan Elementary School with Community Based Organizations that included; The Boys and Girls Club, OneHolyoke CDC, EnLace De Familias, Holyoke Media, Nuestras Raices, Action Ambulance, South Holyoke Safe and Secure Neighborhood Organization and River Valley Counseling Center. Additional workshops were held with Holyoke Housing Authority residents, Chicopee Boys and Girls Club staff, Holyoke City Officials that included the Mayor's office, the Board of Health, the Holyoke Fire Department and the Holyoke Police Department. We held two workshops at Dean Vocational High School with two classes of High School aged healthcare students. A workshop was held at the South Hadley Senior Center and one workshop at the Holyoke Medical Center that included a number of different departments including Nurse Navigators, Community Health Workers, Emergency Department, Interpretive Services, behavioral health and representation from our sister organizations; River Valley Counseling Center, Visiting Nurses Association, and Hospice Life Care.

Holyoke Medical Center (HMC) conducted over 20 stakeholder meetings that included four Council on Aging directors from Holyoke, South Hadley, West Springfield and Southampton, Holyoke Board of Health Director and staff,

Part VI Supplemental Information (Continuation)

four area Mayors from Holyoke, Chicopee, South Hadley (Town Manager) and Easthampton, the YMCA, Holyoke Housing Authority, Girls Inc, Superintendent of Holyoke Public Schools, Dr. Stephen Zrike, State Representative, Aaron Vega, Captain Miguel Garces of the Salvation Army of Holyoke, and the Valley Opportunity Council WIC Coordinator. Also as part of the process, HMC sent out a 49 question survey in English and Spanish where close to 400 people responded. Partnering with these organizations and understanding their clients' health needs has allowed HMC to utilize our expertise and assessment of the population we serve to better formulate our community benefit initiatives. Based on the needs assessment, HMC determines which initiatives to continue and which programs to implement within our financial means.

Key Objectives:

The objective of the Holyoke Medical Center's Community Health Needs Assessment was to:

1. Identify key health issues and concerns facing residents of Holyoke Medical Center's primary service area.
2. Identify communities that are experiencing health disparities.
3. Look at other contributing factors that create barriers to living healthier lives.

CHNA Conclusions:

Holyoke Medical Center gathered comments put forward from the community and narrowed the list down to the top common priority areas from the community input. HMC also developed a set of principles to help determine our highest priorities and guide our decision-making process regarding

Part VI Supplemental Information (Continuation)

community benefits. Holyoke Medical Center's goals are to:

Increase access to care centered on the social determinants of health

Serve vulnerable and underserved populations especially with chronic conditions.

Provide for the greatest level of community concern that is most consistent with the organization's strengths.

Significant Health Needs Identified in Order of Priority Include:

Social and Economic Issues that Impact Health:

1. Transportation
2. Cultural awareness
3. Employment training for youth
4. Housing Security and Homelessness

Access to Healthcare in the following areas:

1. Primary Care
2. Mental health services
3. Affordable medications
4. Assistance with finances and insurance
5. Educational resources
6. Healthy food
7. Affordable housing

Communication Assistance Needed to Improve Health Outcomes:

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Part VI Supplemental Information (Continuation)

1. Understanding of Doctor's Instructions

2. Simplified terminology by providers for patients understanding

3. Instructions provided in native language (written and spoken)

4. Promotion of educational resources and support groups

5. Social Interactions for Seniors

6. Medication management

Health:

1. Pain management

2. Substance use of drugs and alcohol

3. Mental health

4. Upper respiratory disease

5. Asthma

6. Obesity

7. Dementia and Alzheimer's

8. Diabetes

It is important not to overlook the substantial contribution that the hospital makes to the community through our many educational programs, free flu shots, and our support of community events. HMC will continue to monitor these programs for their need and effectiveness in the community, and, working with our community partners, assess for gaps in the needs of the community that are not being filled.

The 2019 CHNA was conducted using a social determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology.

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Part VI Supplemental Information (Continuation)

Our Health is largely determined by the social, economic, cultural, and physical environments that we live in and the healthcare we receive.

Among these "modifiable" factors that impact health, social and economic factors are estimated to have the greatest impact. The County Health Rankings model, developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, estimates the extent to which these modifiable factors contribute to health based on reviews of the scientific literature and a synthesis of data from a number of national sources. It is estimated that social and economic factors account for 40% of our health, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%). Many health disparities occur as a result of inequities in these determinants of health.

In addition to the community meetings, stakeholder meetings and survey, HMC hired MySidewalk to help collect data from a large number of sources that include, USDA, US Census, local data and hospital data and helped HMC develop an online version of our CHNA that will be updated annually and not have to wait for three years for the next CHNA.

The Implementation Plan was completed in February 2020 with our Community Benefits Advisory Committee meeting over several months to help develop. Members of the Community Benefits Advisory Committee include:

- Salvation Army of Greater Holyoke
- Holyoke YMCA
- One Holyoke CDC
- Holyoke Housing Authority
- Holyoke Boys and Girls Club

Part VI Supplemental Information (Continuation)

- River Valley Counseling Center
- Nurse Navigation/Community Health Worker
- Providence Ministries for the Needy
- Holyoke Health Center
- Holyoke Medical Center Behavioral Health
- Holyoke Medical Center ACO Operations

Part VI, Line 3:

1) General Principles:

Holyoke Medical Center, Inc. or its agents will assist uninsured and underinsured patients with the process of applying for available financial assistance programs that may pay for some or all of their hospital bills. In order to help uninsured and underinsured patients find and apply for available financial assistance, HMC will provide all patients with a general notice of the availability of programs by way of posted notices throughout HMC and by way of individual notices to patients. The goal of these notices is to inform patients regarding the availability of financial assistance, as well as assistance with the application process. Holyoke Medical Center, Inc. will assist patients with the application process for the following Massachusetts programs: MassHealth, Commonwealth Care, CMSP, Healthy Start, Health Safety Net, and Medical Hardship through the Health Safety Net. Holyoke Medical Center, Inc. will provide, upon request, specific information about: (a) the eligibility criteria to be a low income patient under the Massachusetts Health Safety Net program or (b) additional financial assistance programs that HMC may in its discretion make available to low income patients from time-to-time. Holyoke Medical Center, Inc. will also notify the patient about available payment plans that may be available to them pursuant to HSN regulations.

Part VI Supplemental Information (Continuation)

2) Role of Hospital Patient Financial Counselors and Other Finance Staff:
Holyoke Medical Center, Inc. will attempt to identify available coverage options for patients who may be uninsured or underinsured when the patient is scheduling services, while the patient is at HMC, upon discharge and for a reasonable time following discharge. Holyoke Medical Center, Inc. will direct all patients seeking available coverage options to HMC's Patient Financial Counseling office for eligibility screening and assistance with the application process, including the application process for financial assistance programs that HMC may in its discretion make available to low income patients from time-to-time.

Holyoke Medical Center, Inc. will also provide information on how to contact the appropriate staff within the hospital's Finance Department to verify the accuracy of the hospital bill or to dispute certain charges.

3) Notification Practices:

Holyoke Medical Center, Inc. will post a notice (signs) of availability of financial assistance in the following locations:

- a. Service delivery areas (e.g., inpatient, clinic, emergency department admission and/or registration areas);
- b. Patient financial counselor areas;
- c. Central admission/registration areas; and/or
- d. Business office areas that are open to patients.

Posted signs will be clearly visible and legible to patients visiting these areas. The hospital will also include a notice about the availability of financial assistance in all initial bills.

Part VI Supplemental Information (Continuation)

When a patient contacts the hospital, the hospital finance staff will attempt to identify if a patient qualifies for a public financial assistance program or a payment plan. A patient who is enrolled in a public financial assistance program (e.g., MassHealth or the Health Safety Net) may qualify for certain plans. Patients may also qualify for additional assistance based on the hospital's own internal criteria for financial assistance or qualify for coverage of services as a medical hardship based on the patient's documented income and allowable medical expenses.

For cases in which the hospital is using the Virtual Gateway application, the hospital will assist the patient in completing the application for MassHealth, Commonwealth Care, Children's Medical Security Plan, Health Start, Health Safety Net, or other forms of financial assistance programs as they become part of the Virtual Gateway program.

All signs and notices shall be translated into languages other than English if such language is primarily spoken by 10% or more of the residents in the hospital service area, which is based on the hospital admissions and/or discharge information.

Part VI, Line 4:

The service area for Holyoke Medical Center includes nine communities, three of which are located in Hampden County (Chicopee, Holyoke, and West Springfield) and six of which are located in Hampshire County (Belchertown, Easthampton, Granby, South Hadley, Southampton, and Westhampton). The total population of the service area is over 180,000

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Part VI Supplemental Information (Continuation)

people. The three largest communities in the service area - Holyoke, Chicopee and West Springfield - are located in Hampden County and contain two-thirds of the service area's population. Approximately 89% of the population in the Holyoke Medical Center service area lives in urban areas. Urban areas consist of census tracts and/or blocks meeting the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or are adjacent and meet additional criteria. The median ages in these cities hover near the Hampden County median age of 40 years old. Racial and ethnic diversity is more common in the three largest communities in the service area, where over 15% of the population identifies as Black or African American, American Indian, Asian, or some other race. There is also a sizeable Hispanic or Latino population in this service area, where 47% of the population of Holyoke and almost 17% of the population in Chicopee identifies as such. In Holyoke, 44% of the population speaks a language other than English at home. In Chicopee and West Springfield over 20% of the population speaks a language other than English at home. Public transit access is facilitated by the Pioneer Valley Transit Authority, which provides bus service to all but one of the nine communities (Westhampton). Paratransit services are offered throughout the service area for people with disabilities within 3/4 mile of a fixed route in order to facilitate access to medical care.

Economically, there is significant variation between communities in the Holyoke Medical Center service area. Annual per capita income in the service area is \$27,165, which is considerably less than the state average of \$36,440. On a community-level, there is wide variation, with the per capita income ranging from \$19,997 in Holyoke to \$32,459 in Belchertown (ACS, 2010-2014). In this service area, the overall percentage of those

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

who pay more than 30% of their income for housing costs is 35. Again, these figures vary within the service area, where 42% of renters and owners in Holyoke are cost-burdened, versus 30% and 31% in Easthampton and Westhampton, respectively. Approximately 15% of Holyoke Medical Center service area residents live below the federal poverty level, as compared to 17% of Hampden County residents and the state rate of 12%. The child poverty rate for the Holyoke Medical Center service area is 22%, which is lower than that of Hampden County (27%), but higher than that of state (15%). At the community level, these rates vary widely. In Holyoke, the overall poverty rate is 30%, and the child poverty rate is nearly 50% - over three times the state rate.

As a whole, 85% of the population has a high school diploma, with rates varying from 77% in Holyoke to over 92% in Easthampton and Belchertown. The service area's unemployment rate is 6%. The unemployment rate is based on the number of people who are either working or actively seeking work. Some communities struggle with unemployment rates more so than others - Holyoke and Chicopee have rates at 8% and 7% respectively, while Belchertown and Easthampton have unemployment rates below 5%. The service industry is the largest employment sector in the area, but the manufacturing and wholesale and retail trade industries are also strong economic drivers in this service area.

Part VI, Line 5:

The impact of Holyoke Medical Center, Inc.'s (HMC) outreach efforts are evidenced by the fact that countless service agencies rely on HMC to ensure their own success. Among the key accomplishments this year were:
Transportation: We continue to provide free transportation services

Part VI Supplemental Information (Continuation)

allowing approximately 3,000 riders a month access to hospital services and neighboring medical practices. We have two shuttles that travel throughout the community and stop at various public transportation routes, senior high rise apartments, and a local health center. We also offer door to door shuttle to those that have difficulty getting to the bus stops and also offer a shuttle service for people to get around our campus.

Public School Events: We provide services for various school systems in the community including education, volunteerism, sponsorship and internships. The need is based on improving quality of health, workforce development and health career education and providing information. We have many partnerships within the schools and respond to their needs as they arise. Currently we work with the school's homeless coalition, health advisory committee, high school redesign team, school attendance committee, internships and job shadowing committees. We have worked with Holyoke Public Schools to offer behavioral health support and education for teachers. We had a rather large gathering of teachers from all over the area to a workshop on creating a Trauma Informed Community. Lastly, we are working on a more robust internship program for the coming year.

Community Flu Clinic: We held community flu clinics for the reduction of influenza cases in and around Holyoke and surrounding communities. This year, we not only held an event open to the community at the hospital but also offered flu clinics off site to a veteran's group and senior citizens. We are always looking for additional sites to hold flu clinics.

Dementia Collaborative: We are participating in the Dementia Friendly Community Collaborative that works with surrounding communities to make

Part VI Supplemental Information (Continuation)

physical changes, as well as education on how to approach someone with dementia, especially first responders. Currently we are concentrating on the communities of South Hadley and Holyoke.

Fill the Back Pack Program: Holyoke Medical Center sits on the committee which assists impoverished children with regard to school supplies by participating in the "Fill the Back pack Program". There are about 2,000 students served within the Flats section of the city, a low income neighborhood in Holyoke. We provide our Nurse Navigators and Community Health Workers to offer education and screenings at this major summer event. This year the Nurse Navigators and Community Health Workers provided nutrition education and passed out paper plates to 2,000 students that had daily food requirements embedded on the paper plate to stay healthy. We also provided erasers and pencils to be put in the 2,000 backpacks.

South Holyoke Safe and Secure Neighborhood Initiative: Holyoke Medical Center participates in the South Holyoke Safe and Secure Neighborhood Initiative which is a partnership between local, state & federal law enforcement; city & state government; civic & human service organizations; faith based organizations; the business community; education providers; property managers; and residents that come together with a goal to create a safe, healthy & economically viable neighborhood through information sharing, referrals and community efforts in the South Holyoke neighborhood. We participate with our Nurse Navigators and Community Health Workers at their events providing nutrition, mental health, and health education and screenings. This is another challenged neighborhood in downtown Holyoke with under-performing schools and many neighborhood

Part VI Supplemental Information (Continuation)

challenges. We held one of our public meetings for our (CHNA) Community Health Needs Assessment at the same school in an attempt to gather input from one of Holyoke's most challenged neighborhoods.

Holyoke Medical Center also partnered with Revitalize CDC to offer help in the home of children that are struggling with asthma. HMC is able to offer cleaning products, cleaning instruction and HEPA filter vacuums.

Revitalize CDC is able to make physical repairs in the home, which is something that was needed in order to continue to keep the child safe and healthy after the cleaning is done. We implemented the Childhood Asthma Control Test in the Emergency Department and a referral system to PCPs for disease specific follow up. This intervention model triggers the pediatrician to institute an action plan for the child and parent.

HMC provides a variety of behavioral health services including community liaison work, education, and transportation through LYFT. We also provide naran right in the emergency room for anyone coming in with a drug overdose and can start them on suboxone. We also provide a variety of behavioral health services including community liaison work, education, and reaching out to organizations that provide support services to at-risk children and teens in Holyoke including the Boys and Girls Club, Holyoke Public Schools, and MassHire Program.

We offer internships to local colleges in an effort to support a future workforce of local residents. The students work with our Doctors and specialists for the full time they are here. We also have a robust summer internship for "youth at risk" that are interested in getting into the health field. They work for us for 6 weeks, 20 hours a week throughout the

Part VI Supplemental Information (Continuation)

hospital. The students are required to go through HMC's new employee orientation and other workshops to learn their roll here at the hospital.

Birthing Center: Our birthing center continues to offer birthing, lactation and parenting skill education classes and created Spanish Language classes. They also provided education and sleep sack to all parents in order to decrease the incidence of SIDS in our patient population.

Let's Move 5-2-1-0: We participate in Let's Move Holyoke 5-2-1-0 with the Holyoke Health Center as the lead, along with other community based organizations and local schools. This initiative provides educational outreach, supporting materials and training on healthy eating and physical activity with children and their families, as well as supporting a large, diverse group of Holyoke agencies and organizations. HMC is taking more of a lead this year and has written this initiative into the Implementation Plan to do more community outreach with the 5-2-1-0 partners.

HMC continues to provide education within the surrounding communities, including medical topics about high rates of diet and exercise related diseases (obesity, diabetes, stroke, heart disease). We have also started to create educational videos that we put on Holyoke's Cable Access Channel so that we are getting important information to more people in the community. This year, we worked with the Holyoke Public Schools to understand what their most challenging needs are so that we can create educational videos around those topics, which included walking to school in the cold weather if your child has asthma and the importance of immunizations.

Part VI Supplemental Information (Continuation)

We expanded our community dinner to two evenings a month in our hospital cafeteria. We give out tickets to the Salvation Army, Providence Ministries for the Needy, the Holyoke Boys and Girls Club, Womenshelter Companeras, Holyoke Public Schools Homeless Family Coordinator, and En Lace De Families to hand out to their needy families. They get a warm healthy meal on the second Tuesday of the month and the last Thursday of the month. We average between 50 and 75 adults and children.

5-2-1-0

5-2-1-0 Let's Go! is a nationally recognized childhood obesity prevention program implemented throughout Holyoke and in communities as far as Maine. It partners with schools, child care and out-of-school programs, health care practices and community organizations to change environments where children and families live, learn, work, and play.

Lung Cancer Screening

HMC provides CT Lung Cancer Screening Services. Studies have shown that Low Dose Lung Cancer Screening Cat Scans can lower the risk of death from lung cancer by 20% in people who are at high risk. HMC has committed the following staffing resources for this service: Radiologist, Technologist for scan, PCP, and Nurse Navigator.

Nutrition for the Cancer Patient

HMC ensures access to care for all oncology patients with lack of food access or financial hardship. Upon admission, patients are evaluated to assess needs and follow-up services are provided.

Part VI Supplemental Information (Continuation)

See Continuation...

Part VI, Line 6:

Holyoke Medical Center is a 198-bed facility with over 1,200 employees serving individuals and families throughout the Pioneer Valley. The medical staff includes more than 300 physicians and consulting staff. Among some of the top-rated services at Holyoke Medical Center is the award winning Holyoke Medical Center Stroke Service which has been consistently rated as one of the best in the state. Areas of clinical emphasis also include behavioral health, critical care, emergency care, orthopedics, oncology, rehabilitation, women's health services, speech and hearing, bariatric, and wound care services.

Holyoke Medical Center is a member of Valley Health Systems, which also includes the affiliates Holyoke Visiting Nurse Association & Hospice Life Care, Western Mass Physician Associates, and River Valley Counseling Center. For more information, please visit www.HolyokeHealth.com.

The mission of Holyoke Medical Center and the affiliated healthcare system is to serve the health needs of the community in a high quality and efficient manner. To this end, Holyoke Medical Center shall:

- Provide compassionate care to all whom it serves with a commitment to cultural diversity in our programs and workforce, and the development of cultural competencies in our workforce so that we may better serve our patients;

- Identify and serve those needs which are prevalent and substantial in

Part VI Supplemental Information (Continuation)

the community as a whole or within major population groups, and which can be adequately met by the provision of basic primary and secondary health care services;

- Provide information, education, and expertise to our community in order to promote the general health of its citizens;

- Provide an environment of excellence and growth in which health care professionals can use their skills and abilities to the fullest extent possible;

- Provide competitive wages and benefits, as well as safe and dignified working conditions, for all employees;

- Ensure financial responsibility in the operation of the Medical Center in order to guarantee the future viability of our mission;

- Provide a formal, public, and ongoing program of community benefits, in cooperation with community individuals and organizations, to improve the health status of the public including especially the medically and economically vulnerable.

Part VI, Line 7, List of States Receiving Community Benefit Report:

MA

Part VI, Line 5:

Continuation...

Part VI Supplemental Information (Continuation)

Survivorship with all cancer patients

A survivorship care plan is started for all cancer patients. Patients are considered survivors from the beginning of their journey to the end.

Transportation Services

If you live in Holyoke and need help getting to and from the Medical Center campus, HMC offers a van service with no appointment necessary available Monday through Friday between the hours of 7:30 a.m. and 5 p.m.

Other Community Health Involvement:

- Oversaw emergency ambulance services for the City of Holyoke in conjunction with American Medical Response;

- Operated the only Emergency Department in the City of Holyoke, providing emergency medical and behavioral health services to the community 24 hours a day, 7 days a week, 365 days per year;

- Provided a variety of behavioral health services, including community liaison work with agencies in the mental health community in order to improve the provision of behavioral health/psychiatric services for community members, education lectures and provided transportation to members of the community who do not have their own transportation and are in need of partial hospitalization or intensive outpatient levels of care for mental health treatment;

- Educated and implemented programs to promote access to primary and

Part VI Supplemental Information (Continuation)

preventative care, utilizing medical and professional staff to educate the community to encourage routine medical screenings, education on speech and hearing issues, preventing pulmonary disease, and behavioral health issues.

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

2018

Open to Public
Inspection

Name of the organization **Holyoke Medical Center, Inc.** Employer identification number **22-2520073**

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.

1 (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
City of Holyoke 536 Dwight Street Holyoke, MA 01040		Municipality	9,350.	0.			St. Patrick's Committee of Holyoke Sponsorship

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.**

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

The Hospital awarded sponsorship and grants to various 501(c)(3) public charities or municipalities, additional monitoring is not deemed necessary.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?

b Any related organization?

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?

b Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 aren't 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				
(1) Jennifer Mark, MD Director/Med. Dir. (end 2-19)	(i)	251,993.	0.	58,850.	0.	19,683.	330,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Debra Panitch, MD Director/General Surgeon	(i)	384,328.	0.	0.	2,750.	8,623.	395,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Marc Zerbe, MD Director (end 3-19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	600,536.	0.	0.	2,750.	19,102.	622,388.	0.
(4) Spiridon E. Hatiras President & CEO, Clerk	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	758,878.	0.	0.	2,750.	18,720.	780,348.	0.
(5) Michael Koziol Treasurer & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	343,482.	0.	0.	0.	15,600.	359,082.	0.
(6) Stanley Swierzewski III, MD Urologist	(i)	1,009,160.	0.	0.	2,750.	19,910.	1,031,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Noah J. Epstein, MD Orthopedic Surgeon	(i)	967,728.	0.	0.	2,750.	19,910.	990,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Nirav R. Sheth, MD Cardiologist	(i)	719,721.	0.	0.	2,750.	19,102.	741,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Alexander Berry, MD Urologist	(i)	665,221.	0.	0.	2,750.	19,102.	687,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Khaled A. Instrum, MD Orthopedic Surgeon	(i)	631,646.	0.	0.	2,750.	19,102.	653,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 3:

The compensation for the Organization's CEO was established by a related organization, Valley Health Systems, Inc. That organization established the CEO's compensation by using a compensation committee and a compensation study. The compensation was also approved by the System's compensation committee.

Part I, Line 4a:

Jennifer Mark received \$58,850 in severance during the year. This amount has been reported in Schedule J, Part II, Column B(iii).

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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

2018
Open to Public
Inspection

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number
22-2520073

Part I	Bond Issues See Part VI for Columns (a) and (f) Continuations											
(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
Massachusetts A Development Finance Agen		04-3431814	None	12/18/15	15,000,000.	Construction of Addition to Hospi		X		X		X
B												
C												
D												

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	15,000,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds	509,511.								
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	622,161.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	16,940,433.								
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion	2017								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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								

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

Schedule K (Form 990) 2018

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						
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?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental 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							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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 isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: Massachusetts Development Finance Agency

(f) Description of Purpose:

Construction of Addition to Hospital Facility & Parking Lot

Schedule K, Part III; Part IV; and Part V

Although formal written policies are not in place to ensure that violations are timely identified and corrected, the bonds issuer, monitors regulation Sections 1.141-12, 1.145-2, and 148 requirements for the Organization.

Furthermore, the Organization works closely with bond counsel to monitor any lease agreements or management service contracts that have the potential to result in private business use and to ensure that safeguards are in place to take appropriate and timely remedial action should any violations of federal tax requirements occur.

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

2018

Open to Public
Inspection

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number
22-2520073

Form 990, Part I, Line 1, Description of Organization Mission:

and the surrounding areas.

Form 990, Part III, Line 1, Description of Organization Mission:

partnerships, fostering innovation and growth and by inspiring hope in
all we touch. We do that by being good stewards of our resources and
providing efficient and cost effective care to all.

Form 990, Part III, Line 4a, Program Service Accomplishments:

To this end, HMC shall: (1) provide compassionate care to all of whom
it serves with a commitment to developing cultural diversity and
competencies in our programs and workforce so that we may better serve
our patients; (2) identify and serve those needs which are prevalent
and substantial in the community as a whole, or within major population
groups, and which can be adequately met by the provision of basic
primary and secondary health care services; (3) provide information,
education, and expertise to our community in order to promote the
general health of its citizens; (4) provide an environment of
excellence and growth in which health care professionals can use their
skills and abilities to the fullest extent possible; (5) provide
competitive wages and benefits, as well as safe and dignified working
conditions, for all employees; (6) ensure financial responsibility in
the operation of the medical center in order to guarantee the future
viability of our mission; (7) provide a formal, public, and ongoing
program of community benefits, in cooperation with community
individuals and organizations, to improve the health status of the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

public including especially the medically and economically vulnerable.

Holyoke Medical Center, Inc. provided inpatient, outpatient, and emergency healthcare services and certain physician services to the residents of Holyoke, Massachusetts and the surrounding communities. Inpatient healthcare services included medical, surgical, critical care, cardiac, obstetrical, psychiatric, and oncology services. During FY 2019, HMC provided 27,714 patient days of inpatient services with 6,656 discharges. Outpatient healthcare services included a full array of diagnostic, therapeutic, and behavioral health services. During FY 2019, HMC had 339,632 outpatient visits. Emergency services were provided by a 24-hour emergency department. During FY 2019, HMC had 49,780 emergency department visits.

Form 990, Part VI, Section A, line 2:

Certain officers and directors of Holyoke Medical Center, Inc. are employed by a related tax-exempt organization which has common officers and/or directors. By virtue of this arrangement, certain individuals listed in Form 990, Part VII have a business relationship with one another.

Form 990, Part VI, Section A, line 6:

The sole member of Holyoke Medical Center is Valley Health Systems, Inc.

Form 990, Part VI, Section A, line 7a:

Valley Health Systems, Inc. elects the members of the governing body of Holyoke Medical Center, Inc. Valley Health Systems, Inc. also has the power to remove any member of the governing body, with or without cause, at any time by giving written notice to such governing body member.

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

Form 990, Part VI, Section A, line 7b:

Significant decisions of the governing body of Holyoke Medical Center, Inc. are subject to the approval of Valley Health Systems, Inc. as specified in the Organization's bylaws.

Form 990, Part VI, Section B, line 11b:

A copy of the Hospital's Form 990 was provided to each voting member of the governing body prior to its filing with the Internal Revenue Service. The Form 990 was prepared with the assistance of an independent public accounting firm and thoroughly reviewed by the Senior Vice President of Finance and CFO and key financial staff of the Hospital prior to distributing it to the governing body for review.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy of Holyoke Medical Center, Inc. (HMC) is monitored and enforced as part of the Valley Health Systems, Inc. System and is reviewed annually by the System's conflict of interest committee. HMC board members, officers, and key employees complete and sign a conflict of interest questionnaire annually. All signed questionnaires are then submitted to HMC and to Valley Health Systems, Inc. (parent) for review and monitoring.

Form 990, Part VI, Section B, Line 15:

The compensation committee of the Valley Health System, Inc. utilizes a market compensation survey to recommend to the Board the approval of its determination of the appropriate compensation of the Chief Executive Officer. During that process, the Committee also reviews the compensation

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

levels of other senior management and key employees of the System. These individuals are not members of the compensation committee and do not participate in this process. The CEO, as a member of the Board of VHS, does not participate in the approval process of that officer's compensation.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy, and financial statements of Valley Health Systems and Affiliates, which includes supplemental information of the filing entity, are available to the public upon request at the Organization's administrative office at 575 Beech Street, Holyoke, MA.

Form 990, Part VII:

Jennifer Mark, MD, and Debra Panitch, MD are listed on Form 990, Part VII as voting members of the Hospital's board of directors. In accordance with IRS instructions, each has reportable compensation and benefit information disclosed on Part VII. However, each person is a licensed, full-time physician employee of the Hospital or one of its affiliates and their compensation and benefits represents remuneration in their capacity as such. No part of their reportable compensation or benefits is paid in their capacity as board members of the Hospital.

Form 990, Part IX, Column D:

All philanthropic and solicitation activity is carried out by Holyoke Medical Center affiliates. Therefore, no expenses have been allocated

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number

22-2520073

as fundraising expenses on Form 990, Part IX.

Form 990, Part XI, line 9, Changes in Net Assets:

Equity Transfer to Affiliates -2,934,000.

Change in Beneficial Interest - VHS -496,085.

Pension Related Charges -17,373,626.

Total to Form 990, Part XI, Line 9 -20,803,711.

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

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

2018
Open to Public
Inspection

Name of the organization

Holyoke Medical Center, Inc.

Employer identification number
22-2520073

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Community Health Foundation of Western Mass, Inc. - 22-2568962, 113 Hampden Street, Holyoke, MA 01040	Raise & Invest Funds for Affiliates	Massachusetts	501(c)(3)	Line 7	Valley Health Systems, Inc.		X
H-C Management Services, Inc. - 22-2515981 20 Hospital Drive Holyoke, MA 01040	Supporting Organization	Massachusetts	501(c)(3)	Line 12b, II	Valley Health Systems, Inc.		X
Holyoke Visiting Nurse Association, Inc. - 04-2104310, 113 Hampden Street, Holyoke, MA 01040	Home Health Care	Massachusetts	501(c)(3)	Line 10	Valley Health Systems, Inc.		X
MassWest Services, Inc. - 22-2515964 575 Beech Street Holyoke, MA 01040	Health Care	Massachusetts	501(c)(3)	Line 12b, II	Valley Health Systems, Inc.		X

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

Schedule R (Form 990) 2018

[illegible]

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.

[illegible]

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.

[illegible]

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

Form **990-W**
(Worksheet)

Department of the Treasury
Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) Form 990-T

OMB No. 1545-0976

2019

► Go to www.irs.gov/Form990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	24,606.
c	2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	26,000.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			09/15/20
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			26,000.
13	2018 Overpayment. See instructions	13			18,829.
14	Payment due (Subtract line 13 from line 12)	14			7,171.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Estimated Tax	26,000.
Overpayment Applied	18,829.
Amount Due	7,171.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Holyoke Medical Center, Inc.		D Employer identification number (Employees' trust, see instructions.) 22-2520073	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 575 Beech Street		E Unrelated business activity code (See instructions.) 621500	
C Book value of all assets at end of year 90,627,521.		F Group exemption number (See instructions.) ▶		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. **▶ 2** Describe the only (or first) unrelated trade or business here **▶ See Statement 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ Michael J. Koziol** Telephone number **▶ (413) 534-2667**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5		
6	Rent income (Schedule G)			6		
7	Unrelated debt-financed income (Schedule E)			7	52,290.	82,763.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	52,290.	82,763.
						-30,473.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules) Statement 3 See Statement 2		20	0.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-30,473.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-30,473.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	118,170.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	118,170.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	117,170.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	24,606.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	24,606.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	24,606.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	24,606.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	23,435.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	20,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	43,435.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	18,829.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 18,829. Refunded	55	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Treasurer & CFO _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Nicholas E. Porto		08/13/20		P01310283
	Firm's name Baker Newman & Noyes	Firm's EIN 01-0494526			
	P.O. Box 507				
	Firm's address Portland, ME 04112	Phone no. (207) 879-2100			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... ►

0.**0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			Statement 6	Statement 7
(1) Medical Office Building		52,290.	16,153.	66,610.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 2,707,874.	2,490,226.	100.00%	52,290.	82,763.
(2)		%		
(3)		%		
(4)		%		
Statement 4		Statement 5	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		►	52,290.	82,763.
Total dividends-received deductions included in column 8		►		0.

Form 990-T (2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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Non-Patient Laboratory and Debt-Financed Rental Income

To Form 990-T, Page 1

Form 990-T	Contributions	Statement	2
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Description/Kind of Property	Method Used to Determine FMV	Amount
City of Holyoke	N/A	9,350.
Total to Form 990-T, Page 1, line 20		9,350.

Form 990-T	Contributions Summary	Statement	3
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Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2013	
For Tax Year 2014	
For Tax Year 2015	
For Tax Year 2016	5,089
For Tax Year 2017	

Total Carryover	5,089
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Total Current Year 10% Contributions	9,350
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Total Contributions Available	14,439
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Taxable Income Limitation as Adjusted	0
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Excess 10% Contributions	14,439
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Excess 100% Contributions	0
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Total Excess Contributions	14,439
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Allowable Contributions Deduction		0
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Total Contribution Deduction		0
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Form 990-T	Schedule E - Unrelated Debt-Financed Income	Statement	4
	Average Acquisition Debt		

Description of Debt-Financed Property	Activity Number	Amount of Outstanding Debt
Medical Office Building	1	
Beginning first month		2,735,389.
Beginning second month		2,730,734.
Beginning third month		2,725,605.
Beginning fourth month		2,720,905.
Beginning fifth month		2,716,176.
Beginning sixth month		2,710,083.
Beginning seventh month		2,705,298.
Beginning eighth month		2,700,047.
Beginning ninth month		2,695,211.
Beginning tenth month		2,689,909.
Beginning eleventh month		2,685,021.
Beginning twelfth month		2,680,109.
Total of All Months		32,494,487.
Number of Months in Year		12
Average Acquisition Debt		2,707,874.

Totals to Form 990-T, Schedule E, Column 4

Form 990-T	Schedule E - Unrelated Debt-Financed Income	Statement	5
	Average Adjusted Basis		

Description of Debt-Financed Property	Activity Number	Amount
Medical Office Building	1	
Average adjusted basis of property first day of year		2,525,940.
Average adjusted basis of property last day of year		2,454,512.
Average adjusted basis of property for the year		2,490,226.
Total to Form 990-T, Schedule E, Column 5		

Form 990-T	Schedule E - Depreciation Deduction	Statement	6
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Description	Activity Number	Amount	Total
- SubTotal -	1	16,153.	16,153.
Total of Form 990-T, Schedule E, Column 3(a)			16,153.

Form 990-T	Schedule E - Other Deductions	Statement	7
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Description	Activity Number	Amount	Total
- SubTotal -	1	66,610.	66,610.
Total of Form 990-T, Schedule E, Column 3(b)			66,610.