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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Health New England Inc

Doing business as

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

One Monarch Place No 1500

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

Springfield, MA 011441500

F Name and address of principal officer

Maura C McCaffrey

One Monarch Place No 1500

Springfield, MA 011441500

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

04-2864973

E Telephone number

(413) 787-4000

G Gross receipts \$ 942,291,381

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 4 ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www HealthNewEngland Org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2013

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Health New England, Inc is a part of the Baystate Health System formed by its parent and sole member, Baystate Health, Inc , whose mission is "To improve the health of the people in our communities every day with quality and compassion " The mission of Health New England, Inc based on the mission of our parent, is as follows "To improve the health and life of our communities by providing outstanding service, delivering superior value, and acting as a leading corporate citizen "

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

3	Number of voting members of the governing body (Part VI, line 1a)	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	434
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0
9	Program service revenue (Part VIII, line 2g)	931,054,978
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	2,825,693
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	933,880,671

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	0	564,790
14	Benefits paid to or for members (Part IX, column (A), line 4)	831,851,406	807,951,900
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,512,537	35,373,634
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)	46,011,201	35,713,792
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	912,375,144	879,604,116
19	Revenue less expenses Subtract line 18 from line 12	21,505,527	20,876,237

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	185,194,570	224,898,351
21	Total liabilities (Part X, line 26)	127,734,616	140,974,749
22	Net assets or fund balances Subtract line 21 from line 20	57,459,954	83,923,602

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

2018-11-12

Date

Steven J Sigal VP of Finance & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Christine Kaweck

Preparer's signature

Christine Kaweck

Date

Check ☐ if self-employed

PTIN

P00743140

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ Two Jericho Plaza

Jercho, NY 11753

Phone no (516) 918-7000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒ **Yes** ☐ **No**

**1** Briefly describe the organization's mission

See Schedule OThe mission of Health New England, Inc , as part of Baystate Health, Inc (an integrated health care system), is to improve the overall quality of life and health status of the communities we serve and to contribute to the economic success of our region Health New England, Inc is committed to meeting the identified health and wellness needs of our communities served through the combined efforts of Baystate Health, community organization partners, and affiliated providers

**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 \$ 808,516,690 including grants of \$ 564,790 ) (Revenue \$ 898,045,975 )  
See Additional Data














**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 ▶ 808,516,690

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .	<b>4</b>	
<b>5</b> 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> . . . . .	<b>5</b>	No
<b>6</b> 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>  . . . . .	<b>6</b>	No
<b>7</b> 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>  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	<b>8</b>	No
<b>9</b> 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>  . . . . .	<b>9</b>	No
<b>10</b> 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>  . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> 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>  . . . . .	<b>11a</b>	Yes
<b>b</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>  . . . . .	<b>11b</b>	No
<b>c</b> 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>  . . . . .	<b>11c</b>	No
<b>d</b> 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>  . . . . .	<b>11d</b>	Yes
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11e</b>	Yes
<b>f</b> 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>  . . . . .	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	<b>12a</b>	Yes
<b>b</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>  . . . . .	<b>12b</b>	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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> . . . . .	<b>14b</b>	No
<b>15</b> 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> . . . . .	<b>15</b>	No
<b>16</b> 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> . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> 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> . . . . .	<b>18</b>	No
<b>19</b> 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> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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> . . . . .	Yes	
<b>22</b> 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> . . . . .		No
<b>23</b> 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> . . . . .	Yes	
<b>24a</b> 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> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b> 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> . . . . .		No
<b>27</b> 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> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b> 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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> 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> . . . . .		No
<b>34</b> 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> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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> . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b> 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> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a	8,436
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes
<b>2a</b>	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	434
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	No
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ►Health New England Inc. One Monarch Place Suite 1500 Springfield, MA 011441500 (413) 787-4000

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

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

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

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

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

[illegible]

[illegible]

<b>1b Sub-Total</b>	▶			
<b>c Total from continuation sheets to Part VII, Section A</b>	▶			
<b>d Total (add lines 1b and 1c)</b>	▶	4,790,455	3,265,696	1,923,259

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 ▶ 103

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

## 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
PIONEER VALLEY INFORMATION EXCHANGE LLC  101 Wason Avenue Suite 200 Springfield, MA 01107	Information Technology	165,185,440
OPTUMRX  11000 Optum Circle Eden Prairie, MN 55344	Pharmacy Benefits Manager	156,358,685
MASSACHUSETTS BEHAVIORAL HEALTH PARTNERS  1000 Washington St Ste 310 Boston, MA 02118	Medical Services Mental Health	49,914,062
BERKSHIRE MEDICAL CENTER  PO Box 4999 Pittsfield, MA 012024999	Medical Services	35,966,996
COOLEY DICKINSON HOSPITAL  PO Box 5001 Northampton, MA 01061	Medical Services	24,487,035

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 435</p>	
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Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . . ▶						
Program Service Revenue			Business Code					
	2a	Medicaid Premium	524114	343,616,211	343,616,211			
	b	Premium - Commercial Large Group	524114	238,965,284	238,965,284			
	c	Premium - Commercial Small Group	524114	138,474,967	138,474,967			
	d	Medicare Advantage Premium	524114	93,416,696	93,416,696			
	e	Massachusetts Group Insurance Com	524114	83,572,817	83,572,817			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶	898,045,975					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,383,437		2,383,437		
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties . . . . . ▶					
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		Net rental income or (loss) . . . . . ▶					
	7a	(i) Securities						
		(ii) Other						
b	Less cost or other basis and sales expenses							
c	Gain or (loss)							
d		Net gain or (loss) . . . . . ▶		50,941		50,941		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a							
	b Less direct expenses . . . . . b							
	c Net income or (loss) from fundraising events . . . ▶							
9a	Gross income from gaming activities See Part IV, line 19 . . . . . a							
	b Less direct expenses . . . . . b							
	c Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances . . . . . a							
	b Less cost of goods sold . . . . . b							
	c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d		All other revenue . . . . .						
e		Total. Add lines 11a-11d . . . . . ▶						
12		Total revenue. See Instructions . . . . . ▶		900,480,353	898,045,975	0	2,434,378	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	564,790	564,790		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.	807,951,900	807,951,900		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,061,242		5,061,242	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	20,348,041		20,348,041	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,283,503		1,283,503	
<b>9</b> Other employee benefits.	6,612,937		6,612,937	
<b>10</b> Payroll taxes.	2,067,911		2,067,911	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	190,333		190,333	
<b>b</b> Legal.	400,306		400,306	
<b>c</b> Accounting.	2,282,400		2,282,400	
<b>d</b> Lobbying.	77,276		77,276	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	397,247		397,247	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,628,464		16,628,464	
<b>12</b> Advertising and promotion.	1,243,626		1,243,626	
<b>13</b> Office expenses.	1,764,783		1,764,783	
<b>14</b> Information technology.	7,219,930		7,219,930	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	763,255		763,255	
<b>17</b> Travel.	132,009		132,009	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	9,449		9,449	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	2,721,221		2,721,221	
<b>23</b> Insurance.	142,076		142,076	
<b>24</b> 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.)				
<b>a</b> ACA and Other Taxes.	1,106,309		1,106,309	
<b>b</b> Bad Debt Expense.	441,689		441,689	
<b>c</b> Recruiting Fees.	171,067		171,067	
<b>d</b> Dues.	22,352		22,352	
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	879,604,116	808,516,690	71,087,426	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		28,410,260	<b>1</b>	62,531,973	
	<b>2</b>	Savings and temporary cash investments . . . . .		1,667,768	<b>2</b>	999,415	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		25,034,530	<b>4</b>	29,183,140	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			<b>9</b>		
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	25,283,216			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	24,618,163	983,457	<b>10c</b>	665,053
	<b>11</b>	Investments—publicly traded securities . . . . .		97,949,642	<b>11</b>	103,622,426	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		9,484,881	<b>12</b>	8,945,819	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		21,664,032	<b>15</b>	18,950,525	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		185,194,570	<b>16</b>	224,898,351		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		103,863,993	<b>17</b>	122,530,600	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .		23,870,623	<b>25</b>	18,444,149	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		127,734,616	<b>26</b>	140,974,749	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		57,459,954	<b>27</b>	83,923,602	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		57,459,954	<b>33</b>	83,923,602		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		185,194,570	<b>34</b>	224,898,351		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	900,480,353
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	879,604,116
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	20,876,237
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	57,459,954
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	211,441
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	5,375,970
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	83,923,602

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

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2864973  
**Name:** Health New England Inc

Form 990 (2017)

## Form 990, Part III, Line 4a:

Health New England, Inc makes high quality, low cost health care services available through health plans within a service area that comprises more poor, medically underserved and rural communities than any other part of Massachusetts. A federal Health Resources & Services Administration (HRSA) report stated that of the 102 Massachusetts towns designated as medically underserved, 78 are in the four counties that Health New England, Inc serves. Based on that statistic, in all, over 45% of Health New England, Inc's enrollees live in medically underserved areas. See Schedule O for further information. Health New England, Inc's service area includes four of the five counties with the highest percentage of poverty and the lowest per capita income in Massachusetts, based on US Census Bureau data. Many residents in western Massachusetts thus struggle with poverty and low levels of income. Across the four counties of western Massachusetts, 16% of residents live in poverty, and the median family income in three of the four counties is more than 20% lower than that of the state. Child poverty rates are high with 23% of children in the region living in poverty. Hampden County has the highest rates of poverty and unemployment in Health New England, Inc's service area and the lowest median income. Also, lower levels of education contribute to unemployment and the ability to earn a livable wage. Approximately 12% of residents age 25 and older in western Massachusetts do not have a high school diploma, with the highest rates observed in Hampden County (16%). In the communities of Springfield, Holyoke, Chicopee, Ludlow, West Springfield, and Pittsfield, over 20% of eligible individuals do not have a high school diploma, which is nearly double the statewide rate. Health New England, Inc makes health care available in this service area and to this population by offering health plans which serve the following: Individuals and Small Groups Enrollees at 12/31/2017 27,829 Revenue \$138,474,967 Program Expenses \$37,073,658 Health New England, Inc offers health plans to individuals and families (both directly and through the Massachusetts Health Connector) and small employer groups (employers with 50 or fewer employees). Health New England, Inc is one of the leading sources of HMO coverage for individuals and small groups in Western Massachusetts. Medicare Enrollees at 12/31/2017 9,532 Revenue \$93,416,696 Program Expense \$79,804,539 Health New England, Inc serves Medicare enrollees through the Health New England, Inc Medicare Advantage plan. Medicaid Enrollees at 12/31/2017 58,232 Revenue \$343,616,211 Program Expense \$323,761,596 Health New England, Inc participates in MassHealth, the Massachusetts Medicaid program, through a Medicaid Managed Care plan. The number of Health New England, Inc's Medicaid plan enrollees has generally increased since 2010 when Health New England, Inc began offering such plans, with more than 66,000 enrollees in 2016. State and Municipal Enrollees at 12/31/2017 25,707 Revenue \$83,572,817 Program Expense \$100,720,729 Health New England, Inc offers health plans through the Massachusetts Group Insurance Commission (GIC), which provides coverage for Massachusetts state and municipal employees. Health New England, Inc has one of the largest enrollments of GIC covered employees in Western Massachusetts. Other Individuals and Families Enrollees at 12/31/2017 61,248 Revenue \$238,965,284 Program Expense \$303,665,038 Health New England, Inc also provides coverage to individuals and families through plans offered by employers which have more than 50 employees. This category includes many municipal employees who do not obtain coverage through the GIC, and also includes many employees of health care and nonprofit organizations. Health New England, Inc committed more than \$714,000 in quantifiable community benefit services to the community. Health New England has financially supported or worked with a wide variety of community organizations to fund programs for health improvements, support factors that influence overall health and benefit the community. Community Benefits include, but are not limited to, the following organizations: - Autism Connections - Support for children and adults with autism, as well as their families, friends and professionals - Riverside Industries - Life skills development and employment programs for people with disabilities - Neutral Corner - Anti bullying education for Springfield public school students - National Alliance on Mental Illness - Programs offered through the resource center for those affected by mental health issues and their family - Develop Springfield - Support development and re development projects to stimulate and support economic growth in Springfield - Ma-Cogic Family Services - After school enrichment program to support youth and provide a safe and supportive environment for homework - Mercy Medical Center - Support opioid project - Make a Wish Foundation - Support programs for children with critical illnesses - Berkshire South Regional Community Center - Programs to enhance recreational, educational, cultural, health and social well-being of the residents of the Southern Berkshires, MA - Merge for Equality - Health, development and gender equality programs for marginalized adults and boys - Center for Human Development - Programs for Cancer House of Hope that serve undeserved people living with cancer - Tapestry Health - Provides adults and teenagers with comprehensive community-based health services - Dress for Success - Programs that empower women to achieve economic independence by providing a network of support, professional attire and training - Shriners Hospital - Educational forum on Maternal and Child health - Home Instead Senior Care - Music and movement programs that support aging adults with cognitive impairment - Big Brothers Big Sisters Hampden County - Programs to support children to realize their potential and build healthy relationships - Berkshire United Way - Programs to support children and youth to lead healthy lifestyle choices - United Way of Hampshire County - Child and adult programs to support education, economic security and wellness - Springfield Business Improvement District - Downtown farmer's market to provide fresh fruits and vegetables to underserved populations - Easter Seals Massachusetts - Programs and services to children and adults with disabilities - Alchemy Initiative - Farmers market making fresh fruits and vegetables available to vulnerable populations - West Springfield Council on Aging - Educational program for Medicare populations - Whole Children - Youth health and development training programs - Mass in Motion - Safe parks initiative to create drug and violence free zones for youth and adults - New England Learning Center for Women in Transition - Programs to support women and children who have experienced domestic violence or sexual abuse - Children's Study Home - Residential, educational and family services for children of foster homes and their foster homes - Boy Scouts of America - Youth programs of character development and values-based leadership training - Center for New Americans - Education and resources to serve immigrants - United Way of Pioneer Valley - Education, financial wellness and basic needs services - Brethen Community Foundation - Financial assistance programs for families in poverty - Movement Project Dance Program - Dance programs for at risk overweight children - Human Service Forum Programs and issues impacting human services in the community - YMCA - Livestrong health and wellness programs that support individuals living with cancer and their families - Springfield Business Improvement District - Inner city's farmers market to provide fresh fruits and vegetables in areas of food deserts - American Foundation for Suicide Prevention - Support programs for families affected by suicide - JGS Lifecare - Supports health and eldercare programs, including Alzheimer's Care - Lubavitcher Yeshiva Academy - Educational scholarship for inner city youth - Springfield Boys and Girls Club - Summer camp programs for inner city youth - Food Bank of Western Massachusetts - Food programs for member agencies in Western MA counties

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dennis Chalke ..... Treasurer/Director	1 00 ..... 40 00	X		X				0	994,659	87,008
Mark R Tolosky ESQ ..... Director	1 00 ..... 0 00	X						0	0	0
Joel Feinman PhD ..... Director	1 00 ..... 0 00	X						0	0	0
Frederic Fuller III ..... Director	1 00 ..... 0 00	X						0	0	0
David Southworth ..... Director	1 00 ..... 0 00	X						0	0	0
Richard Segool MD ..... Vice Chair/Director	1 00 ..... 0 00	X		X				0	0	0
Richard Shuman MD ..... Director	1 00 ..... 0 00	X						0	0	0
Richard Steele ..... Director	1 00 ..... 0 00	X						0	0	0
Howard G Trietsch MD ..... Director	1 00 ..... 0 00	X						0	145,290	2,478
Carol Campbell ..... Director	1 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark A Keroack MD ..... Chair/Director	1 00 ..... 40 00	X		X				0	1,888,792	32,862
Tania Barber ..... Director	1 00 ..... 0 00	X						0	0	0
John Maybury Beg 012017 ..... Director	1 00 ..... 0 00	X						0	0	0
Amy Jamrog Beg 012017 ..... Director	1 00 ..... 0 00	X						0	0	0
Maura C McCaffrey ..... President & CEO	40 00 ..... 0 00			X				1,054,600	0	396,126
Judith M Danek ..... Clerk Of Corporation	40 00 ..... 0 00			X				108,750	0	34,212
Amy Trombley Ending 123117 ..... VP & Chief Talent Officer	40 00 ..... 0 00			X				382,520	0	128,376
Jody Gross ..... VP Operations and Gov't	40 00 ..... 0 00			X				467,379	0	158,932
Kenneth Bernard ..... VP of Information Technology	40 00 ..... 0 00			X				320,220	0	128,720
Jason Rio ..... Compliance Officer	40 00 ..... 0 00			X				142,988	0	50,464

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laurie Gianturco ..... VP & Chief Medical Officer	40 00 ..... 0 00			X				520,138	0	211,936
Catherine Ashley Allen ..... VP of Sales & Marketing	40 00 ..... 0 00			X				305,419	0	132,913
Steven Sigal Beg 05012017 ..... Vice President/CFO	40 00 ..... 0 00			X				144,818	0	101,118
Michelle Sears End 417 ..... Former Interim CFO	40 00 ..... 0 00			X				202,953	0	68,660
Jeffrey Krawczyk ..... Director of Sales	40 00 ..... 0 00					X		210,313	0	60,687
Jacqueline Spain ..... Medical Director	32 00 ..... 0 00					X		283,271	0	77,677
Andrew Colby ..... Director of Pharmacy Servi	40 00 ..... 0 00					X		216,793	0	68,529
Susan Silver O'Connor ..... Director & General Counsel	40 00 ..... 0 00					X		201,932	0	64,811
Rebecca Starr ..... Medical Director	40 00 ..... 0 00					X		228,361	0	78,208
Thomas J Brown III End 0316 ..... Former Interim CFO	0 00 ..... 40 00						X	0	236,955	39,542



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Health New England Inc

Employer identification number  
04-2864973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

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

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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				
b Buildings				
c Leasehold improvements		1,040,301	1,040,301	0
d Equipment		8,370,730	7,705,677	665,053
e Other		15,872,185	15,872,185	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				665,053

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) Health Care Receivables	10,599,122
(2) Receivables from Subsidiaries	7,566,728
(3) Accrued Investment Receivable	739,159
(4) Other Receivables	45,516
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	18,950,525

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	
Premiums Received in advance	9,852,094
Reimbursements from Providers to be applied	541,204
Amounts due to Subsidiaries	382,438
Medical Subsidy Payable	4,501,094
Valuation Account	423,577
Medicaid DSRIP	2,743,742
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	18,444,149

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	900,083,106
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	900,083,106
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	397,247
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	397,247
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	900,480,353

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	879,206,869
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	879,206,869
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	397,247
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	397,247
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	879,604,116

**Part XIII Supplemental Information**

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

Return Reference	Explanation
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<b>Part XIII</b>	<b>Supplemental Information (continued)</b>
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Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Health New England Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
04-2864973

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

14

3

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

0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Part I, Line 2	Health New England reviews all requests for grant funds on a quarterly basis through the Community Benefits Committee, which vets and approves all grant awards. Awards are substantiated according to alignment with health priorities as identified by the Health New England Community Health Needs Assessment. In 2017, Health New England prioritizes organizations that support chronic conditions, mental health and substance use disorder, infant and perinatal/maternal health, food insecurities and early literacy/education. All awarded organizations are contacted throughout the year. Organizations are required to confirm use of Health New England's grant funds and submit a year-end report. Community impact data is the basis of reports for the Health New England board of directors and Attorney General Community Benefits annual report.

Additional Data

Software ID:  
Software Version:  
EIN: 04-2864973  
Name: Health New England Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 16 Fairfield Avenue Easthampton, MA 010272404	13-5613797	501(c)(3)	10,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
CHD 332 Birnie Avenue Springfield, MA 01107	04-2503926	501(c)(3)	12,500		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hillcrest Educational Center Inc 788 South Street Pittsfield, MA 01201	04-2848510	501(c)(3)	10,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
Link to Libraries Inc 83 Bluegrass Drive East Longmeadow, MA 01028	22-3459668	501(c)(3)	10,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS in MOTION 60 Congress Street FL 1 Springfield, MA 011043419			10,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
Neutral Corner Inc South End Community Center 99 Marble Street Springfield, MA 01105	04-2103854	501(c)(3)	20,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partners for a Healthier Community 127 State Street 4th FL Springfield, MA 01103	04-3342182	501(c)(3)	50,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
Revitalize Community Development Corporation 1145 Main Street 107 Springfield, MA 01103	04-3172737	501(c)(3)	7,500		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Springfield Boys & Girls Club 481 Carew Street Springfield, MA 01103	04-1858620	501(c)(3)	134,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
Springfield Department of Parks & Recreation 200 Trafton Road Springfield, MA 01103	47-4626578	501(c)(3)	15,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Square One 1095 Main Street Springfield, MA 01105	04-2103855	501(c)(3)	15,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
The Care Center 247 Cabot Street Holyoke, MA 01040	04-2962882	501(c)(3)	10,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Food Bank of Western Massachusetts 97 N Hatfield Road Hatfield, MA 01038	04-2751023	501(c)(3)	32,500		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment
United Way of Pioneer Valley 1441 Main Street Springfield, MA 01103	04-2152680	501(c)(3)	25,000		Cash		Alignment with health priorities as identified by the Health New England Community Health Needs Assessment

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
Health New England Inc

Employer identification number

04-2864973

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	<b>4a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div>	<b>4b</b>	Yes
<div style="margin-left: 20px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>5a</b>	Yes
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>6a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

[illegible]



**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 3	Health New England, Inc uses an independent compensation committee, an independent compensation consultant, and appropriate comparability data and approval by the compensation committee to establish the compensation of its key officers, directors, and employees
Part I, Line 4b	Maura McCaffrey - Supplemental Retirement of \$145,027 is included in column B. This amount was earned and paid in 2017. Dennis Chalke - Supplemental Retirement of \$186,459 is included in column B. This amount was earned and paid in 2017. Mark Keroack, MD - Supplemental Retirement of \$334,356 is included in column B. This amount was earned and paid in 2017. Amy Trombley - Supplemental Retirement of \$38,043 is included in column B. This amount was earned and paid in 2017. Laurie Gianturco - Supplemental Retirement of \$20,254 is included in column B. This amount was earned and paid in 2017. Jody Gross - Supplemental Retirement of \$17,042 is included in column B. This amount was earned and paid in 2017. Kenneth Bernard - Supplemental Retirement of \$12,249 is included in column B. This amount was earned and paid in 2017.
Part I, Line 5	Certain employees of Health New England, Inc are eligible for bonuses in part based on net revenues, employees receive a percentage of the excess revenues, when target underwriting margins are exceeded.
Part I, Line 7	Certain employees of Health New England, Inc are eligible for bonuses in part based on numbers of members by lines of businesses, and quality - Medicare 5 star, PBM, Medicaid and Population Health.

Additional Data

Software ID:  
Software Version:  
EIN: 04-2864973  
Name: Health New England Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Dennis Chalke Treasurer/Director	(i)	0	0	0	0	0	0	0
	(ii)	518,753	189,630	286,276	58,410	28,598	1,081,667	0
1Mark A Keroack MD Chair/Director	(i)	0	0	0	0	0	0	0
	(ii)	1,001,553	525,000	362,239	17,550	15,312	1,921,654	0
2Maura C McCaffrey President & CEO	(i)	529,047	377,931	147,622	371,519	24,607	1,450,726	377,931
	(ii)	0	0	0	0	0	0	0
3Amy Trombley Ending 123117 VP & Chief Talent Officer	(i)	227,406	113,368	41,746	120,139	8,237	510,896	113,368
	(ii)	0	0	0	0	0	0	0
4Jody Gross VP Operations and Gov't	(i)	311,764	136,233	19,382	147,819	11,113	626,311	136,233
	(ii)	0	0	0	0	0	0	0
5Kenneth Bernard VP of Information Technology	(i)	204,069	100,693	15,458	106,931	21,789	448,940	100,693
	(ii)	0	0	0	0	0	0	0
6Jason Rio Compliance Officer	(i)	122,176	20,655	157	29,137	21,327	193,452	20,655
	(ii)	0	0	0	0	0	0	0
7Laurie Gianturco VP & Chief Medical Officer	(i)	307,577	190,123	22,438	196,267	15,669	732,074	190,123
	(ii)	0	0	0	0	0	0	0
8Catherine Ashley Allen VP of Sales & Marketing	(i)	233,677	69,897	1,845	119,078	13,835	438,332	69,897
	(ii)	0	0	0	0	0	0	0
9Steven Sigal Beg 05012017 Vice President/CFO	(i)	142,579	0	2,239	87,069	14,049	245,936	0
	(ii)	0	0	0	0	0	0	0
10Michelle Sears End 417 Former Interim CFO	(i)	178,224	23,601	1,128	47,235	21,425	271,613	23,601
	(ii)	0	0	0	0	0	0	0
11Jeffrey Krawczyk Director of Sales	(i)	184,601	25,354	358	31,687	29,000	271,000	25,354
	(ii)	0	0	0	0	0	0	0
12Jacqueline Spain Medical Director	(i)	233,114	47,207	2,950	55,778	21,899	360,948	47,207
	(ii)	0	0	0	0	0	0	0
13Andrew Colby Director of Pharmacy Servi	(i)	178,693	36,628	1,472	46,919	21,610	285,322	36,628
	(ii)	0	0	0	0	0	0	0
14Susan Silver O'Connor Director & General Counsel	(i)	167,636	31,640	2,656	43,174	21,637	266,743	31,640
	(ii)	0	0	0	0	0	0	0
15Rebecca Starr Medical Director	(i)	193,802	32,608	1,951	52,457	25,751	306,569	32,608
	(ii)	0	0	0	0	0	0	0
16Thomas J Brown III End 0316 Former Interim CFO	(i)	0	0	0	0	0	0	0
	(ii)	192,200	29,215	15,540	19,771	19,771	276,497	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318031498
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <div>Department of the Treasury <del>Internal Revenue Service</del> Name of the organization Health New England Inc</div>	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b> <b>Open to Public Inspection</b>
		<b>Employer identification number</b>  04-2864973	

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	<p>- Council of Aging, Town of Granby - Educational and advocacy programs to enhance lives of senior citizens - Springfield, Holyoke, Chicopee Head Start - Early childhood programs for low income families - National Association of Insurance and Financial Advisors of Massachusetts - Scholarship program for at-risk students - Square One Preschool - Provides early childhood educational programs and dental care to at risk children in the Springfield area - New England Business Association - Educational and training programs for persons with disabilities - Cancer Connections, Inc - Programs for men, women and children living with a cancer diagnosis and their families - Berkshire Baby Boxes - Infant and maternal health outreach program for new mothers in Berkshire County - Hillcrest Educational Centers- Programs for students with complex psychiatric, behavioral and developmental disorders, autism and high risk behaviors - Hampden County Bar Association - Funds legal services for children in foster care - Treehouse Foundation - Intergenerational and policy advocacy programs to support children in foster care - The United Arc - Programs to support developmentally disabled youth and adults - Links to Libraries - Provides early childhood literacy programs to inner city children and youth - Berkshire Hills Music Academy - Programs for individuals with intellectual disabilities - Christina's House - Support for Homeless women and children - Greater Springfield Habitat for Humanity - Providing homes to low-income families - Valley Educational Associates - Programs to support adults with developmental disabilities - Chicopee Boys and Girls Club - Summer Camp programs for inner city youth - City of Springfield Parks and Recreation Department - program to provide a safe environment and physical activity for youth and teens living in unsafe neighborhoods - Survivor Journeys - Programs that support people living with cancer, and their families - Elder Vision, Inc - Programs to support adults to maintain independence - Holyoke VNA and Hospice Life Care - Home care and hospice services for home bound adults - Just Roots - CSA farm share program for low-income population - Mercy Fund Development - Lung screening program - Women, Infants and Children - Nutrition and educational program for low income families - Homework House, Inc - Educational after school programs for at-risk students - Camphill Village - Programs serving the needs of adults with developmental disabilities - Hampshire Regional YMCA - Livestrong health and wellness programs that support individuals living with cancer, and their families - Amherst Survival Center - Basic needs services for low-income community - Springfield Technical Community College - Financial counseling, coaching, budget management programs and food pantry for at-risk students - United Way of Franklin county - Preschool program to support literacy skills - Open Pantry - Food pantry for low-income population - United Way of Pioneer Valley</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	ey - Puerto Rico hurricane evacuee food and basic needs services - Springfield Jewish Community Center - Early learning center for inner city youth - Revitalize Community Development Center - Home repair program for at-risk inner city community - Community Foundation of Western Mass - Scholarships for at-risk high school seniors - Quabog Valley Community Development - Support Quabog Connector for transportation to healthcare appointments - Food Bank of Western Mass - Food and school backpack program support for Puerto Rican hurricane evacuees - Junior Achievement of Western Mass - Scholarship program for at-risk high school students - Ronald McDonald House of Springfield - Housing for low-income families requiring medical treatment - Hillcrest Educational Centers - Mental health programs for young girls with learning, emotional or behavioral disabilities - The Care Center - Educational programs for pregnant and parenting teen - Friends of the Homeless - Emergency center for adults in Western Mass - Partners for a Healthier Community - Collaborative public health and educational programs to address community health issues

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Description of Program Service	<p>Health New England, Inc. also supports numerous programs sponsored by the Baystate Health Foundation, and has been instrumental in raising hundreds of thousands of dollars for Foundation programs. Examples of the Baystate Health Foundation Programs supported by Health New England, Inc. include, but are not limited to the following - Rays of Hope, funds raised support breast cancer awareness, education, treatment and research - Children's Miracle Network, funds support the Baystate Health Children's Hospital - Walk of Champions, funds support cancer awareness, education and treatment - Walk for Miracles, funds support cancer awareness, education and treatment - Wheeling for Healing, funds support health awareness and education in the community. Health New England, Inc. has also traditionally supported other activities and initiatives of its parent, Baystate Health. Health New England, Inc. has participated in several jointly-sponsored multi-year commitments with the following organizations - National Conference of Community and Justice - Educational programs that support inclusion and acceptance across the community - American Red Cross, Disaster Relief for residents of Western Mass - Greater Springfield Chapter, Urban League - Fosters racial inclusion and social justice for African American young people and families in the Springfield area - Safe Passage Hot Chocolate Run - Provides a variety of support and advocacy services for women and children who have experienced domestic violence. The Hot Chocolate Run is the major fundraiser for this organization - Greater Springfield National Association for the Advancement of Colored People - Support programs that address disparities of communities of color health-related, education and economic issues. Health New England also participated in several regional community health and wellness fairs, offering Bone Density screening. Health New England has also worked with partner agencies and organizations in support of programs related to Chronic Disease Management, including - Cancer Education and Support Rays of Hope Outreach, Mercy Medical Sister Caritas Cancer Center, Cancer House of Hope, Baystate Cancer Center - Heart Disease Go Red for Women - Nutrition and Anti-Obesity Outreach Mason Square and Brightwood Farmers Market and Food Bank of Western Massachusetts - Senior Wellness Area Senior Centers, Baystate Health Senior Class Programming Franklin County Home Care and Town of Adams Council on Aging. Health New England also conducts community benefit activities outside of the programs described above. Health New England has used its agreements with healthcare providers to promote quality improvement activities and to finance improved coordination of healthcare for individuals with severe or chronic diseases.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Two or more of the persons listed in this Form 990, Part VII have a business relationship with each other by virtue of sitting on one or boards of directors/trustees or by serving in employment relationship one or more entities within the network of affiliated organizations Carol Campbell and Amy Jamrog have a business relationship

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	As a Massachusetts nonprofit organization, Health New England, Inc has no stockholders and one legal Member - Baystate Health, Inc Health New England, Inc refers to its enrollees as "members," but Health New England, Inc 's organizational documents and Bylaws give enrollees no organizational membership status from a legal perspective



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Baystate Health, Inc is the sole member of Health New England, Inc. Consequently, Baystate Health has final authority on all appointments and elections to the Health New England, Inc Board.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The functions of a nominating committee are carried out by the Governance Committee of Baystate Health and the Baystate Health Audit and Compliance committee has full audit oversight duties and responsibilities for Health New England, Inc

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Prior to the filing of this return appropriate parts of this Form 990 were reviewed by representatives from the Finance and Legal Departments of Health New England, Inc some of whom are officers of the filing organization The entire return was reviewed by a tax expert from an outside accounting firm The entire return was sent out to the Board of Directors and Officers of Health New England, Inc for comment and review prior to filing

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Health New England, Inc. has a comprehensive conflict of interest policy. All directors, officers, key employees, and highest compensated employees of Health New England and its affiliates are asked to complete an annual "conflict of interest" form. We use an electronic database to receive and manage all conflict of interest submissions. This information is reviewed by the Health New England Director of Compliance and the Health New England Legal Department. Potential conflict of interest transactions are reviewed as appropriate under the policy, which provides for recusal from discussion and deliberation by any party with a potential conflict of interest. Health New England employees also sign an annual statement which affirms that such person (a) has received a copy of the Conflict of Interest Policy, (b) has read and understands the Conflict of Interest Policy, and (c) has agreed to comply with the Conflict of Interest Policy.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The compensation of the President and CEO and of other key officers and key employees is established based on information provided by independent third party consultants (Korn Ferry/Hay Group) for reasonableness and appropriate comparability data</p> <p>The compensation is then established, reviewed and approved by the independent compensation committee of Health New England, Inc and all such deliberations and decisions are documented contemporaneously</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Available on request and at management's discretion

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Increase in non-admitted assets 5,375,970

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Health New England Inc

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

04-2864973

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

**Part VII** **Supplemental Information**

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

Additional Data

Software ID:  
Software Version:  
EIN: 04-2864973  
Name: Health New England Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
759 Chestnut Street Springfield, MA 01199 04-2105941	Improve the health of people in our communities every day	MA	501(c)(3)	Line 7	N/A		No
759 Chestnut Street Springfield, MA 01199 04-2790311	Acute Care Teaching Hospital	MA	501(c)(3)	Line 3	Baystate Health Inc		No
164 High Street Greenfield, MA 01301 04-2103575	Hospital	MA	501(c)(3)	Line 3	Baystate Health Inc		No
50 Maple Street Springfield, MA 01199 04-2105803	Homehealth and Hospice care	MA	501(c)(3)	Line 10	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 04-3549011	Fundraising	MA	501(c)(3)	Line 7	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 22-2747685	Administrative services	MA	501(c)(3)	11c, IIIc	Baystate Health Inc		No
50 Maple Street Springfield, MA 01199 20-3260764	Real Estate and Other	MA	501(c)(3)	11b, II	Baystate Health Inc		No
40 Wright Street Palmer, MA 01069 22-2519813	Hospital	MA	501(c)(3)	Line 3	Baystate Health Inc		No
One Monarch Place Suite 1500 Springfield, MA 01104 46-5190134	HMO	CT	501(c)(4)		Health New England Inc		No
115 West Silver Street Westfield, MA 01085 22-2537423	Hospital	MA	501(c)(3)	Line 3	Baystate Health Inc		No
77 Mill Street No 207 Westfield, MA 01085 22-2757446	Homehealth and Hospice care	MA	501(c)(3)	Line 10	Baystate Noble Hospital Corporation		No
PO Box 1634 115 West Silver Street Westfield, MA 01085 04-3127730	Physician Medical Services	MA	501(c)(3)	11a, I	Baystate Noble Hospital Corporation		No
759 Chestnut Street Springfield, MA 01199 04-2888373	Physician Medical Services	MA	501(c)(3)	Line 3	Baystate Health Inc		No
3601 Main Street Springfield, MA 01199 57-1183126	Biomedical Research	MA		Line 4	Baystate Health Inc		No
759 Chestnut Street Springfield, MA 01199 04-3240830	Physician Hoapital Organization	MA	501(c)(3)	Line 3	Baystate Health Inc		No

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Ingraham Corporation 759 Chestnut Street Springfield, MA 01199 04-3016257	Health care and other business activities	MA	N/A	C					No
HNE Insurance Services Inc One Monarch Place Suite 1500 Springfield, MA 011441500 04-3183019	Collection of services for ancillary services	MA	HNE Holding Corporation	C			100 000 %	Yes	
HNE Advisory Services One Monarch Place Suite 1500 Springfield, MA 011441500 04-3012347	Administrative Services	MA	HNE Holding Corporation	C		2,684,723	100 000 %	Yes	
HNE Holding Corporation One Monarch Place Suite 1500 Springfield, MA 011441500 46-4620480	Holding Company	MA	Health New England Inc	C		5,444,031	100 000 %	Yes	
Baystate Health Insurance Company Ltd' N Church St George Town KY1-1104 Grand Cayman, Cay CJ 98-0421413	Offshore Captive Insurance	CJ	N/A						No
HNE Insurance Company Inc One Monarch Place Suite 1500 Springfield, MA 011441500 45-4462433	Provide Health Care for MA Medicare Supplement members	MA	HNE Holding Corporation	C		5,120,337	100 000 %		No
Pioneer Valley Accountable Care LLC 759 Chestnut Street Springfield, MA 01199 80-0812350	Healthcare Delivery	MA	Baycare Health Partners Inc						No
Baystate Radiology and Imaging LLC 759 Chestnut Street Springfield, MA 01199 04-3335346	Radiology and Imaging Services	MA	Baystate Medical Center Inc						No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
HNE Advisory Services Inc	L	11,475,089	Ledger Activity
HNE Advisory Services Inc	Q	16,137,720	Ledger Activity
Health New England of Connecticut Inc	R	1,116,180	Ledger Activity
Health New England of Connecticut Inc	Q	1,271,829	Ledger Activity
Health New England of Connecticut Inc	P	674,735	Ledger Activity
HNE Insurance Corporation	Q	357,546	Ledger Activity
HNE Insurance Corporation	S	61,806	Ledger Activity