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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 FAIRVIEW HOSPITAL

Doing Business As

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

City or town, state or country, and ZIP + 4
 PITTSFIELD, MA 012014109

D Employer identification number
 04-2133860

E Telephone number
 (413) 447-2508

G Gross receipts \$ 42,912,428

F Name and address of principal officer
 DARLENE RODOWICZ
 725 NORTH ST
 PITTSFIELD, MA 012014109

H(a) Is this a group return for affiliates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BERKSHIREHEALTHSYSTEMS.ORG

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** 1912 **M State of legal domicile** MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF FAIRVIEW HOSPITAL IS TO IMPROVE THE HEALTH OF ALL PEOPLE IN THE BERKSHIRES AND (CONTINUED FROM FORM 990) SURROUNDING COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	320
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	532,386	576,768
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,628,673	39,162,376
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-261,191	600,743
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,941	519,146
		39,232,809	40,859,033
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,385,066	20,750,843
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 81,652		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,887,434	19,409,642
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,272,500	40,160,485	
19 Revenue less expenses Subtract line 18 from line 12	960,309	698,548	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	26,244,976	28,199,684
	21 Total liabilities (Part X, line 26)	18,247,521	18,992,731
22 Net assets or fund balances Subtract line 21 from line 20	7,997,455	9,206,953	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2012-04-13

DARLENE RODOWICZ CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (see instructions): _____

EIN: _____ Phone no: _____

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF FAIRVIEW HOSPITAL IS TO IMPROVE THE HEALTH OF ALL PEOPLE IN THE BERKSHIRES AND SURROUNDING COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 36,127,779 including grants of \$) (Revenue \$ 39,450,387)
 FAIRVIEW HOSPITAL, A 24 BED CRITICAL ACCESS COMMUNITY HOSPITAL, IS THE PRIMARY PROVIDER OF HEALTH CARE & ACCESS TO HEALTH CARE SERVICES IN SOUTHERN BERKSHIRE COUNTY, MA. THE HOSPITAL SERVES A RURAL AREA WHICH INCLUDES TOWNS IN MA, NORTHWEST CT, & COLUMBIA COUNTY, NY WITH A FULL RANGE OF PRIMARY CARE SERVICES, INCLUDING PREVENTATIVE, DIAGNOSTIC & THERAPEUTIC CARE, ON BOTH AN IN- & OUT-PATIENT BASIS. THE PRIMARY SERVICE AREA HAS A RESIDENT POPULATION OF APPROXIMATELY 30,000. THE HOSPITAL PLAYS AN ACTIVE ROLE IN MEETING THE HEALTH NEEDS OF THE COMMUNITY OUTSIDE THE HOSPITAL WALLS IN ITS PROACTIVE COMMUNITY OUTREACH, EDUCATION, & SCREENING INITIATIVES, WHICH ARE DESIGNED TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH COLLABORATION WITH NUMEROUS HEALTH & SOCIAL SERVICE AGENCIES, (CONTINUED ON SCHEDULE O) (CONTINUED FROM FORM 990). FAIRVIEW HOSPITAL PROMOTES ACCESS TO INFORMATION & SERVICES, & DRAWS EXTENSIVE MEDICAL, TECHNOLOGICAL, & FINANCIAL RESOURCES TO THE AREA THROUGH ITS AFFILIATION WITH BERKSHIRE MEDICAL CENTER & BERKSHIRE HEALTH SYSTEMS. AS A RESULT, THE SOUTHERN BERKSHIRE COMMUNITY ENJOYS A COMPLETE CONTINUUM OF CARE SERVICES INCLUDING EDUCATION, PREVENTION, SCREENING, DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE, & LONG-TERM CARE SERVICES, AN UNUSUALLY HIGH LEVEL OF HEALTH SERVICES WHEN COMPARED WITH SIMILAR RURAL COMMUNITIES. PLEASE SEE THE FY2010 "COMMUNITY BENEFITS REPORT" AT www.cbsys.ago.state.ma.us/cbpublic/public/annual_reports_start.aspx FOR MORE DETAILS

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 \$ 36,127,779

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/>		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <input checked="" type="checkbox"/>	Yes					
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• 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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No				
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II		No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H <input checked="" type="checkbox"/>	Yes					

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 320		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 , NY
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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DARLENE RODOWICZ CFO 725 NORTH STREET PITTSFIELD, MA 012014109 (413) 447-2809

1b Total	1,463,575	1,391,082	356,142
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **21**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARR & BARR INC 260 COCHITUATE RD FL 2 FRAMINGHAM, MA 017014608	CONSTRUCTION SVCS	298,170
AMN HEALTHCARE 12400 HIGH BLUFF DR SAN DIEGO, CA 921303077	HEALTHCARE STAFFING	171,203
BERKSHIRE SURGICAL ASSOCIATES PC 777 NORTH ST STE 407 PITTSFIELD, MA 01201	HEALTHCARE SERVICES	143,650
TIVA HEALTHCARE INC 1613 HARRISON PKWY STE 200 SUNRISE, FL 33323	HEALTHCARE STAFFING	137,813
O'NIEL & ASSOCIATES 114 ALLYNDALE RD CANAAAN, CT 06018	CONSTRUCTION SVCS	105,597

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	139,636				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	121,284				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	315,848				
	g	Noncash contributions included in lines 1a-1f \$ <u>1,356</u>					
	h	Total. Add lines 1a-1f		576,768			
Program Service Revenue	2a	NET PATIENT SVC REVENUE	622,110	39,162,376	39,162,376		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		39,162,376			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		300,174		300,174	
	4	Income from investment of tax-exempt bond proceeds		32,788		32,788	
	5	Royalties					
	6a		(i) Real				
			83,621				
		b	Less rental expenses	21,242			
		c	Rental income or (loss)	62,379			
	d	Net rental income or (loss)		62,379		62,379	
	7a		(i) Securities	2,227,116			
			(ii) Other	1,800			
		b	Less cost or other basis and sales expenses	1,960,147			
		c	Gain or (loss)	266,969			
d	Net gain or (loss)		267,781		267,781		
8a	Gross income from fundraising events (not including \$ <u>139,636</u> of contributions reported on line 1c) See Part IV, line 18						
a		71,018					
b	Less direct expenses b	71,018					
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA SALES	722,212	168,756		168,756		
b	PHARMACY SALES	446,110	122,710	122,710			
c	REIMBURSED EXPENSES	900,099	60,564	60,564			
d	All other revenue		104,737	104,737			
e	Total. Add lines 11a-11d		456,767				
12	Total revenue. See Instructions		40,859,033	39,450,387	0	831,878	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	432,735	428,611	3,657	467
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,948,361	15,611,852	298,423	38,086
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	609,072	596,186	11,428	1,458
9	Other employee benefits	2,633,345	2,584,208	43,934	5,203
10	Payroll taxes	1,127,330	1,103,844	20,828	2,658
11	Fees for services (non-employees)				
a	Management	3,401,710		3,401,710	
b	Legal	7,764		7,764	
c	Accounting				
d	Lobbying	12,755	12,755		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	24,687		24,687	
g	Other	5,557,913	5,536,162	17,462	4,289
12	Advertising and promotion	43,814	30,031	639	13,144
13	Office expenses	3,024,893	2,994,962	19,441	10,490
14	Information technology	336,300	336,300		
15	Royalties				
16	Occupancy	658,749	645,025	12,550	1,174
17	Travel	184,035	178,868	3,749	1,418
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	372,399	372,399		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,557,067	1,524,628	32,439	
23	Insurance	220,479	215,886	4,074	519
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	1,339,953	1,339,953		
b	RECIPRO CAL/TEACHNG FEES	980,389	980,389		
c	MAINTENANCE & REPAIRS	592,309	579,969	12,340	
d	MINOR HOSPITAL EQUIP	256,877	253,675	3,202	
e	HLTH SFTY NET ASSESSMNT	177,991	177,991		
f	All other expenses	659,558	624,085	32,727	2,746
25	Total functional expenses. Add lines 1 through 24f	40,160,485	36,127,779	3,951,054	81,652
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	225,013	1	5,413
	2 Savings and temporary cash investments	1,527,886	2	1,280,167
	3 Pledges and grants receivable, net	50	3	80
	4 Accounts receivable, net	4,301,584	4	4,155,306
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	89,256	7	143,020
	8 Inventories for sale or use	246,348	8	301,106
	9 Prepaid expenses and deferred charges	168,498	9	161,844
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	23,068,331		
	b Less accumulated depreciation	14,243,832		
	11 Investments—publicly traded securities	7,743,373	10c	8,824,499
	12 Investments—other securities. See Part IV, line 11	3,944,294	11	9,705,191
	13 Investments—program-related. See Part IV, line 11		12	3,225,731
	14 Intangible assets	14,849	13	
	15 Other assets. See Part IV, line 11	432,912	14	13,330
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,244,976	15	383,997	
		16	28,199,684	
Liabilities	17 Accounts payable and accrued expenses	2,930,983	17	2,835,539
	18 Grants payable		18	
	19 Deferred revenue	27,361	19	49,788
	20 Tax-exempt bond liabilities	7,448,534	20	7,172,075
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	7,840,643	25	8,935,329
	26 Total liabilities. Add lines 17 through 25	18,247,521	26	18,992,731
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,702,748	27	7,507,775
	28 Temporarily restricted net assets	2,036,465	28	1,440,936
	29 Permanently restricted net assets	258,242	29	258,242
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,997,455	33	9,206,953	
34 Total liabilities and net assets/fund balances	26,244,976	34	28,199,684	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization FAIRVIEW HOSPITAL	Employer identification number 04-2133860
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing Organization's Totals	(b) Affiliated Group Totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		12,755
j Total lines 1c through 1i			12,755
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying Activities Expenditures Fairview Hospital pays annual membership dues to the American Hospital Association (AHA) and the Massachusetts Hospital Association (MHA) A portion of these dues are used by the AHA and the MHA to conduct lobbying activities For the FYE 09/30/2010, the portion of the dues paid to the AHA for lobbying activities was \$1,747, and the portion of the dues paid to the MHA for lobbying activities was \$11,008, for a total of \$12,755

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FAIRVIEW HOSPITAL

Employer identification number 04-2133860

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	989,912	1,028,277			
b Contributions					
c Investment earnings or losses	56,841	-22,233			
d Grants or scholarships					
e Other expenditures for facilities and programs		16,132			
f Administrative expenses					
g End of year balance	1,046,753	989,912			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ **75.330 %**
- b** Permanent endowment ▶ **24.670 %**
- c** Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,887		16,887
b Buildings		2,137,042	1,975,723	161,319
c Leasehold improvements				
d Equipment		11,829,987	7,626,770	4,203,217
e Other		9,084,415	4,641,339	4,443,076
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,824,499

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Intended Uses of the Organization's Endowment Funds Fairview Hospital has five permanent endowment funds The Baldwin Fund's income is to be used for the care of people without or of limited means The Beecher Fund's income is to be used to offset the healthcare costs of aging women or unwed mothers The Brandi Fund's income has three purposes (1) To provide scholarships for the continuing education of nurses or prospective nurses associated with the Hospital, (2) To serve as a source of emergency loans to retired nurses or certain nurses who are currently working for the Hospital, and (3) For the purchase of equipment, furnishings, or other items for the benefit of the nurses or the maternity section of the Hospital The Moskowitz Fund's income is to be used to provide for scholarships to employees and children of employees of the Hospital who are advancing their education or technical skills at a recognized learning institution The Stanley Fund's income is to be used for the repair, upkeep, and additions to the Hospital's x-ray equipment
Part X	Description of Uncertain Tax Positions Under FIN 48	THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES (INCLUDING FAIRVIEW HOSPITAL) FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009 DOES NOT CONTAIN A FOOTNOTE ADDRESSING ANY LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	162,744	47,910		210,654
	2 Less Charitable contributions	116,477	23,159	0	139,636
	3 Gross income (line 1 minus line 2)	46,267	24,751		71,018
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		6,563	0	6,563
	6 Rent/facility costs	3,300	16,135		19,435
	7 Food and beverages	19,704			19,704
	8 Entertainment	3,923			3,923
	9 Other direct expenses	19,340	2,053		21,393
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				71,018
11 Net income summary Combine lines 3, column d, and line 10. ▶				0	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization FAIRVIEW HOSPITAL

Employer identification number 04-2133860

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			110,810	110,810		0 %
4 Environmental improvements						
5 Leadership development and training for community members			7,325	7,325		0 %
6 Coalition building			738		738	0 %
7 Community health improvement advocacy						
8 Workforce development			22,513		22,513	0.060 %
9 Other			8,878	8,878		0 %
10 Total			150,264	127,013	23,251	0.060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2	794,268	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	14,762,081
6 Enter Medicare allowable costs of care relating to payments on line 5	6	14,626,290
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	135,791
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
FAIRVIEW HOSPITAL 29 LEWIS AVE GREAT BARRINGTON, MA 012301796	X	X			X		X		
FAIRVIEW PHYSICAL & SPORTS THERAPY CENTR 710 STOCKBRIDGE RD STE 1 LEE, MA 01238									OUTPATIENT SERVICES
FAIRVIEW HOSPITAL'S AQUATIC THERAPY PROG 15 CHRISSEY RD GREAT BARRINGTON, MA 01230									OUTPATIENT SERVICES
FAIRVIEW HSP OUTPATIENT PHYSICAL THERAPY 10 MAPLE AVE GREAT BARRINGTON, MA 01230									OUTPATIENT SERVICES
FAIRVIEW HOSPITAL DIALYSIS CENTER 10 MAPLE AVE GREAT BARRINGTON, MA 01230									OUTPATIENT SERVICES

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

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

See additional data

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES - FAIRVIEW HOSPITAL PARTICIPATES IN COMMUNITY-WIDE INITIATIVES FOCUSING ON EMERGENCY PREPAREDNESS, MEDICAL INTERPRETER AND CONVERSATIONAL SPANISH TRAINING, HEALTHCARE CAREER DEVELOPMENT PROGRAMS, AND COALITION BUILDING THROUGH THE BERKSHIRE PUBLIC HEALTH PARTNERSHIP THE HOSPITAL HAS ALSO RESPONDED TO CRITICAL PHYSICIAN SHORTAGES IN ITS SERVICE AREA BY INVESTING IN REPLENISHING THE SUPPLY OF PRIMARY CARE AND SPECIALTY PHYSICIANS AVAILABLE TO THE COMMUNITY BY ASSISTING IN ESTABLISHING NEW PHYSICIANS IN THE SERVICE AREA

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

See additional data

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

See additional data

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

MA

Additional Data

Software ID:

Software Version:

EIN: 04-2133860

Name: FAIRVIEW HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c

Additional Data

Software ID:
Software Version:
EIN: 04-2133860
Name: FAIRVIEW HOSPITAL

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	(C) Position (check all that apply)						(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			
JEROME J ANDERSON TRUSTEE	2 00	X						0	0	0
THOMAS O ANDREWS TRUSTEE	2 00	X						0	0	0
ALFRED A BARBALUNGA TRUSTEE	2 00	X						0	0	0
GINA C BIRCHALL TRUSTEE/NOT SERVING AT YEAR-END	2 00	X						0	0	0
BRONLY S BOYD TRUSTEE/VICE CHAIRMAN	2 00	X		X				0	0	0
BRIAN T BURKE MD TRUSTEE/PHYSICIAN	50 00	X						177,939	0	34,984
KIT DOBELLE TRUSTEE	2 00	X						0	0	0
TIMOTHY C DOHERTY TRUSTEE/CHAIRMAN	2 00	X		X				0	0	0
RICHARD M DOHONEY TRUSTEE	2 00	X						0	0	0
BRIAN H FAIRBANK TRUSTEE	2 00	X						0	0	0
A KING FRANCIS TRUSTEE	2 00	X						0	0	0
DENNIS J HOGAN TRUSTEE	2 00	X						0	0	0
EDMUND H HORNSTEIN DO TRUSTEE/CONTRACTED PHYSICIAN	2 00	X						0	71,865	0
JOHN R KEARNS MD TRUSTEE	2 00	X						0	0	0
SUSAN M KORMANIK TRUSTEE	2 00	X						0	0	0
LORINDA ACKLEY MAZUR TRUSTEE	2 00	X						0	0	0
JOAN M McFALLS TRUSTEE	2 00	X						0	0	0
DAVID E PHELPS PRESIDENT/TRUSTEE	4 00	X		X				0	529,983	38,266
SHEPARD D RAINIE TRUSTEE/NOT SERVING AT YEAR-END	2 00	X						0	0	0
PAUL E RAVERTA TRUSTEE	2 00	X						0	0	0
CAROLE G SIEGEL TRUSTEE	2 00	X						0	0	0
GEORGE T SMITH TRUSTEE	2 00	X						0	0	0
ANGELO C STRACUZZI TRUSTEE/NOT SERVING AT YEAR-END	2 00	X						0	0	0
ANN H TRABULSI TRUSTEE	2 00	X						0	0	0
THADDEUS S TUCKER WELCH TRUSTEE/NOT SERVING AT YEAR-END	2 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	(C) Position (check all that apply)						(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			
ROBERT P WESPISER MD TRUSTEE/CONTRACTED PHYSICIAN	2 00	X						0	129,890	0
CHERYL M BOUDREAU CLERK	4 00			X				0	81,074	13,956
DARLENE RODOWICZ TREASURER	1 00			X				0	323,664	35,300
EUGENE DELLEA PRESIDENT	50 00				X			0	254,606	22,975
DOREEN HUTCHINSON VICE PRESIDENT, OPERATIONS	50 00				X			162,131	0	33,716
ALEC R BELMAN MD PHYSICIAN	50 00					X		216,448	0	34,989
GLEN R LOVEJOY MD PHYSICIAN	50 00					X		216,404	0	33,329
BRUCE E NAYOWITH MD PHYSICIAN	50 00					X		195,852	0	39,641
RAYMOND SABATELLI MD PHYSICIAN	50 00					X		292,834	0	37,102
STEPHEN TRACY MD PHYSICIAN	50 00					X		201,967	0	31,884

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	1,339,953	1,339,953		
RECIPROCAL/TEACHNG FEES	980,389	980,389		
MAINTENANCE & REPAIRS	592,309	579,969	12,340	
MINOR HOSPITAL EQUIP	256,877	253,675	3,202	
HLTH SFTY NET ASSESSMNT	177,991	177,991		

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 THE TOTAL COMMUNITY BENEFIT EXPENSE REPORTED ON PART I, LINES 7a, 7b, & 7c HAS BEEN CALCULATED USING THE RATIO OF PATIENT CARE COST TO CHARGES AS COMPUTED USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE TOTAL COMMUNITY BENEFIT EXPENSE REPORTED ON PART I, LINE 7g HAS BEEN CALCULATED USING A COST ACCOUNTING METHOD BAD DEBT EXPENSE HAS BEEN EXCLUDED FROM THE COMPUTATION OF ALL COMMUNITY BENEFIT EXPENSE SHOWN IN PART I, LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g SUBSIDIZED HEALTH SERVICES FAIRVIEW HOSPITAL RENAL DIALYSIS SERVICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f BAD DEBT EXPENSE OF \$1,338,503 ATTRIBUTABLE TO PATIENT ACCOUNTS HAS BEEN EXCLUDED FROM THE COMPUTATION OF ALL COMMUNITY BENEFIT EXPENSE SHOWN IN PART I, LINE 7, COLUMN F

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 FOOTNOTE 11 ("CHARITY CARE") TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES (INCLUDING FAIRVIEW HOSPITAL) FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009 CONTAINS THE FOLLOWING REGARDING BAD DEBT EXPENSE "THE HEALTH SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CHARITY CARE POLICY CRITERIA WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES " "IF A PATIENT IS INELIGIBLE FOR CHARITY CARE OR CARE AT REDUCED RATES BECAUSE THE PATIENT'S INCOME EXCEEDS THE ELIGIBILITY GUIDLINES, SERVICES RENDERED ARE RECORDED AT ESTABLISHED RATES AND ANY UNPAID ACCOUNT RECEIVABLE BALANCE IS WRITTEN OFF TO BAD DEBTS AFTER A REASONABLE COLLECTION EFFORT HAS BEEN MADE "THE Estimated cost of bad debt attributable to patient accounts REPORTED ON LINE 2, PART III WAS CALCULATED USING THE RATIO OF PATIENT CARE COST TO CHARGES AS COMPUTED USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS NO BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAIRVIEW HOSPITAL'S CHARITY CARE POLICY HAS BEEN REPORTED ON LINE 3, PART III BECAUSE ALL GROSS PATIENT CHARGES ATTRIBUTABLE TO THESE PATIENTS THAT WERE NOT PAID FROM UNCOMPENSATED CARE POOLS OR PROGRAMS WERE WRITTEN OFF AS "FREE CARE" EXPENSE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 THE AMOUNT REPORTED ON LINE 6, PART III WAS DETERMINED USING THE COST ALLOCATION METHODOLOGY USED FOR THE MEDICARE COST REPORTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The following individuals and patient populations are exempt from any collection or billing procedures pursuant to state regulations

a Patients enrolled in a state health insurance program, including but not limited to, MassHealth, Emergency Aid to the Elderly, Disabled and Children, Healthy Start, Children's Medical Security Plan, "Low Income Patients" as determined by the Office of Medicaid Please note that Fairview Hospital (FVH) may seek collection action against any patient enrolled in the above mentioned programs for their required co-payments and deductibles that are set forth by each specific program FVH may also initiate billing or collection for a patient who alleges that he or she is a participant in a financial assistance program that covers the costs of the hospital services, but fails to provide proof of such participation Upon receipt of satisfactory proof that a patient is a participant in a financial assistance program, (including receipt or verification of signed application) FVH shall cease its billing or collection activities FVH may continue collection action on any Low Income Patient for services rendered prior to the Low Income Patient determination, provided that the current Low Income Patient status has been terminated or expired However, once a patient is determined eligible and enrolled in the Health Safety Net, MassHealth, or certain Commonwealth Care programs, FVH will cease collection activity for services, previously billed, that now fall into the eligibility period FVH may seek collection action against any of the patients participating in the programs listed above for non-covered services that the patient has agreed to be responsible for, provided that the hospital obtained the patient's prior written consent to be billed for the service FVH will not undertake collection action against an individual that has been approved for Medical Hardship under the Massachusetts Health Safety Net program with respect to the amount of the bill that exceeds the Medical Hardship contribution

b FVH will not garnish a low income patient's (as determined by the Office of Medicaid) or the patient's guarantor's wages or execute a lien on the low income patient's or the patient's guarantor's personal residence or motor vehicle unless (1) the hospital can show that the patient or the patient's guarantor has the ability to pay, (2) the patient did not respond to hospital requests for information or the patient refused to cooperate with the hospital to seek an available financial assistance program, or (3) for purposes of the lien, it was approved by the hospital's Board of Trustees on an individual case by case basis

c FVH and its agents shall not continue collection or billing on a patient who is a member of a bankruptcy proceeding except to secure its rights as a creditor in the appropriate order

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART I, LINE 6A FAIRVIEW HOSPITAL AND BERKSHIRE MEDICAL CENTER EACH FILE A SEPARATE COMMUNITY BENEFITS REPORT WITH THE STATE OF MASSACHUSETTS FAIRVIEW'S FISCAL YEAR 2010 COMMUNITY BENEFITS REPORT CAN BE ACCESSED AT WWW.CBSYS.AGO.STATE.MA.US/CBPUBLIC/PUBLIC/ANNUAL_REPORTS_START.ASPX

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Fairview Hospital places a priority on maintaining close alliances with all social, health, safety, law enforcement and welfare agencies in the southern Berkshire community. Our partnerships with schools, businesses, as well as civic and other community organizations keep Fairview Hospital abreast of the health status of the southern Berkshires. Fairview engages a broad range of our constituents (including physicians, town leaders, health officials, special interest groups, and immigrant communities) to receive direct feedback and information. In addition, community members serve on many hospital committees, including our Patient Family Advisory Council which provides feedback on how Fairview Hospital can better serve our community. Statistical evidence supports our community needs assessment. Fairview utilizes in-patient, Emergency and Major Diagnostic Categories data and ongoing post-stay surveys. Federal, state and local reporting alerts Fairview to important trends and identification of areas that are above the state norm. Fairview participates with the work of our partner organizations and utilizes many assessments that are made available of behalf of specific communities. Among the organizations that have provided survey data are the Berkshire Health Systems Health Assessment Survey, Southern Berkshire Youth Coalition Youth Survey, United Way Community Impact (FY2010) Baseline Report, Massachusetts Statewide Falls Prevention Symposium (Fairview staff presented), Cross-Cultural Action Network, Southern Berkshire Educational Collaborative (presentation), and Southern Berkshire Quality Initiative.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Fairview Hospital helps patients access coverage and consistently promotes eligibility for assistance under federal, state and local government programs inside and outside the hospital. The Advocacy for Access Office, easily accessible at the Main Entrance of Fairview Hospital, facilitates assistance to those who need immediate care as well as those who are uninsured or underinsured. The Advocacy Team has trained staff at entry points as well as caregivers throughout the hospital about the important role they can provide to patients. The Advocacy Team regularly visits patients in the hospital to answer questions the patients may have as well as facilitating enrollment in the appropriate plan. In addition, a Financial Advisor is available during business hours to assist patients in explaining billing issues and creating flexible billing arrangements to meet the patients' needs.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Fairview Hospital serves a rural, geographically isolated area of the twelve towns in the southwestern corner of Massachusetts and nearby communities in New York state and Connecticut Primary residents of the southern Berkshires face the social and economic challenges of rural communities across the nation These are some of the state's remotest communities The southern Berkshire community is predominately Caucasian with a growing multi-cultural community Twenty-five percent of families are living below 200% of the poverty level (more than 3% over state averages) and the average per capita income is \$3,297 lower than the state average Over 25% of the students in the local district are on free or reduced priced lunches The elder population in the southern Berkshires is significantly above the state population, reaching over 20% in some communities (Massachusetts rates are 13%) with many elders living alone There are two senior housing units and three nursing homes in the area, and senior centers in most area towns Because the Southern Berkshires is a major tourist destination for the New York metropolitan area, in many communities more than half the homes are owned by part-time residents Part-time service jobs are a major source of income for primary residents However, the housing market reflects the secondary market with higher values that are not within reach of the income of most local families Rural homelessness is a hidden, but pervasive social and economic issue Public transportation is limited and not easily accessible As a result, transportation is an obstacle for care for many, particularly among the elderly A public transportation agency runs a limited bus route with limited hours Additional elderly transportation is available but limited People who need to access healthcare must rely on family or friends to get to medical care Specialty care is a particular challenge to obtain Fairview Hospital collaborates with area organizations to make transportation options available Healthcare and education are the primary employment sectors The Southern Berkshire economy's primary economic engine is tourism, with a high number of hotels, bed and breakfasts, restaurants, and retail shops and services catering to the tourist community The local construction industry was severely impacted by the economic downturn Although these are often seasonal and service based jobs, they are a significant part of the economy

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Fairview Hospital values the community's vital role as stewards of their community hospital. Members of the community, representing various demographic and constituency groups, serve on our governing boards as well as various committees which assure the input and interests of the community are represented at the highest levels. Hospital staff also play an active role in many local and regional organizations, supporting their efforts and, by engaging with their mission and interests, creating new avenues of collaboration and opportunity to better meet our community's health needs. The governing body of Fairview Hospital consists of 20 community volunteers, three physician representatives, and as an ex officio member, the chief executive officer. The community volunteers are elected for terms of up to three years, are subject to term limits and represent a wide spectrum of community interests - including social service providers, local business leaders, financial professionals, consumer advocates and educational leaders. Most committees of the Board of Trustees include additional community representatives. Fairview maintains a patient and family council to provide input and advice on a wide range of service topics. The medical staff of Fairview Hospital is open to all physicians who meet clinical and patient service criteria, although certain hospital based services - radiology, anesthesia, emergency department and pathology - are functionally closed because of the manner in which those departments are structured. Fairview regularly expends personnel and financial resources in support of community initiatives that promote improvements in community health and well-being and for which it does not expect reimbursement. Fairview Hospital's service area is a designated Medically Underserved Community and it has placed high priority on recruiting physicians to our rural community to assure that the primary health needs are met. The Berkshire County community has long labored under a critical physician shortage in various specialties and Berkshire Medical Center and Fairview Hospital have in recent years expended significant personnel time and financial resources in recruiting physicians to the area as direct employees of BMC, Fairview, or their affiliates. Moreover, BMC and Fairview have, in appropriate ways, provided substantial assistance to community medical practices to recruit and support the practice start-up of new physicians in needed specialties. Fairview has extensive community outreach programs and support which are comprehensive and community-based to address such diverse healthcare challenges as diabetes, heart failure, chronic pain management, and narcotics misuse and diversion. As steward of the community's primary health organization, and a not-for-profit organization, Fairview Hospital utilizes any surplus funds to meet the highest priority needs including patient care, service and program development, medical education of all staff, community support and education and research. Because Fairview Hospital's service area is the more rural southern corner of the region, Fairview Hospital has also established a Fairview Community Benefits Advisory Committee (FCBAC), which engages healthcare professionals on the specific needs of our geographic district. The FCBAC meets three times a year including the President, two Vice Presidents, and leaders of the hospital departments and staff who are directly involved with patients, allowing a greater focus on the specific needs of this geographic district through a multidisciplinary approach to identify emerging health issues in the community. As the center of the health care community in the southern Berkshires, Fairview Hospital is an active leader in the promotion of better health in our community. Fairview offers Primary services to all who seek care, regardless of ability to pay, Free or low-cost educational programs, support groups and screenings to provide valuable information to our community, with particular focus on vulnerable populations, Ongoing media communication for important health access information including flu prevention, vaccinations, Commonwealth Care deadlines, Healthier menus, a more sustainable on environmentally friendly policies, discontinuation of sugar-drinks in the hospital to serve as a role model for a healthier community, and Leadership and collaboration in public health initiatives including emergency planning, boards of health and other community-wide initiatives.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Fairview Hospital is a part of an integrated, non-profit healthcare system that includes (a) a teaching hospital, (b) a critical access community hospital [Fairview], (c) a large, multispecialty faculty practice organization, (d) a home health agency and (e) by contract and close coordination, a non-profit senior care organization that includes sub-acute services in rehabilitation and long-term care facilities, assisted living facilities, hospice care services, senior day care and other eldercare services Fairview engages in healthcare needs assessment and planning on a system-wide basis, with a goal of a seamless transition of patient-centered care across the spectrum of services offered by each of the system's component entities Fairview, along with its affiliates, continues to develop integrated clinical and information systems across the entire organization so as to render care efficiently, effectively and consistently at every care site

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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 the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

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

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRIAN T BURKE MD	(i)	163,036	0	14,903	8,387	26,597	212,923	0
	(ii)	0	0	0	0	0	0	0
DAVID E PHELPS	(i)	0	0	0	0	0	0	0
	(ii)	491,483	0	38,500	11,025	27,241	568,249	0
DARLENE RODOWICZ	(i)	0	0	0	0	0	0	0
	(ii)	284,137	0	39,527	11,025	24,275	358,964	0
EUGENE DELLEA	(i)	0	0	0	0	0	0	0
	(ii)	184,564	0	70,042	10,968	12,007	277,581	0
DOREEN HUTCHINSON	(i)	147,326	0	14,805	7,639	26,077	195,847	0
	(ii)	0	0	0	0	0	0	0
ALEC R BELMAN MD	(i)	207,290	0	9,158	10,024	24,965	251,437	0
	(ii)	0	0	0	0	0	0	0
GLEN R LOVEJOY MD	(i)	198,126	0	18,278	8,364	24,965	249,733	0
	(ii)	0	0	0	0	0	0	0
BRUCE E NAYOWITH MD	(i)	183,530	0	12,322	9,400	30,241	235,493	0
	(ii)	0	0	0	0	0	0	0
RAYMOND SABATELLI MD	(i)	254,334	0	38,500	11,025	26,077	329,936	0
	(ii)	0	0	0	0	0	0	0
STEPHEN TRACY MD	(i)	177,793	0	24,174	8,452	23,432	233,851	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	<p>Supplemental Compensation Information Schedule J, Part I, Question 3 Fairview Hospital relies on BHS Management Services, Inc to supply its Chief Executive Officer The salary and benefits provided to CEO David Phelps have been (A) periodically reviewed and confirmed as well within the range of reasonableness by nationally recognized, independent third party compensation consulting firms and (B) approved by unanimous vote of the governing body Compensation paid to Mr Phelps by BHS Management Services, Inc , covers his duties as the Chief Executive Officer of both Berkshire Health Systems, Inc and its 6 affiliated companies and Berkshire Healthcare Systems, Inc and its 22 affiliated companies, located in Massachusetts and two other states The approximately 6,000 individuals employed by these non-profit entities annually provide in excess of \$500 million in healthcare services, including acute care hospital services, physician services, home health services and long-term care and other elder services REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS - FORM 990 PART VII, COLUMNS E & F, SCHEDULE J PART II, COLUMN E, AND SCHEDULE J-2 PART I, COLUMNS E & F COMPENSATION REPORTED ON THIS RETURN WITH RESPECT TO INDIVIDUAL OFFICERS IS PAID BY BHS Management Services, Inc IN CONSIDERATION OF SERVICES RENDERED WITH RESPECT TO AS MANY AS 25 DIFFERENT NON-PROFIT HEALTHCARE ORGANIZATIONS AMOUNTS INCLUDED IN FORM 990 PART VII, COLUMN F, SCHEDULE J PART II, COLUMNS C & D, AND SCHEDULE J-2 PART I, COLUMN F INCLUDE THE COST OF HEALTH & DENTAL INSURANCE, 403(B) PLAN CONTRIBUTIONS, AND HEALTH CARE SPENDING ACCOUNT CONTRIBUTIONS THE FOLLOWING LIST SHOWS THE ORGANIZATIONS TO WHICH THE IDENTIFIED OFFICER PROVIDED SERVICES, THE AVERAGE WEEKLY HOURS WORKED FOR EACH ENTITY, AND THE RESPECTIVE ALLOCABLE SHARE OF HIS OR HER ANNUAL COMPENSATION FOR CALENDAR 2009 DAVID E PHELPS BERKSHIRE MEDICAL CENTER, INC 30 WEEKLY HOURS/58 WEEKLY HOURS \$293,922 FAIRVIEW HOSPITAL 4 HOURS/58 HOURS \$39,190 BERKSHIRE FACULTY SERVICES, INC 10 HOURS/58 HOURS \$97,974 BERKSHIRE INDEMNITY CO, SPC, LTD 2 HOURS/58 HOURS \$19,595 BHS MANAGEMENT SERVICES, INC (12 HOURS/58 HOURS) FOR BENEFIT OF BERKSHIRE HEALTHCARE SYSTEMS, INC \$29,396 BOURNE MANAGEMENT SYSTEMS, INC \$2,351 GREENFIELD MANAGEMENT SYSTEMS, INC \$2,351 NEW BEDFORD MANAGEMENT SYSTEMS, INC \$2,351 NORTHAMPTON MANAGEMENT SYSTEMS, INC \$2,351 EAST LONGMEADOW MANAGEMENT SYSTEMS, INC \$2,351 DANVERS MANAGEMENT SYSTEMS, INC \$2,351 PEABODY MANAGEMENT SYSTEMS, INC \$2,351 SOUTH YARMOUTH MANAGEMENT SYSTEMS, INC \$2,351 BERKSHIRE PENNSYLVANIA, INC \$2,351 XENIA EAST MANAGEMENT SYSTEMS, INC \$2,351 WILLOWOOD OF GREAT BARRINGTON, INC \$4,702 WILLOWOOD OF NORTH ADAMS, INC \$3,527 WILLOWOOD OF WILLIAMSTOWN, INC \$3,527 HILLCREST EXTENDED CARE SERVICES, INC \$8,230 INTEGRINURSE, INC \$3,527 INTEGRIScript, INC \$3,527 HOSPICECARE IN THE BERKSHIRES, INC \$11,757 PITTSFIELD MANAGEMENT SYSTEMS, INC \$5,878 DARLENE RODOWICZ BERKSHIRE MEDICAL CENTER, INC 37 WEEKLY HOURS/50 WEEKLY HOURS \$265,633 FAIRVIEW HOSPITAL 3 HOURS/50 HOURS \$21,538 BERKSHIRE FACULTY SERVICES, INC 7 HOURS/50 HOURS \$50,255 BERKSHIRE INDEMNITY CO, SPC, LTD 2 5 HOURS/50 HOURS \$17,948 BHS MANAGEMENT SERVICES, INC FOR BENEFIT OF BERKSHIRE HEALTHCARE SYSTEMS, INC 0 5 HOUR/50 HOURS \$3,590 CHERYL BOUDREAU BERKSHIRE MEDICAL CENTER, INC 20 WEEKLY HOURS/41 WEEKLY HOURS \$46,356 FAIRVIEW HOSPITAL 2 HOURS/41 HOURS \$4,636 BERKSHIRE FACULTY SERVICES, INC 8 HOURS/41 HOURS \$18,542 BERKSHIRE INDEMNITY CO, SPC, LTD 1 HOUR/41 HOURS \$2,318 BHS MANAGEMENT SERVICES, INC (10 HOURS/41 HOURS) FOR BENEFIT OF BERKSHIRE HEALTHCARE SYSTEMS, INC \$5,792 BOURNE MANAGEMENT SYSTEMS, INC \$464 GREENFIELD MANAGEMENT SYSTEMS, INC \$464 NEW BEDFORD MANAGEMENT SYSTEMS, INC \$464 NORTHAMPTON MANAGEMENT SYSTEMS, INC \$464 EAST LONGMEADOW MANAGEMENT SYSTEMS, INC \$464 DANVERS MANAGEMENT SYSTEMS, INC \$464 PEABODY MANAGEMENT SYSTEMS, INC \$464 SOUTH YARMOUTH MANAGEMENT SYSTEMS, INC \$464 BERKSHIRE PENNSYLVANIA, INC \$464 XENIA EAST MANAGEMENT SYSTEMS, INC \$464 WILLOWOOD OF GREAT BARRINGTON, INC \$927 WILLOWOOD OF NORTH ADAMS, INC \$695 WILLOWOOD OF WILLIAMSTOWN, INC \$695 HILLCREST EXTENDED CARE SERVICES, INC \$1,622 BERKSHIRE RETIREMENT COMMUNITY, INC \$2,318 BERKSHIRE EXTENDED CARE SERVICES, INC \$1,622 INTEGRINURSE, INC \$695 INTEGRIScript, INC \$695 HOSPICECARE IN THE BERKSHIRES, INC \$2,318 PITTSFIELD MANAGEMENT SYSTEMS, INC \$1,159</p>

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A MASS HEALTH & EDUCAT FACIL AUTHORITY SER F	04-2456011	57585CLN3	07-26-2005	53,089,428	REFUND SER C & D BONDS, CAPITAL EXP		X		X

Part II Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	54,290,451							
2	Gross proceeds in reserve funds	5,019,000							
3	Proceeds in refunding or defeasance escrows	37,164,405							
4	Other unspent proceeds								
5	Issuance costs from proceeds	1,902,595							
6	Working capital expenditures from proceeds	73,681							
7	Capital expenditures from proceeds	9,003,428							
8	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X							
10	Were the bonds issued as part of an advance refunding issue?		X						
11	Has the final allocation of proceeds been made?	X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6 Total of lines 4 and 5		0 %								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?	X									
6 Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		FAIRVIEW HOSPITAL RELIES ON BHS MANAGEMENT SERVICES, INC TO PROVIDE MANAGEMENT AND SUPPORT SERVICES FOR THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, VP GENERAL COUNSEL, AND VP OF HUMAN RESOURCES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		BERKSHIRE HEALTH SYSTEMS, INC IS THE SOLE CORPORATE MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BOARD OF TRUSTEES IS COMPOSED OF THE INCUMBENT MEMBERS OF THE BOARD OF TRUSTEES OF BERKSHIRE HEALTH SYSTEMS, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Berkshire Health Systems, Inc will make the Forms 990 for BHS and Affiliates available to the members of the respective governing bodies for their review by (a) sending copies to them physically or electronically, or (b) notifying the members that the Forms 990 can be accessed by a secure web-based folder before they are filed with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ENFORCES & MONITORS ITS Conflict of interest POLICY BY REQUIRING ALL MEMBERS OF THE GOVERNING BODY & SENIOR MANAGEMENT TO DISCLOSE potential conflicts OF INTEREST (A) ANNUALLY & (B) AS POTENTIAL CONFLICTS arise SENIOR EMPLOYEES ARE NOT PERMITTED TO HAVE MATERIAL CONFLICTS OF INTEREST MEMBERS OF THE GOVERNING BODY ARE TO ABSTAIN FROM ACTIONS THAT MAY BE INFLUENCED BY THEIR CONFLICT OR POTENTIAL CONFLICT BY (A) NOT VOTING, OR (B) NOT VOTING & LEAVING THE ROOM, OR (C) LEAVING THE GOVERNING BODY, AS DETERMINED BY THE GOVERNING BODY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Fairview Hospital relies on BHS Management Services, Inc to supply its Chief Executive Officer The PERFORMANCE & COMPENSATION provided to CEO David Phelps IS review ed ANNUALLY (AND OF OTHER SENIOR EXECUTIVES, PERIODICALLY) BY A SUBCOMMITTEE OF THE GOVERNING BODY , WHOSE MEMBERS ARE INDEPENDENT THE FULL governing body REVIEWS & APPROVES THE COMPENSATION OF THE SENIOR EXECUTIVE EVERY TWO OR THREE YEARS, THE ORGANIZATION ENGAGES A NATIONALLY RECOGNIZED HEALTHCARE COMPENSATION CONSULTING FIRM TO PROVIDE INFORMATION CONCERNING MARKET RATES OF COMPENSATION AND ASSESS THE ORGANIZATION'S COMPENSATION STRUCTURE AGAINST THOSE INDEPENDENT BENCHMARKS THE ORGANIZATION FOLLOWED THIS PROCESS FOR THE YEAR ENDED 09/30/10

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy, and financial statements are available to the public AT THE OFFICES OF (A) THE CHIEF FINANCIAL OFFICER & (B) THE VICE PRESIDENT, GENERAL COUNSEL AT 725 NORTH STREET, PITTSFIELD, MASSACHUSETTS 01201

Identifier	Return Reference	Explanation
FORM 990, PG 1, BOX B, PART I, LINES 3 & 4, & PART VII, SECTION A	EXPLANATION FOR AMENDED RETURN & EXPLANATION OF CHANGES IN RETURN	THIS RETURN IS AMENDED FROM THE RETURN AS ORIGINALLY FILED TO DELETE THE NAMES OF TWO TRUSTEES (LAURIE NORTON MOFFAT AND MARILYN L SPERLING) ORIGINALLY INCLUDED ON FORM 990, PART VII, SECTION A WHO JOINED THE BOARD OF TRUSTEES AFTER THE SEPTEMBER 30, 2010 END OF THE TAX YEAR REPORTED ON THIS RETURN THIS RETURN ALSO AMENDS THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY REPORTED ON FORM 990, PART I, LINE 3 FROM 24 TO 22, AND AMENDS THE NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY REPORTED ON FORM 990, PART I, LINE 4 FROM 20 TO 18

Identifier	Return Reference	Explanation
Form 990, Part XI, Question 2C	RESPONSIBILITY FOR OVERSIGHT OF AUDIT	THE COMMITTEE THAT HAS RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT PERFORMED ITS FUNCTIONS IN THE SAME WAY AS IN THE PRIOR FISCAL YEAR

Identifier	Return Reference	Explanation
Form 990, Part XI, Question 2b	Audited Financial Statements	Fairview Hospital's financial statements were audited by an independent accountant only as part of consolidated financial statements and other financial information for Berkshire Health Systems, Inc and Affiliates

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	TRUSTEES RECEIVE NO COMPENSATION FOR SERVICES AS TRUSTEES	Edmund H Hornstein, DO Hours show n in Form 990, Part VII, Section A are for services as a trustee, for w hich he receives no compensation Dr Hornstein receives payment from Berkshire Medical Center for physician services ROBERT P WESPISER, MD Hours show n in Form 990, Part VII, Section A are for services as a trustee, for w hich he receives no compensation Dr WESPISER receives payment from Berkshire Medical Center for physician services

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BERKSHIRE HEALTH SYSTEMS INC 725 NORTH ST PITTSFIELD, MA 01201 04-2442944	PARENT CORP	MA	501(C)(3)	11B	N/A
BERKSHIRE MEDICAL CENTER INC 725 NORTH ST PITTSFIELD, MA 01201 04-2791396	ACUTE CARE HOSPITAL	MA	501(C)(3)	3	N/A
BERKSHIRE FACULTY SERVICES INC 725 NORTH ST PITTSFIELD, MA 01201 04-2995053	PHYSICIAN SVCS	MA	501(C)(3)	11B	N/A
BHS MANAGEMENT SERVICES INC 725 NORTH ST PITTSFIELD, MA 01201 22-2755258	MANAGEMENT	MA	501(C)(3)	11B	N/A

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?	
							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
TRI-STATE MEDICAL MANAGEMENT CORP 725 NORTH STREET PITTSFIELD, MA01201 04-2913352	REAL ESTATE MGMT	MA	FAIRVIEW HOSPITAL	C	-18,348	334,457	100 000 %
BERKSHIRE INDEMNITY CO SPC LTD 23 LIME TREE BAY AVE GEORGE TOWN, GRAND CAYMAN KY1-1102 CJ 98-0663332	INSURANCE	CJ	N/A	C			

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

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) TRI-STATE MEDICAL MANAGEMENT CORP	R	52,331
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost, (c) Elected cost. Rows 6-13 for listed property details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for general depreciation system.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A mortization of costs that begins during your 2009 tax year (see instructions)

43 A mortization of costs that began before your 2009 tax year 43 15,980

44 Total. Add amounts in column (f) See the instructions for where to report 44 15,980

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A mortization of costs that begins during your 2009 tax year (see instructions).

43 A mortization of costs that began before your 2009 tax year. 43

44 Total. Add amounts in column (f). See the instructions for where to report. 44

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns (a-f) for vehicles and sub-columns for Yes/No answers to questions 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns (Yes/No) for questions 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.